



# Scion Psychiatry

Scion Psychiatric PLLC

## Brief Assessment Form

Your child's name and age

Who lives in the home?

School and grade?

Why are you seeking an evaluation? (Please provide as much detail as possible)

Has your child ever been seen for mental health treatment before?

If so where and for how long?

Have they ever been hospitalized for a psychiatric/mental health issue?

If so when and for how long?

What are their diagnoses?

Are they taking medication currently and if so what medication and what dose?

Are you open to using medications for your child?

What are your concerns about using medication to treat psychiatric issues in your child?

Have they ever been in therapy?

Have they been affected by emotional/physical or sexual abuse or suffered a traumatic event(s) in the past?

Please describe their overall behavior, mood and any concerning behaviors.

Have they ever had neuropsychiatric testing or been tested for autism?

If they did undergo testing do you have the results of this testing?

Do they have any developmental delays or intellectual disabilities?

Do they have any medical issues that they are currently being treated for?

What do they enjoy doing and what are some of their interests and hobbies?

What are the rules surrounding use of screens in your home?

How much time do they spend on screens in school and at home?

Are you ok with Scion Psychiatric contacting your child's pediatrician or their school for more information?

