

CHILD & YOUTH ASSESSMENT V2

Name:		PARIS ID:
DOB:	Age:	PHN:
Gender:		Phone:
Home Address:		

Assessment Start Date:

Assessment End Date:

Reason for Assessment:

Carried Out By:

Identification And Reason For Referral

Age, ethnicity, gender, school, grade, referral source, number of sessions to compile assessment, strengths.

History Of Presenting Problem

Development History

Include as relevant prenatal/birth history, infancy and childhood milestones, high fevers, seizures, head injuries, hospitalizations, physical and mental development, significant attachments and separations.

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Family History

Describe current living situation, family and/or caregivers and significant relationships (including peers), history of mental illness and addictions, interpersonal dynamics, psychosocial stressors, financial situation, family strengths, suicides, incarcerations, medications for caregivers, frequent moves.

Pregnancy [MRR]

Date Recorded	N/A	Currently Pregnant?	Pregnancy in the last two years?	Recorded By	Team Name
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Parenting [MRR]

Date Recorded	Currently Parenting?	Recorded By	Team Name
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Medical History

Clinical history, psychiatric history, previous hospitalizations (reasons), previous and current medications (prescribed and over the counter), response to medications, supplementary services, medical concerns, diet/eating concerns.

Allergies - Current

Content may have been entered/updated after assessment completed.

Date Entered	Allergen	Category	Source	Reaction	Reaction Details
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Educational History

Include psycho-educational testing, school interruptions, delays, attendance, learning strengths and challenges.

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Current Strengths And Functioning

Individual functioning regarding family, peers, school (i.e. bullying), work, interests and activities.

Mental Status Examination (MSE)

Appearance, attitude, psychomotor/behaviour, mood and affect, speech, thought process, thought content, perceptions (e.g. hallucinations), cognition (e.g. alertness, orientation, attention, concentration, memory, visuospatial), insight and judgment, screen for general DSM categories.

Legal Status [MRR]

Legal Status Type	Start Date	End Date	Recorded By	Date Recorded	Team Name
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Other Legal/Financial Concerns

Include other relevant legal/financial concerns.

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Risk Assessment [MRR]

May include suicide, self harm, violence, abuse, family, recent significant loss, pregnancy, parenting, experience of trauma, aggressive behaviour, impulsivity.

Client has experienced violence or abuse towards them in the 12 months prior to referral or during service [MRR]:

- | | |
|---|--|
| <input type="checkbox"/> Yes, indicated by client | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes, indicated by other trusted source | <input type="checkbox"/> Unknown/not asked |

Client has made a suicide attempt or engaged in significant intentional self-harm in the last 24 hours [MRR]:

- | | |
|---|--|
| <input type="checkbox"/> Yes, indicated by client | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes, indicated by other trusted source | <input type="checkbox"/> Unknown/not asked |

Risk Comments

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Substance Use [MRR]

Substance Use: **Not Assessed** **No Identified Issues**

Primary Problem	Substance	Primary Route	Date Last Used	# Days in Last 30 Days	Typical Day Amt Used	Age at First Use	Current Pattern

- Alcohol

- Non-beverage Alcohol

- Tobacco

- Cannabis

- Crack Cocaine

- Cocaine

- Heroin

- Opioids:

- Opioids:

- Benzos:

- Benzos:

- Crystal Meth

- Amphetamines

- Club Drugs:

- Hallucinogens:

- Inhalants:

- Over-the-Counter Drugs (excluding codeine):

- Other Prescription Drugs (excluding opioids):

- Other:

- Other:

Has client shared needles with other users within the last 30 days? Yes No Unknown Not Applicable

Substance Use Comments

Periods of heaviest use, negative/positive affects (hangovers, blackouts, sexual assault), gambling.

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Review of Results

Review of psychological and other test results and results of other assessment procedures if available.

Diagnostic Summary

Predisposing factors (e.g. family history, head trauma), precipitating factors (stressors), perpetuating factors (ongoing issues) and protective factors (strengths, relationships) that lead you to your diagnostic impressions.

Diagnosis

Date	Diagnosis Type	Diagnosis	State	Aware?	Comments
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Treatment Plan

Collaborate if possible: specific, measurable, target dates (considering client's state of change).

Additional Information

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Needs

Need	Post to C/P	Processed	Comments
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HoNOSCA: Child and Adolescent [MRR]

HoNOSCA Score Sheet- Child and Adolescent

Health of the Nation Outcome Scales for Children and Adolescents (HoNOSCA) © Royal College of Psychiatrists 1999

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HoNOSCA: Child and Adolescent

**Severity
(0-4,9)**

Section A

1. Disruptive, antisocial or aggressive behaviour
2. Overactivity, attention and concentration
3. Non-accidental self-injury
4. Alcohol, substance/solvent misuse
5. Scholastic or language skills
6. Physical illness or disability problems
7. Hallucinations and delusions
8. Non-organic somatic symptoms
9. Emotional and related symptoms

Disorder (A B C D E F G H or I):

If I, Specify:

10. Peer relationships
11. Self care and independence
12. Family life and relationships
13. Poor school attendance

Section B

14. Lack of Knowledge- nature of difficulties
15. Lack of information- services/management

HoNOS Comments

Other People Involved

Copies To Be Sent To:

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Other Authorizers

Other Authorizer: _____ **Date:** _____

Other Authorizer: _____ **Date:** _____

Authorization Details

Carried Out By: _____ **Date:** _____

Closing Authorizer: _____ **Date:** _____

Notes:

Note: Once downtime information from this form has been entered in PARIS, shred this working sheet.

----- End of Report -----