

*Should You Medicate Your Child's Mind?*

by Dr. Elizabeth Roberts ©  
PSYCHIATRIC EVALUATION

**Child's Name** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_

**Age** \_\_\_\_\_

**Date Questions Completed** \_\_\_\_\_

**CURRENT PSYCHIATRIC HISTORY**

**Child's Current Symptoms?** \_\_\_\_\_

(defiance) \_\_\_\_\_

(aggression) \_\_\_\_\_

(anger) \_\_\_\_\_

(impulsive) \_\_\_\_\_

(mood) \_\_\_\_\_

(fears & phobia) \_\_\_\_\_

(obsessive rituals) \_\_\_\_\_

(energy) \_\_\_\_\_

(sleep) \_\_\_\_\_

(appetite) \_\_\_\_\_

(self-esteem) \_\_\_\_\_

(concentration) \_\_\_\_\_

(nightmares) \_\_\_\_\_

(hallucinations) \_\_\_\_\_

(delusions) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**History of Abuse or Trauma?** \_\_\_\_\_

(physical, emotional or sexual) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Talked about hurting himself or anyone else?** \_\_\_\_\_

(suicide attempts or plans) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Attempted to hurting himself or anyone else?**

\_\_\_\_\_

\_\_\_\_\_

**Psychiatric Medications:**

**Current Psychiatric Medications?** (name of med, dose and schedule meds are taken) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Past Psychiatric Medications?** (name of med, dose and schedule meds are taken) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**PAST PSYCHIATRIC TREATMENT**

Past Psychiatric Symptoms? \_\_\_\_\_  
\_\_\_\_\_

Past Psychiatric Hospital Stay? \_\_\_\_\_

Past Psychotherapy? \_\_\_\_\_

**Abuse of Drugs and Alcohol?** \_\_\_\_\_

**MEDICAL HISTORY?** (medical conditions) \_\_\_\_\_

(surgeries) \_\_\_\_\_

(head trauma) \_\_\_\_\_

(seizures) \_\_\_\_\_

(last physical exam) \_\_\_\_\_

(immunizations up-to-date) \_\_\_\_\_

(recent hearing and sight exams) \_\_\_\_\_

Non-Psychiatric Medications? \_\_\_\_\_

Allergies to Medications? \_\_\_\_\_

**DEVELOPMENTAL HISTORY?** \_\_\_\_\_

(pregnancy) \_\_\_\_\_

(exposure to substances in utero) \_\_\_\_\_

(birth & delivery) \_\_\_\_\_

(age started walking, talking & toilet trained) \_\_\_\_\_

(periods of developmental regression) \_\_\_\_\_

(bed-wetting) \_\_\_\_\_

**SCHOOL HISTORY?** (grade level in school) \_\_\_\_\_

(public, private or home school) \_\_\_\_\_

(special education or gifted) \_\_\_\_\_

(academic performance) \_\_\_\_\_

(classroom behavior) \_\_\_\_\_

(number of schools attended) \_\_\_\_\_

(friendships with other students) \_\_\_\_\_

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**SOCIAL HISTORY?** (family make-up: divorce, remarriage, brothers, sisters) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

(marriage or relationship problems) \_\_\_\_\_

(do parents cooperate with eachother on discipline) \_\_\_\_\_

(which parents work outside the home) \_\_\_\_\_

(home size, number of people he shares his room with) \_\_\_\_\_

(child's room environment: TV, DVD, X-Box, Play Station, stereo, phone, computer, etc.) \_\_\_\_\_

(noises and distractions in bedroom as he is going to sleep) \_\_\_\_\_

(who greets child after school or provides after school child care) \_\_\_\_\_

(study area at home & homework assistance) \_\_\_\_\_

(hours each day he watches TV, plays video games, or on computer for nonhomework purposes) \_\_\_\_\_

(use of Internet in secluded place in home or well monitored) \_\_\_\_\_

(sports, hobbies & clubs: any changes) \_\_\_\_\_

(chores at home & work outside home) \_\_\_\_\_

(friendships changes or losses) \_\_\_\_\_

(death, illness or loss of important family members) \_\_\_\_\_

(conduct problems or legal trouble) \_\_\_\_\_

**FAMILY HISTORY?** (people related by blood who have mental illness or addiction) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**YOUR QUESTIONS FOR THE DOCTOR** \_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_