

### *Chapter 4 Homework: Mental Health Visit Preparation*

Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Past medical history (Illnesses, Previous Diagnoses):

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Past hospitalizations (Include Dates if Possible):

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Past surgical history: \_\_\_\_\_

Current medications (Include Vitamins, Supplements, Herbs in addition to Prescriptions): \_\_\_\_\_

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Allergies: \_\_\_\_\_

Social history:

Who lives in the home? \_\_\_\_\_

What school does the child attend? \_\_\_\_\_

Does the child smoke? \_\_\_\_\_

Does the child use alcohol? \_\_\_\_\_

Does the child use illegal substances? \_\_\_\_\_

Sexual history:

Is the child sexually active? \_\_\_\_\_

What gender does the child identify with? \_\_\_\_\_

Family History:

Mother: \_\_\_\_\_

Father: \_\_\_\_\_

Brother: \_\_\_\_\_

Sister: \_\_\_\_\_

Maternal grandmother: \_\_\_\_\_

Maternal grandfather: \_\_\_\_\_

Paternal grandfather: \_\_\_\_\_

Paternal grandmother: \_\_\_\_\_

Immunization history: Are the child's immunizations up to date? \_\_\_\_\_

Current health care professionals: (Please include Primary Care, Counselors, Psychologists, Psychiatrists, etc. Include addresses and phone numbers if possible).

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CC: \_\_\_\_\_

Recent events:

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What was/were the precipitating factor(s)?

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What is the extent of the condition?

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What are the primary symptoms?

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What is the duration of the symptoms?

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Has the child ever had any concerns like this previously?

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