

C.18 Mental Health Interview Tool/Referral Form (Ages 3-9 Years)

Mental Health Interview Tool/Referral Form

Ages 3 to 9

Child's Name: _____

Birth Date: _____

Date: _____

For this age group you will obtain information from the parent/caregiver and from your own observations of the child's behavior. If possible, interview the parent alone when asking questions about sexual or physical abuse. Circle items of concern. * The presence of any of these symptoms or behaviors may signal that the child is in crisis, and efforts should be made to secure prompt evaluation.

Feelings:

Does your child display feelings that concern you or seem out of the ordinary for age?

- Restless
- Sad or cries easily
- Excessively guilty
- Lack of remorse
- Irritable, angers or temper tantrums easily
- Sullen
- Fearful or anxious

Behavior:

Does your child frequently display behavior that seems out of the ordinary for age?

- Problems in school
- * Harms other children or animals
- Lacks interest in things s/he used to enjoy
- Engages in sexual play with others, toys, animals
- * Destroys possessions or other property
- Steals
- Refuses to talk
- * Sets fires
- Overactive
- * Self-destructive
- * Has been in trouble with the police (older child)

Social Interaction:

Do you have concerns about how child gets along with you, other family members, playmates, other adults?

- Withdraws including no eye contact
- Clings excessively
- Difficulty making and keeping friends
- Defiant, a discipline problem
- Severe or frequent tantrums
- Aggressive
- Argues excessively
- Refuses to go to school
- Prefers to be alone

Thinking:

Have you noticed any of the following to be a problem for your child?

- * Frequently confused
- Daydreams excessively
- Distracted, doesn't pay attention
- * Bizarre thoughts
- Mistrustful
- * Sees or hears things that are not there (excluding imaginary friends in younger children)
- Blames others for his/her misdeeds or thoughts
- * Talks about death
- * Frequent memory loss
- Schoolwork is slipping (grades going down)

Physical Problems:

Do you have any concerns about the following physical signs?
Has this been evaluated?

- Daytime wetting
- Soils pants
- Refusal to eat
- Headaches
- Excessive weight loss or gain
- Sleep problems, nightmares, sleep-walking, early waking
- Vomits frequently
- Frequent stomachaches
- Lacks energy

Other:

Is this child accident-prone?

Are there any situations that are causing your family particular stress?

Has this child or his/her parents been subject to neglect, physical, sexual or emotional abuse? If yes, what type, when, treatment, etc.

* Is this child at risk for out-of-home placement because of behavior problems?

Comments:

Signature/Title: _____