

CHILD & YOUTH BRIEF 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

History of Presenting Problem

Brief Social, Family And Educational Functioning

Comment on past and present regarding functioning within family, functioning at school/work, functioning with peers and psychosocial stressors.

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

Yes, indicated by client No

Yes, indicated by other trusted source Unknown/not asked

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

Yes, indicated by client No

Yes, indicated by other trusted source Unknown/not asked

CHILD & YOUTH BRIEF ASSESSMET V2

Name:

PARIS ID:

Mental Status Examination [MSE]

Include general appearance and presentation; psychomotor behaviour; speech; affect and mood; thought process and cognitive functioning; thought content.

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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Legal Status [MRR]

Legal Status Type	Start Date	End Date	Recorded By	Date Recorded	Team Name
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Formulation

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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Substance Use [MRR]

Substance Use: Not Assessed No Identified Issues

Prim	Substance	Primary Route	Date	# Days	Typical Day	Age	
Prob			Last Used	of use	Amt Used	at	Stage of Change
				in last		First	
				30 Days			

- 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 (exc. codeine):

- Other Prescription Drugs (exc. opioids):

- Other:

- Other:

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

Substance Use Comments

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Treatment Plan

Comments

Needs

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

HoNOSCA Score Sheet- Child and Adolescent
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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):
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:

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** -----