Diagnostic Assessment - Adolescent

Alexander J. Muzichuk, M.A., PLPC
- ✓ Individual Counseling
  Children • Adolescents • Adults
- ✓ **Marriage and Family Counseling**

Child/Adolescent name: _____ **Date:** ____/____/____

Describe your reason for bringing your child for counseling. What are your needs and goals? What are your expectations?_____

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What is the current situation or problem that are happening?

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Please list a history of previous psychiatric, counseling, or substance abuse treatment.

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Has your child had a psychological evaluation in the past? If so, when and where?

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_____

Please list any diagnosis your child has and any medications your child is currently taking.

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Has there been any alcohol or substance use in the past 30 days? If so, what?

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_____

Please list current emotional and behavioral issues your child is presenting (psychiatric symptoms).

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Describe current school/educational functioning and social functioning of your child.

_____

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_____

Describe current work situation and family situation and functioning.

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_____

List current involvement with any other community agencies/resources, including any involvement with the legal system._____

_____

List personal and social resources and strengths your family and your child currently possess.

_____

_____

_____

On the scale below indicate with an X where you think your child is functioning with 0 being the worst and 10 being the best.

0----------10

Office Use Only

Client Name	
DOB	
Medicaid #	
Date and Time Seen	
Report Date	
Persons Present	
Place of Assessment	Office
Provider Name	Alexander J. Muzichuk, Therapist, M.A., PLPC
Provider Medicaid #	1689078396
Referral Source	

Axis I	
Axis II	None
Axis III	None Reported
Axis IV	
Axis V	

Additional Notes

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