



SCREENING INFORMATION (Please Print)

Child's Full Name _____ Nickname _____

Age _____ Current Grade _____ Date of Birth _____

Child's Social Security Number _____

Color Eyes _____ Color Hair _____

Place of Birth _____
City _____ County _____ State _____

Race: Alaska Native American Indian Asian Black or African American
 Caucasian Hispanic Other Pacific Islander Other Race

Ethnicity: Puerto Rican Other Hispanic Mexican
 Haitian Cuban None of the Above

Religion: None Baptist Catholic Episcopalian Jewish
 Lutheran Methodist Presbyterian Other: _____

Custodial: *Primary Residential Parent* *Other Custodial (explain)* _____

Guardian Name/s _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email Address _____

Street Address _____

City, State, Zip _____ County _____

I give permission to the staff of the Florida United Methodist Children's Home to leave a telephone message at the following telephone numbers and/or email (check all that apply):
 Home Cell Work Email

Referred By:
Name: _____ Church/Agency: _____

Address: _____ City _____ State _____ Zip _____

Telephone: () _____



Screening Information Completed By: Print Name: _____

Signature: _____

Date: _____

Health Insurance Information:

Health Insurance Provider: _____ Medicaid #: _____

Policy #: _____ Type of Coverage: _____

Primary Physician under the insurance/Medicaid: _____

Address: _____ Phone #: _____

Medical Information:

Does child have any known allergies or sensitivities?

Has child ever been hospitalized? Yes ___ No ___

Age How Long Reason

Medication History (list current and past medications)

Date Medication Prescribing Physician Response to Medication

Has the child ever been seen by a medical specialist for a major illness or accident?

Age How Long Reason



FAMILY/GUARDIAN INFORMATION

	Occupation	Level of Education Completed
Mother	_____	_____
Father	_____	_____
Other Guardian	_____	_____
Other Guardian	_____	_____

Are the parents divorced/separated? Yes___ No___
 If yes, explain: _____

Does the parent/guardian experience any health problems or disabilities? Yes___ No___

Has the parent/guardian ever been treated for mental health related issues? Yes___ No___

Age	How Long	Reason
_____	_____	_____
_____	_____	_____

Who else lives in the home?	Name	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____

IF CHILD IS ADOPTED

Age of child at the time of adoption _____

Relevant information about biological parents (substance abuse/mental health/medical history)

Type of adoption (adoption agency, foster care, domestic, international)

Relevant pre-adoption history (abuse, neglect etc.)



PRESENTING PROBLEM (briefly describe your concerns)

TREATMENT HISTORY (child)

Previous Counseling

When	Where	Therapist/Title	Response To
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Has the child ever attempted to commit suicide or expressed a wish to die? Yes___ No___
 Age Reason

Has the child ever attempted or expressed the wish to harm others? Yes___ No___
 If yes, Explain:

Has the child ever been in residential care?
 Age How Long Reason

Has the child ever experienced, witnessed or been exposed to any of the following?

- ___Sexual Abuse ___Physical Abuse ___Neglect ___Domestic Violence
- ___Car Accident other Accident ___Premature Birth ___Major Medical Procedure
- ___Divorce ___Adoption/Foster Care ___Change of primary caretaker
- ___Separation/Loss



SUBSTANCE ABUSE HISTORY

Any family history of substance/alcohol abuse (including grand-parents, relatives)?

Parent/guardian history of substance/alcohol abuse (including step-parents, co-caretakers)?

Child's history of substance/alcohol abuse and or cigarette smoking?

LEGAL HISTORY

Has the child ever had difficulty with the police? Yes___ No___

Has the child ever been on probation? Yes___ No___

Has the child ever appeared in juvenile court? Yes___ No___

Comments:

Has the family ever been involved with DCF/CPC? Yes___ No___

Is there currently an open case/investigation? Yes___ No___

Has the child ever been in foster care or DCF/CPC custody? Yes___ No___

Age How Long Reason



ACADEMIC HISTORY

Name of the school the child is presently attending: _____

School Address: _____

School Phone #: _____ County: _____

Current grade placement: _____

What are the child's typical grades? _____

Does the child receive Special Education (ESE) services? Yes No

NOTE: If you answered yes, please provide a copy of the IEP (Individual Education Plan)

Does the child have behavior problems in school? Yes No

Does the child skip or cut classes? Yes No How often? _____

Has the child ever failed or been held back? Yes No What grades? _____

Has the child ever been suspended or expelled to an alternative school? Yes No

If yes, reason:

BEHAVIORAL CONCERNS

Does the child display any of the following behaviors?

Defiance/Does not follow rules Disrespects adults/authority figures

Lying Stealing Talks Back Uncontrollable Anger/Rage

Verbal Aggression Destruction of Property Physical Aggression with People

Physical Aggression/Cruelty toward Animals Fire Setting

Sexual Promiscuity/Sexually active (how many partners?) _____

Sexually inappropriate/offending behaviors (explain) _____



__Runs away from home (how many times/how often?) _____

__Excessive dieting (how often?) _____

__Binging/Purging (how often?) _____

__Abuse of diet pills/laxatives (frequency/amount) _____

__Self-Injurious Behaviors (frequency/severity of injury) _____

__Violates physical boundaries of others (how?) _____

__Violates emotional boundaries of others (how?) _____

__Interrupts __Daydreams __Lacks focus/concentration __Often forgetful

__Cannot sit still/excessive fidgeting

__Has difficulty making or keeping friends (how so?) _____

__Worries frequently __Appears nervous __Appears sad __Often moody

__Often withdraws __Appears shy __Sees/hears things that others don't

How does the child behave in the home?

How does the child express anger/frustration?

How does the child express sadness?

How does the parent/guardian discipline the child?

What are the child's strengths and interests?



COMMENTS
