

**CITYVIEW PSYCHIATRY, P.A.**  
**Dr. Debra Atkisson, M.D., P.A.**

**CHILD/ADOLESCENT INTAKE**

CHILD'S NAME \_\_\_\_\_ SEX \_\_\_\_\_ DATE OF BIRTH \_\_\_/\_\_\_/\_\_\_

INFORMANT'S NAME \_\_\_\_\_ DATE \_\_\_/\_\_\_/\_\_\_

RELATIONSHIP TO CHILD \_\_\_\_\_

**SYMPTOM LIST:**

**INATTENTION**

	No	Some	Yes
Fails to pay attention to details or makes careless errors			
Doesn't stay on task.			
Doesn't listen when spoken to directly.			
Doesn't follow through on instructions.			
Has difficulty organizing tasks.			
Often avoids or dislikes activities that require sustained mental effort			
Often loses things necessary for tasks.			
Is often easily distracted by things around him/her.			
If often forgetful in daily activities.			

**TOTAL YES** \_\_\_\_\_

**IMPULSIVITY/HYPERACTIVITY**

	No	Some	Yes
Often fidgets or squirms in seat.			
Often leaves seat when remaining seated is required.			
Often runs about or climbs excessively in situations in which it is inappropriate.			
Has difficulty playing or engaging in leisure activities quietly			
Is often "on the go" or acts as if "driven by a motor."			
Often talks excessively.			
Often blurts out answers to questions before the question is completed.			
Often has difficulty awaiting turn.			
Often interrupts or intrudes on others.			

AT WHAT AGE DID THESE SYMPTOMS START? \_\_\_\_\_

HAVE THEY BEEN REGULARLY PRESENT SINCE THAT TIME? \_\_\_\_\_

**OPPOSITIONAL BEHAVIOR**

	No	Some	Yes
Often loses tempers.			
Often argues with adults.			
Often actively defies adult requests or rules.			
Often deliberately annoys people; peers refuse to play because he/she does silly/mean things.			
Often blames others for mistakes.			
Is often touchy or easily annoyed.			
If often angry/resentful for long periods.			
Often does mean or spiteful things to others.			

**CONDUCT PROBLEMS**

	No	Some	Yes
Often bullies or threatens others.			
Often starts physical fights.			
Has used a weapon in a fight.			
Has been physically cruel to others.			
Has been physically cruel to animals.			
Has stolen while confronting a victim.			
Has forced another in sexual activity.			
Has set fires with intent to damage.			
Has deliberately destroyed property.			
Has broken into a house or building.			
Often tries to "con" others out of things.			
Stays out late w/o permission (beginning before age 13)			
Has runaway from home at least twice.			
Is truant from school (beginning before age 13)			

TOTAL YES \_\_\_\_

**SUBSTANCE ABUSE**

	None	1-3 Times	Monthly	Weekly
Drinks Alcohol				
Gets intoxicated				
Uses Marijuana				
Uses amphetamines				
Uses cocaine				
Uses IV drugs				
Other Drugs:				

**DEPRESSION**

1. Does your child ever get sad or depressed or irritable for no reason? What things make him/her sad or grouchy?

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2. How often does your child feel sad or grouchy?  
 NEVER 1-3TIMES/MONTH WEEKLY DAILY

3. How long does that sadness last?  
 MINUTES AN HOUR SEVERAL HOURS ALL DAY CONSTANT

4. Is your child sad or grouchy today?  
 YES NO

5. In the past, has he/she ever been sad for a whole year at a time?  
 YES NO IF YES, WHEN?

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6. In the past, has he/she ever been sad for two straight weeks at a time?  
 YES NO IF YES, WHEN?

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7. Has your child lost interest in things he/she used to think were a lot of fun (other than outgrowing them)? Has he/she lost the ability to get pleasure out of activities (parties, being with friends, etc)?  
 YES NO IF YES, FOR HOW LONG?

LESS THAN TWO WEEKS 2-4 WEEKS MONTHS LONGER THAN A YEAR

8. Has your child experienced the following associated with ongoing sadness/irritability:

	No	Some	Yes
Weight loss or loss of appetite?			
Trouble falling asleep?			
Trouble waking up in the middle of the night?			
Falling asleep during the day.			
Very slow to move around or do things when sad.			
Paces, jumpy, or increases in irritability or activity when sad			
Loss of energy			
Makes negative comments about self.			
Sad thoughts keep him/her from concentrating.			

**TOTAL YES \_\_\_\_\_**

9. Does your child talk about hurting himself/herself or say he/she wishes he/she was dead?  
 YES NO

10. Has your child ever tried to hurt him/herself?  
 YES NO

**MANIA**

1. Has your child had any times when he/she was unusually happy or over excited for no reason?

2. Has he/she been so happy or excited that you worried that something was wrong with him/her?  
 YES NO IF YES, HOW LONG HAS HE/SHE BEEN THAT WAY?

LESS THAN 2 WEEKS 2-4 WEEKS MONTHS LONGER THAN A YEAR

### Anxiety

Does your child worry about the following:

	No	Some	Yes
Upcoming tests or grades			
Meeting new people			
How he/she will do in upcoming games or team sports			
Bad things happening to family			
Kidnappers or Burglars			
That other kids wont like him/her			
Scared of trying new things			
<b>If above symptoms of anxiety are present does the patient:</b>	<b>No</b>	<b>Some</b>	<b>Yes</b>
Feel restless and keyed up			
Feel and look tired			
Say he/she can't concentrate because of worrying about a problem			
Get irritable when worried			
Get physically tense when worried			
Worries keep him/her from sleeping			

### Separation Anxiety

Does your child:

	No	Some	Yes
Worry that he/she will be hurt or die if you are away from him/her			
Refuse to leave you to go to school			
Refuse to go to sleep without you			
Physically cling to you in public			
Have Nightmares about parents dying			
Get headaches/stomachaches when you leave him/her			
Throw temper tantrums to keep you from leaving him/her			
Worry that you will be hurt or die if you are away from him/her			
When the child is away from you, does he/she repeatedly call and beg you to come home			

### Phobias

Are there things your child is scared of, much more than other children his/her age? Yes No  
If yes what are they? \_\_\_\_\_

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### Odd Behaviors

Please describe any bizarre behaviors exhibited by your child: \_\_\_\_\_

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