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