



Cottonwood
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Murray, UT 84107
(801) 747-8700

Draper
114 E. 12450 South Suite #100
Draper, UT 84020
(801) 523-3001

Southpoint
9071 South 1300 West, Ste. 301
West Jordan, UT 84088
(801) 565-1162

Mental Health Intake Screener

GENERAL INFORMATION:

Child's name: _____ Date: _____ Insurance: _____
First Middle Last

Gender of child: Male Female Birth date of child: _____ Age: _____ Wasatch Pediatrician: _____

CURRENT CONCERNS:

What is the main reason for your child's referral to the Wasatch Pediatrics Mental Health Program?

REQUESTED INTERVENTION:

Which of the following interventions are you interested in receiving (check all that apply):

- Psychiatric Medication Brief Counseling Family Counseling Individual Counseling
- Parent Training ADHD Assessment Don't Know Other: _____

MEDICATION HISTORY:

Medication	Dosage	Frequency	Start date – End date	Reason for discontinuing

FAMILY HISTORY:

Has anyone in your family experienced the following: **(Biological Relationship to the Child)**

Medical Condition	Yes / No	Medical Condition	Yes / No
Learning Problems	<input type="checkbox"/> Yes <input type="checkbox"/> No	Bipolar Disorder (Manic Depression)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Attention-Deficit/Hyperactivity Disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No	Depression	<input type="checkbox"/> Yes <input type="checkbox"/> No
Intellectual Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No	Panic Attacks	<input type="checkbox"/> Yes <input type="checkbox"/> No
Autism / Asperger's	<input type="checkbox"/> Yes <input type="checkbox"/> No	Anxiety	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tourette's Syndrome – Tic Disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No	Obsessive Compulsive Disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No
Alcoholism/Substance Abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No	Schizophrenia	<input type="checkbox"/> Yes <input type="checkbox"/> No