

**Information in all areas should be obtained by multiple sources if possible (individual, family, records etc.)**

**Safety risks (be sure to complete full Risk Assessment):**

Evidence of suicidality or self-harm:

Aggression:

Access to weapons:

**Health risks:**

Pregnancy  YES  NO

Medical problems

**Evidence of psychosis: (Explore duration, severity, level of distress, quality of each psychotic symptom).**

hallucinations:

delusions:

unusual thought content:

disorganized speech:

**PRODROMAL SYMPTOMS:**

Difficulties in thinking (attention, concentration, memory, organization):

Difficulties in speaking or writing:

Anxiety:

Drop in functioning (work, school, self-care, activities):

Perceptual disturbances/sensitivities:

Suspiciousness, ideas of persecution:

Grandiosity:

Social isolation or withdrawal:

Decreased emotional expressiveness or sense of loss of emotions and self:

Odd/bizarre behavior or appearance:

Disturbances of:       sleep

                                  mood

                                  motor functioning

                                  appetite/nutrition

**Family psychiatric history:**

**Stressors:**

**Substance abuse history:**

**Education and work history:**

**Current Treatment (include attitude about):**

**Current Medications (include attitude about):**

**Previous Treatment (hospitalizations, physicians, therapists, evaluations, medications):**

**Family and social supports:**

**Significant Psychosocial History:**

**Young person and/or family's beliefs (use Family intake form) about current problem:**

**Recommended referral/engagement:**

**Insurance/Medicaid:**

**Special Notes:**