Pediatric Behavioral Health Screen (Ages 4-16)

Person Completing Form_____

Relation to Child: _____

INFORMATION FOR YOUR CHILD'S DOCTOR

Emotional and physical health go together in children. Parents are often the first to notice a problem with their child's behavior and /or emotions. You can help your child get the best care possible by answering these questions. Please circle the box that best describes your child. If you do not wish to answer a question, you can leave it blank.

Please circle the answer that best describes your child:

PSC	**NEVER**	**SOME TIMES**	**OFTEN**		*Office Use* I	A	E
1. Fidgety, unable to sit still	0	1	2				
2. Feels sad, unhappy	0	1	2				
3. Daydreams too much	0	1	2				
4. Refuses to share	0	1	2				
5. Does not understand other people's feelings	0	1	2				
6. Feels hopeless	0	1	2				
7. Has trouble paying attention	0	1	2				
8. Fights with other children	0	1	2				
9. Is down on himself	0	1	2				
10. Blames others for his or her troubles	0	1	2				
11. Seems to be having less fun	0	1	2				
12. Does not listen to rules	0	1	2				
13. Acts as if driven by a motor	0	1	2				
14. Teases others	0	1	2				
15. Worries a lot	0	1	2				
16. Takes things that do not belong to him or her	0	1	2				
17. Distracted easily	0	1	2				

How much do the problems or difficulties you circled above interfere with your child's everyday life?

	Not at all	**Only a little**	**A lot**	**A great deal**
18. Do the difficulties you checked above upset or distress your child?	0	1	2	3
19. Do the difficulties you checked above place a burden on you and your family?	0	1	2	3
20. Do the difficulties you checked above interfere with your child's home life?	0	1	2	3
21. Do the difficulties you checked above interfere with your child's friendships?	0	1	2	3
22. Do the difficulties you checked above interfere with your child's activities?	0	1	2	3
23. Do the difficulties you checked above interfere with school or learning?	0	1	2	3

24. Do you think your child might have a problem with alcohol or drugs?	YES	NO
25. Is your child in counseling or seeing a mental health professional?	YES	NO
26. Does your child have an IEP (Individualized Educational Plan) at school?	YES	NO
27. Are there problems or concerns about your child, yourself or your family that you would like to talk about privately with your doctor?	YES	NO

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Child's Name:_____ Screening Date:_____

Screening Results

Patient's Pediatric Symptom Checklist was

☐ negative.

☐ positive for: ☐ internalizing symptoms ☐ externalizing symptoms ☐ attention symptoms ☐ overall symptoms

Symptoms endorsed on patient's Pediatric Symptom Checklist

☐ do not result in functional impairment.

☐ result in functional impairment for:

☐ child ☐ family ☐ child activities ☐ child's home life ☐ child's friendships ☐ child's school or learning

Caregiver had concern for patient's use of alcohol or drugs: ☐ No ☐ Yes

Caregiver had other concerns: ☐ No ☐ Yes- Concern was_____

Patient currently followed by a mental health provider: ☐ No ☐ Yes-Provider is _____

Patient currently on an Individualized Education Plan at school: ☐ No ☐ Yes

Reason for IEP:_____

Screening Summary

Patient's overall screen was:

☐ negative.

☐ positive, but patient is already followed by a mental health provider.

☐ positive and warrants further monitoring.

☐ positive and warrants further assessment.

Intervention

☐ Reviewed screening results with patient/family.

☐ Discussed with patient/family impact of screening results on patient's health & need for:

☐ continued monitoring of patient's symptoms.

☐ further assessment by a behavioral health provider.

☐ family to follow-up with patient's current mental health provider.

☐ family to follow-up with patient's school personnel.

☐ If ADHD is considered, then will further assess for ADHD with Vanderbilt Assessment Protocol.

☐ Patient/family given copy of screening results.

Referral

☐ No referral made at this time.

☐ Referred patient to in house Behavioral Health/ Pediatric Psychology service for further assessment and treatment recommendations.

☐ Referred patient to_____

☐ Patient/family has appointment_____

☐ Patient/family given Behavioral Health contact (800) 652-2010 to call for assistance with location a behavioral health provider to conduct further assessment.

Comments

_____

_____

Physician signature:_____ Date:_____