

Child Welcome Questionnaire

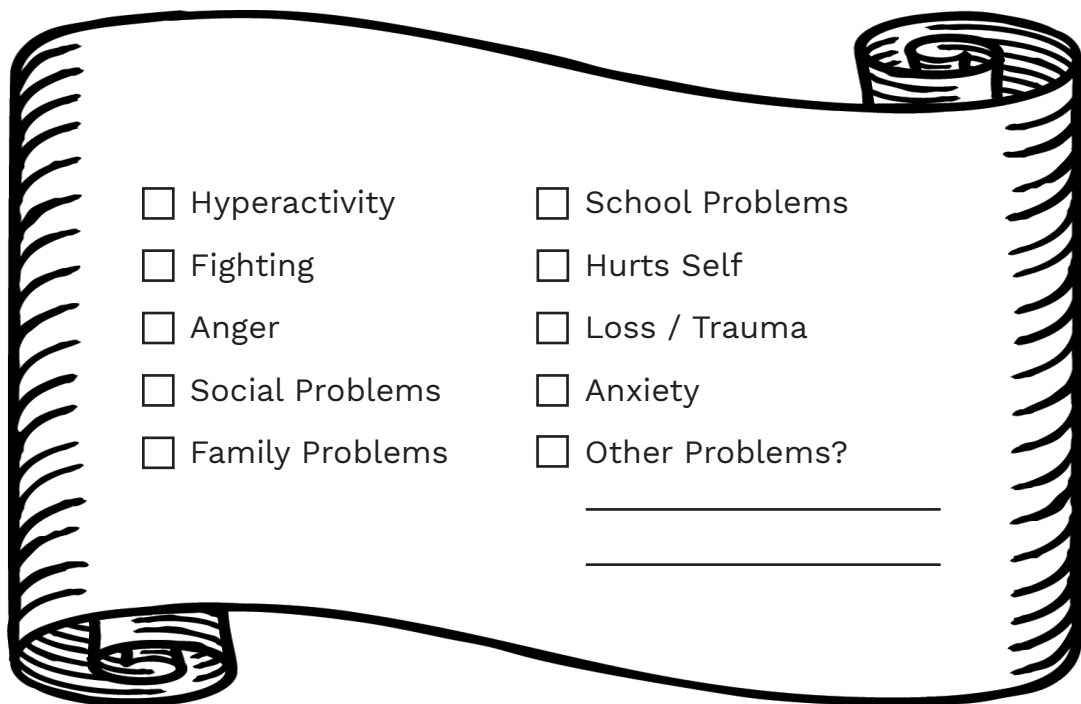
At Life Management Center, we want to make sure you are truly listened to. We are interested in what matters most to you and your family. You are an equal partner... in planning care.... choosing servicesand deciding how well those services are meeting your needs.

To help us get ready for the conversation you are about to have, think about the following. Feel free to jot down notes for our talk.

Child's Name _____

Date _____

Why did you decide to come for this visit today?



<input type="checkbox"/> Hyperactivity	<input type="checkbox"/> School Problems
<input type="checkbox"/> Fighting	<input type="checkbox"/> Hurts Self
<input type="checkbox"/> Anger	<input type="checkbox"/> Loss / Trauma
<input type="checkbox"/> Social Problems	<input type="checkbox"/> Anxiety
<input type="checkbox"/> Family Problems	<input type="checkbox"/> Other Problems?

Has your child received help for these problems in the past?

Has your child had prior inpatient treatment in a mental health hospital?



Think about these problems. Has anyone else in your family had the same issues?

How often does your child have a drink containing alcohol?

- ☐ Never
- ☐ Once a month or less
- ☐ 2-4 times a month
- ☐ 2-4 times a week
- ☐ 4 or more times a week

Are there any other substances your child is currently using or have used in the past?

- ☐ Yes ☐ No

Does your child have any past or current involvement with the law?

- ☐ Yes ☐ No

Now please think about your child's strengths and abilities

- ☐ Want to improve
- ☐ Good family support
- ☐ Good academic skills
- ☐ Good problem solver
- ☐ Good coping skills
- ☐ Good social skills

What school grade is your child in?

- ☐ 1-5
- ☐ 6-8
- ☐ 9-10
- ☐ 11-12

Does your child have any special needs, preferences or disabilities that require special support?



Are there needs in addition to behavioral health services for which you would like a referral?

We are also interested in who is in your child's home and what your support system is like. Please list all the persons living in your household and their relation to your child.

