

LISA K. SCHKLOVEN, LCSW-C, LLC

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NAME: _____

DOB: _____

Please rate each of the following problem areas that have been present during the past year or have occurred prior to the past year if they clearly contribute to the reasons for seeking treatment:

<i>0= No significant problem</i>	<i>1=Mild or transient</i>	<i>2=Moderate</i>	<i>3=Severe</i>	<i>4=Extreme</i>	<i>5=Catastrophic</i>	<i>9=Unknown or cannot categorize</i>
<i>0 1 2 3 4 5 9</i>	Easily distracted		<i>0 1 2 3 4 5 9</i>	Talks excessively		
<i>0 1 2 3 4 5 9</i>	Does not follow rules of structured games		<i>0 1 2 3 4 5 9</i>	Engages in potentially dangerous activities without considering the consequences		
<i>0 1 2 3 4 5 9</i>	Has difficulty organizing tasks		<i>0 1 2 3 4 5 9</i>	Does not complete tasks		
<i>0 1 2 3 4 5 9</i>	Shifts from one uncompleted task to another		<i>0 1 2 3 4 5 9</i>	Has excessive or unrealistic worry about future events		
<i>0 1 2 3 4 5 9</i>	Steals from family members or others		<i>0 1 2 3 4 5 9</i>	Runs away from home		
<i>0 1 2 3 4 5 9</i>	Tells lies		<i>0 1 2 3 4 5 9</i>	Sets fires		
<i>0 1 2 3 4 5 9</i>	Is truant from school		<i>0 1 2 3 4 5 9</i>	Destroys own property		
<i>0 1 2 3 4 5 9</i>	Destroys property of others		<i>0 1 2 3 4 5 9</i>	Has used a weapon in a fight		
<i>0 1 2 3 4 5 9</i>	Is cruel to animals		<i>0 1 2 3 4 5 9</i>	Initiates fights		
<i>0 1 2 3 4 5 9</i>	Loses temper		<i>0 1 2 3 4 5 9</i>	Argues with adults		
<i>0 1 2 3 4 5 9</i>	Defies or refuses requests made by adults		<i>0 1 2 3 4 5 9</i>	Deliberately does things that annoy other people		
<i>0 1 2 3 4 5 9</i>	Blames others for his/her mistakes		<i>0 1 2 3 4 5 9</i>	Is touchy or easily annoyed by others		
<i>0 1 2 3 4 5 9</i>	Is angry and/or resentful		<i>0 1 2 3 4 5 9</i>	Is spiteful and vindictive		
<i>0 1 2 3 4 5 9</i>	Swears and uses abusive language		<i>0 1 2 3 4 5 9</i>	Worries about harm coming to parent or others		
<i>0 1 2 3 4 5 9</i>	Refuses to go to school		<i>0 1 2 3 4 5 9</i>	Resists separation from caretaker		
<i>0 1 2 3 4 5 9</i>	Has physical complaints on school days		<i>0 1 2 3 4 5 9</i>	Has excessive or unrealistic worry about future events		
<i>0 1 2 3 4 5 9</i>	Is self-conscious		<i>0 1 2 3 4 5 9</i>	Has problems with wetting		
<i>0 1 2 3 4 5 9</i>	Has tics or spasms		<i>0 1 2 3 4 5 9</i>	Has low energy level		
<i>0 1 2 3 4 5 9</i>	Has problems with bowel control		<i>0 1 2 3 4 5 9</i>	Hurts self on purpose		
<i>0 1 2 3 4 5 9</i>	Has suicidal thoughts/attempts		<i>0 1 2 3 4 5 9</i>	Does not do chores		
<i>0 1 2 3 4 5 9</i>	Has trouble getting along with same-age children		<i>0 1 2 3 4 5 9</i>	Displays inappropriate sexual behavior		
<i>0 1 2 3 4 5 9</i>	Withdraws into an imaginary world		<i>0 1 2 3 4 5 9</i>	Has problems with speech		
<i>0 1 2 3 4 5 9</i>	Has problems remembering		<i>0 1 2 3 4 5 9</i>	Has mood swings		
<i>0 1 2 3 4 5 9</i>	Cries		<i>0 1 2 3 4 5 9</i>	Sees/hears things that are not there		
<i>0 1 2 3 4 5 9</i>	Does not show emotions		<i>0 1 2 3 4 5 9</i>	Has over-active behavior		
<i>0 1 2 3 4 5 9</i>	Does not do homework		<i>0 1 2 3 4 5 9</i>	Has problems with sleeping		
<i>0 1 2 3 4 5 9</i>	Has eating problems		<i>0 1 2 3 4 5 9</i>	Grades have declined from previous years		
<i>0 1 2 3 4 5 9</i>	Has poor school grades		<i>0 1 2 3 4 5 9</i>	Lacks motivation		
<i>0 1 2 3 4 5 9</i>	Has been suspended or expelled from school		<i>0 1 2 3 4 5 9</i>	Has no goals		
<i>0 1 2 3 4 5 9</i>	Is suspected or known to drink alcoholic beverages		<i>0 1 2 3 4 5 9</i>	Needs reassurance about a variety of things		
<i>0 1 2 3 4 5 9</i>	Is suspected or known to use drugs		<i>0 1 2 3 4 5 9</i>	<i>Other:</i>		

PSYCHOSOCIAL AND ENVIRONMENTAL PROBLEMS

Please rate each of the following problem areas that have been present in the family during the past year or those occurring prior to one year if they clearly contribute to the reasons for seeking treatment. Please write in the specific problem:

<i>0= No significant problem</i>	<i>1-Mild or transient</i>	<i>2=Moderate</i>	<i>3=Severe</i>	<i>4=Extreme</i>	<i>5=Catastrophic</i>	<i>9=Unknown or cannot categorize</i>
<i>0 1 2 3 4 5 9</i>	Problems with primary support group: Death of a family member, separation, divorce, removal from home, sexual or physical abuse, discord in the family with parents siblings, or other like events.					
<i>0 1 2 3 4 5 9</i>	Problems related to the social environment: death or loss of a friend, living alone, discrimination, adjustment to life-cycle transitions, such as leaving home or retirement.					
<i>0 1 2 3 4 5 9</i>	Educational problems: Unable to read, academic problems, discord with teachers or classmates					
<i>0 1 2 3 4 5 9</i>	Occupational problems: Unemployment, threat of job loss, stressful work schedule, discord with boss or co-workers.					
<i>0 1 2 3 4 5 9</i>	Housing problems: Homeless, unsafe neighborhood, discord with neighbors or landlord.					
<i>0 1 2 3 4 5 9</i>	Economic problems: Not enough money to pay bills, food and rent.					
<i>0 1 2 3 4 5 9</i>	Problems with access to health care services: Inadequate health care, transportation to health care facilities unavailable, inadequate health insurance.					
<i>0 1 2 3 4 5 9</i>	Problems related to interaction with the legal system/crime: Arrest, incarceration, litigation, victim of a crime.					
<i>0 1 2 3 4 5 9</i>	Other psychosocial and environmental problems: Exposure to disasters, discord with non-family caregivers such as counselor, social worker or physician, unavailability of social service agencies.					

Printed Name of Parent/Legal Guardian: _____

Signature of Parent/Legal Guardian: _____

Relationship to Child: _____

Date: _____