

# Psychiatric Evaluation for Teenagers

## Patient Information

Name:

Age:

Gender:          Male          Female          Other:

Date of Evaluation:

Referring Provider:

## Chief Complaint

## Presenting Concerns

## Medical History

## Family History

## Social History

## Developmental History

## Substance Use History

## Current Symptoms

Mood:

Anxiety:

Behavior:

Sleep and Appetite:

Psychotic Symptoms:

## Suicidal and Self-Harm Risk Assessment

## Psychosocial Stressors

## Diagnostic Evaluation

## Treatment Recommendations

Therapy:

Medication:

Referral:

Crisis Intervention:

**Follow-Up Plan****Informed Consent****Documentation**