



Vine School Health Center  
 220 Langland Street  
 Knoxville, TN 37915  
 Phone (865) 594-5078  
 Fax (865) 594-3921



Child's Name: \_\_\_\_\_ Child's age: \_\_\_\_\_ Child's gender: Female Male Other

Relationship to the child (circle one): Biological Parent Legal Guardian Foster Parent Self

Who referred you for services (circle one): Self School Other Provider: \_\_\_\_\_

Previous Mental Health Diagnosis: \_\_\_\_\_

Previous Mental Health Providers/Agency (with dates participated): \_\_\_\_\_

Past/Current Mental Health Medication and who prescribed: \_\_\_\_\_

**Please circle all current symptoms or indicate areas of concern (past or present):**

- |                                       |   |                              |
|---------------------------------------|---|------------------------------|
| Often breaks rules or gets in trouble | Does things that are risky or dangerous   | Impulsive or hyperactive     |
| Trouble paying attention              | Repetitive, rigid, or strange behaviors   | Problems in school           |
| Moody/sad/irritable                   | Unrealistic thoughts, fears, or worries   | Eating or body image         |
| Sleeping problems                     | Development is delayed                    | Social problems              |
| Abusing tobacco, alcohol, or drugs    | Suicidal thoughts/gestures                | Self-harming behaviors       |
| Harm to others/animals                | Hearing/Seeing objects not present        | Throwing/yelling/cursing     |
| Tantrums longer than 20 minutes       | Aggressive towards others/biting/Punching | Sense of fairness/vindictive |
| Sexual Abuse                          | Physical Abuse                            | Neglect History              |
| Flashbacks/Nightmares                 | Decrease interest in activities           | Withdrawn/lonely             |
| Weight loss/poor appetite             | Weight gain/increase appetite             | Poor interaction with peers  |
| Poor eye contact                      | Sensitive to touch                        |                              |

Practitioner Review: \_\_\_\_\_

Dated Reviewed: \_\_\_\_\_