

Behavioral Health Screening Form

Child's Name:

DOB:

PCP:

Primary TCP Location:

What is your primary concern about your child's emotional or behavioral health?

What services are you interested in for your child? (e.g., Therapy, Psychiatry, ADHD Evaluation, Parent Training, Behavioral Planning)

Do you have any concerns about your child's learning, academic functioning, or development? Has a teacher ever brought up these concerns?

Has your child ever had a psychological or psychiatric evaluation (including neuropsychological, psychoeducational, or developmental assessments)? If yes, please list name or agency of evaluator, and approximate date. *If yes, please bring to first appointment.*

Has your child ever been diagnosed with an emotional or behavioral health concern? If so, please specify who made the diagnosis, approximately when, and specify the diagnosis or diagnoses (e.g., ADHD, Depression, Anxiety, Autism Spectrum Disorder).

Has your child ever been treated, or currently receiving psychotherapy for an emotional /behavioral health concern (including any hospitalization, emergency room visit, day program, group or individual psychotherapy)? If so, give approximate starting dates, and whether it is ongoing.

Has your child ever been prescribed medication for an emotional/ behavioral health concern? By whom and approximately when? Please list the names and doses of any medication(s), for how long the child has taken it, and whether they are currently taking it.

Does your child have an Individualized Education Plan (IEP) or a 504 Plan at school? *If yes, please bring to first appointment.*

Any other comments or questions?

Your answers will help us determine whether we can meet your child's behavioral health needs at Lurie Children's Primary Care. Some children's needs are not best met in a primary care setting. Either way, we will recommend next steps for your child and family.

Please return to Joy Rodenas via fax or at TCPbehaviorhealth@luriechildrens.org