MERIDELL ACHIEVEMENT CENTER

Psychosocial / Pre-Admission Assessment

PATIENT NAME: **DATE OF BIRTH:**

Gender ◯ M ◯ F ◯ Gender Identity Issue:

Address:

1. PROBLEM(S) LEADING TO RESIDENTIAL PLACEMENT / REASON FOR ADMISSION:

2. PATIENT CURRENTLY LIVES WITH(name & relationship)

3. FAMILY OF ORIGIN:

Patient was raised by:

◯ Natural Parents ◯ Adoptive Parents ◯ Grandparents ◯ Other:

Describe relationship with caregivers:

Custody of Child (legal guardian):

◯ Will bring court documents at time of admission ◯ Will fax court documents prior to admission

Custody dispute in progress:. ◯ No ◯ Yes,

Describe custody arrangements (if applicable):

List names and ages of siblings, relatives and friends who are living in the home:

Relationship	Name	Age	Living?	Living in Home?

Describe relationship with sibling(s)

Discipline used with patient:

Significant issues from childhood impacting current illness:

4. FAMILY HISTORY OF PHYSICAL AND PSYCHIATRIC DISORDERS:

	Mother's Side ☐ Family History Unknown	Father's Side ☐ Family History Unknown
Psychiatric		
Neurological		
History of Suicide		
Substance Abuse		
Learning Disabilities		
Aggression		
Legal Issues		
Other		

5. DEVELOPMENTAL HISTORY:

Prenatal: ◯ Normal or Unremarkable ◯ No information available ◯ Remarkable for:

(e.g., complications during pregnancy/delivery, substance use)

Developmental Milestones ◯ Normal ◯ Delayed ◯ No information available

Walking: ◯ Early: ◯ 12-months ◯ Later

Talking in 3-word Sentences: ◯ Early: ◯ 24-months ◯ Later

Toilet Training: ◯ Early: ◯ 36-months ◯ Later

Birth to 1-year: ◯ Normal or Unremarkable ◯ No information available ◯ Remarkable for:

2 to 5 years: ◯ Normal or Unremarkable ◯ No information available ◯ Remarkable for:

6 to 12 years: ◯ Normal or Unremarkable ◯ No information available ◯ Remarkable for:

13 to 18 years: ◯ Normal or Unremarkable ◯ No information available ◯ Remarkable for:

History of Head Injuries: ◯ No ◯ Yes,

History of Neurological Issues: ○ No , ○ Yes

☐ Seizures, Type: _____ Age at Onset: _____ Date of Last Seizure: _____

☐ Tremors/Numbness/Tingling/Fainting/Dizziness (Please circle all that apply)

☐ Neurological Exam: ○ No ○ Yes, ☐ ECG ○ No ○ Yes,

The patient currently functions ○ at age level ○ above age level ○ below age level:

6. DIAGNOSTIC HISTORY:

The patient has been previously diagnosed with:

☐ Adjustment Disorder
☐ Antisocial Personality Disorder
☐ Attention Deficit- Hyperactivity Disorder
☐ Autism Spectrum Disorder
☐ Bipolar Disorder
☐ Borderline Personality Disorder
☐ Conduct Disorder
☐ Conversion Disorder
☐ Eating Disorder
☐ Fetal Alcohol Syndrome
☐ General Anxiety Disorder
☐ Impulse Control Disorder
☐ Intermittent Explosive Disorder
☐ Learning Disorder
☐ Major Depressive Disorder
☐ Mood Disorder
☐ Narcissistic Personality Disorder
☐ Obsessive Compulsive Disorder
☐ Oppositional Defiant Disorder
☐ Pervasive Development Disorder
☐ Post Traumatic Stress Disorder
☐ Reactive Attachment Disorder
☐ Schizo-affective Disorder
☐ Substance Abuse
☐ Other

7. PATIENT HISTORY OF ALCOHOL AND DRUG USE: Drug of Choice: _____

☐ NA

	Type	Age of First Use	Date of Last Use	Age Regular Use Began	Current Use Pattern	Highest Quantity in 24-hours
Alcohol						
Amphetamines						
Cocaine/Crack						
Ecstasy						
Hallucinogens						
Inhalants						
Marijuana						
Opiates						
PCP						
Prescription						
Stimulants						
Tobacco						
Other						

8. EDUCATION:

Current Grade Level: _____ History of Repeating a Grade: ○ No ○ Yes,

Is patient currently enrolled in school?

○ Yes,

○ No, explanation:

Is patient currently being home schooled? ○ No ○ Yes

Current Grades: _____ ○ Improving ○ Typical ○ Declining

Language Spoken: ☐ English ☐ Spanish ☐ Other,Please specify

Reading Preference: ☐ English ☐ Spanish ☐ Other,Please specify

Learning Style: ○ Auditory ○ Visual ○ Unknown ○ Subject Dependent:

Learning Disabilities:

○ No ○ Yes,description of diagnosis and age at diagnosis:

School Behavioral Problems:

○ No ○ Yes, details (e.g., age of onset, specific behaviors, school consequences):

Special Education Services:

○ No ○ Yes, details (e.g., ages of service, services received, qualifying condition):

School Strengths: ○ No ○ Yes, describe:

9. HISTORY OF SUICIDAL IDEATIONS/ATTEMPTS:

Patient has verbalized suicidal ideations. ○ No ○ Yes, When:

Patient has verbalized plan ○ No ○ Yes, describe:

Patient has made a suicidal gesture/attempt ○ No ○ Yes

Patient has access to a gun or other weapon ◯ No ◯ Yes,

There are guns or other weapons in the home. ◯ No ◯ Yes, describe how they are secured:

There are other weapons in the home associated with hobbies or collections ◯ No ◯ Yes, describe how they are secured:

There are other potentially dangerous items in the home (i.e. lethal medications). ◯ No ◯ Yes ,describe how they are secured:

If weapons and/or other potentially dangerous items in the home are not secured, develop a specific plan to secure the item(s):

PROTECTIVE FACTORS:

Internal: ☐ Coping Skills ☐ Religious Beliefs ☐ Frustration Tolerance ☐ Other

External: ☐ Responsibility to Others ☐ Positive Relationships ☐ Social Supports ☐ Other

10. HISTORY OF VIOLENT/AGGRESSIVE BEHAVIOR:

Patient has been physically aggressive with peers or family members ◯ No ◯ Yes

describe (e.g., patient age, nature of assault, victim, extent of injury to victim):

Patient has been physically aggressive without provocation, gain or purpose ◯ No ◯ Yes, describe:

Patient has been physically aggressive with a weapon ◯ No ◯ Yes (e.g., patient age, victim, weapon used , extent of injury to victim):

Patient has threatened others with a weapon ◯ No ◯ Yes , describe (e.g., patient age, victim, weapon used):

Patient has made verbal threats of violence ◯ No ◯ Yes , describe (e.g., patient age, victim, type of threat):

Patient has been physically aggressive and/or cruel to animals. ◯ No ◯ Yes describe

11. LEGAL HISTORY:

Patient has been arrested ◯ No ◯ Yes describe (e.g., patient age, offense, outcome):

Patient is currently on probation/parole ◯ No ◯ Yes , name and county of Probation Officer:

Patient has charges pending. ◯ No ◯ Yes , describe (e.g., patient age, offense, court date):

Current illness has affected legal history. ◯ No ◯ Yes describe

12. SOCIAL

Patient is able to create friendships. ◯ Yes ◯ No

Patient is able to maintain friendships ◯ Yes ◯ No

Patient is able to relate to peers in a respectful manner ◯ Yes ◯ No

Patient is able to relate to adults in a respectful manner. ◯ Yes ◯ No

Patient participates in leisure/recreation activities: ◯ No ◯ Yes

13. SEXUAL

Patient is sexually active. ◯ Yes ◯ No

Patient practices safe sex. ◯ Yes ◯ No ◯ NA

Please check all that apply:

☐ Touched others sexually without their permission
☐ Engaged in voyeurism/peeping
☐ Sexually explicit writings/drawings
☐ Sexual preoccupation
☐ Sexually explicit talk
☐ Sexually aggressive
☐ Exposed self to others
☐ Masturbation in presence of others
☐ Acted out sexually in a treatment setting
☐ Sexually promiscuous
☐ Has used electronic media for "sexting"/sex Chat rooms/viewing pornography
☐ Received serious consequences due to sexual **behaviors** (i.e. school expulsion/suspension, legal /social services involvement).

Please explain

☐ Acts out sexually with / toward:

☐ Same age peers ☐ Younger ☐ Older ☐ Parents ☐ Siblings
☐ Opposite sex ☐ Same sex ☐ Both male and female ☐ Animals

☐ Has experienced a sexual assault or been victimized. Age/perpetrator/circumstances:

* Please explain all checked items:

14. ELOPEMENT (History of Running Away):

Patient is an Elopement Risk. ◯ No ◯ Yes ◯ High Risk ◯ Moderate Risk ◯ Low Risk

Patient has run away while in a treatment setting ◯ No ◯ Yes

15. BEREAVEMENT:

The patient has experienced a recent loss (through death, divorce, etc.). ◯ No ◯ Yes

There are cultural/religious/ethnic factors affecting patient's bereavement process:

◯ No ◯ Yes

Patient's current illness is affected by the loss: ◯ No ◯ Yes

Patient is involved in community bereavement resources ◯ No ◯ Yes

16. CULTURAL INFLUENCES, RELIGIOUS BACKGROUND, AND CURRENT ACTIVITY:

Patient has a religious affiliation: ◯ No ◯ Yes

Patient attends religious services. ◯ No ◯ Yes

Patient's affiliation with a place of worship is part of his/her support system ◯ No ◯ Yes explain:

Patient's current illness has affected his/her spiritual life. ◯ No ◯ Yes

The family has specific cultural/ethnic/religious factors that should be considered during treatment.

◯ No ◯ Yes

17. HISTORY OF PREVIOUS TREATMENT:

Inpatient hospitalization or residential treatment:

◯ No ◯ Yes specify

Name of Facility	Dates of Treatment	Sending record to Meridell	Treatment Results
		◯ No ◯ Yes	◯ Positive ◯ Negative ◯ None
		◯ No ◯ Yes	◯ Positive ◯ Negative ◯ None
		◯ No ◯ Yes	◯ Positive ◯ Negative ◯ None
		◯ No ◯ Yes	◯ Positive ◯ Negative ◯ None

Outpatient Therapy, Intensive Outpatient (IOP), Partial Hospitalization (PHP), Therapist, Psychiatrist

◯ No ◯ Yes specify

Provider	Phone#	Dates of treatment	Sending record to Meridell	Treatment results
			◯ No ◯ Yes	◯ Positive ◯ Negative ◯ None
			◯ No ◯ Yes	◯ Positive ◯ Negative ◯ None
			◯ No ◯ Yes	◯ Positive ◯ Negative ◯ None
			◯ No ◯ Yes	◯ Positive ◯ Negative ◯ None
			◯ No ◯ Yes	◯ Positive ◯ Negative ◯ None
			◯ No ◯ Yes	◯ Positive ◯ Negative ◯ None
			◯ No ◯ Yes	◯ Positive ◯ Negative ◯ None

18. OUTPATIENT PROVIDERS:

☐ **I am satisfied with our family's current outpatient mental health providers**

☐ **I would like assistance identifying new outpatient mental health providers for our family.**

19. COMMUNITY RESOURCES CURRENTLY BEING USED BY PATIENT/FAMILY:

Resource	Used to/for

Completed By | Relationship to Patient | Email Address | Date

Home # | Cell # | Other #