KAISER PERMANENTE®

Northern California

☑Psychiatry

MR #: _____

Name: _____

IMPRINT AREA

FAMILY QUESTIONNAIRE

TO BE COMPLETED BY PARENT OR LEGAL GUARDIAN.

CHILD / TEEN'S PREFERRED NAME	ETHNICITY	GENDER	AGE

ADDRESS (STREET, CITY, ZIP CODE)

PERSON COMPLETING FORM	LEGAL GUARDIAN? ☐ Yes ☐ No

PRIMARY CAREGIVER'S NAME	RELATIONSHIP TO CHILD	BEST CONTACT NUMBER
PRIMARY CAREGIVER'S NAME	RELATIONSHIP TO CHILD	BEST CONTACT NUMBER

BIOLOGICAL PARENT'S NAME (IF DIFFERENT FROM ABOVE)

REFERRAL SOURCE ☐ Self ☐ Primary Care Provider ☐ Other: _____	RELIGION
SCHOOL NAME	SCHOOL GRADE

ALL INDIVIDUALS WHO CURRENTLY LIVE WITH THE CHILD INCLUDING PARENTS/CAREGIVERS: (PLEASE DENOTE IF SEPARATE HOUSEHOLDS)

NAME	AGE	RELATIONSHIP	OCCUPATION / SCHOOL GRADE

CHILD'S MAIN PROBLEM / MAJOR REASONS FOR SEEKING HELP AND WHEN THESE CONCERNS BEGAN:

KAISER PERMANENTE®

Northern California

☑Psychiatry

MR #: _____

Name: _____

Please check the items below that are significant *current* problems for your child/teen.

Is it hard for your child to focus and pay attention?

☐ **No** (skip to next section) ☐ **Yes** (complete items below)

- ☐ Make careless mistakes or does not pay attention to details
- ☐ Problems paying attention/staying focused
- ☐ Avoids, dislikes, or is reluctant to complete tasks that require sustained mental effort (homework, chores)
- ☐ Problems with organization
- ☐ Lose things easily
- ☐ Forgetful
- ☐ Easily distracted
- ☐ Does not listen when spoken to directly
- ☐ Does not follow through on instructions or work

Does your child have a hard time controlling their words or behaviors?

☐ **No** (skip to next section) ☐ **Yes** (complete items below)

- ☐ Fidgets with hands or feet or squirms in seat
- ☐ Leaves classroom or other seat inappropriately
- ☐ Excessively runs about, climbs, or is restless
- ☐ Difficulty playing quietly
- ☐ Always “on the go”
- ☐ Talks excessively
- ☐ Blurts out answers to questions
- ☐ Difficulty awaiting turn
- ☐ Interrupts or intrudes on others

Is your child feeling sad, depressed, or irritable?

☐ **No** (skip to next section) ☐ **Yes** (complete items below)

- ☐ Depressed or irritable mood much of the time
- ☐ Problems sleeping
- ☐ Fatigue or loss of energy
- ☐ Decreased interest or pleasure in activities
- ☐ Increased/decreased appetite
- ☐ Increased/decreased physical activity
- ☐ Feeling worthless or excessively guilty
- ☐ Problems thinking, concentrating, or being indecisive

Is your child often worried or anxious?

☐ **No** (skip to next section) ☐ **Yes** (complete items below)

- ☐ Excessive anxiety or worry (about past behaviors, future events, competence)
- ☐ Phobia or extreme fear
- ☐ Excessive fear of social situations or public speaking
- ☐ Avoids social situations or public speaking
- ☐ Avoids or refuses to go to school
- ☐ Persistent worry about harm to family members
- ☐ Excessive distress when separated from family
- ☐ Persistent refusal to sleep alone
- ☐ Repeated nightmares about separation from family
- ☐ Repeating behaviors (e.g., counting, washing)

Is your child often angry at others?

☐ **No** (skip to next section) ☐ **Yes** (complete items below)

- ☐ Blame others for my mistakes
- ☐ Angry most of the time
- ☐ Easily annoyed by others
- ☐ Go against adult requests or rules
- ☐ Back talk or argue with adults
- ☐ Deliberately annoys people
- ☐ Lose temper
- ☐ Desire to hurt others or get revenge

Has your child experienced or witnessed a traumatic event (i.e., car, accident, death, earthquake)?

☐ **No** (skip to next section) ☐ **Yes** (complete items below)

- ☐ Ongoing negative thoughts about what happened
- ☐ Ongoing negative feelings about what happened
- ☐ Recurrent distressing dreams about the event
- ☐ Flashbacks about the event
- ☐ Attempts to avoid memories, thoughts, or feelings about what happened

KAISER PERMANENTE®

Northern California

☑Psychiatry

MR #: _____

Name: _____

Does your child do things that get them into trouble?

☐ **No** (skip to next section) ☐ **Yes** (complete items below)

- ☐ Bully or threaten others
- ☐ Get in physical fights
- ☐ Hurt animals
- ☐ Stole things
- ☐ Set a fire
- ☐ Destroyed property
- ☐ Broke into a house, building, car
- ☐ Stay out all night
- ☐ Ran away
- ☐ Truant from school
- ☐ Problems with the law or police
- ☐ Used an object as a weapon
- ☐ Lies to obtain goods/favors or avoid obligations

Does your child have excessive mood or aggressive behavior problems?

☐ **No** (skip to next section) ☐ **Yes** (complete items below)

- ☐ Excessive mood swings
- ☐ Racing thoughts
- ☐ Aggressive behavior
- ☐ Chronic irritability
- ☐ Violent nightmares
- ☐ Explosive temper outbursts (verbal or physical)

Does your child have any RISK or SAFETY concerns?

☐ **No** (skip to next section) ☐ **Yes** (complete items below)

- ☐ Self-injury (e.g., cutting, burning)
- ☐ Thoughts of death or suicide
- ☐ Suicide attempt
- ☐ Thoughts of harming or killing others
- ☐ Hearing voices or seeing things that are not there

Does your child have any additional concerns?

☐ **No** (skip to next section) ☐ **Yes** (complete items below)

- ☐ Motor or vocal tics
- ☐ Repeated urination in bed or clothes
- ☐ Repeated stool holding or soiling
- ☐ Other: _____

Does your child have a problem with eating or body image?

☐ **No** (skip to next section) ☐ **Yes** (complete items below)

- ☐ Fear of weight gain or being fat
- ☐ Trying to lose weight
- ☐ Unhappy with body weight or shape
- ☐ Purging/self-induced vomiting
- ☐ Use of diet pills, laxatives, excessive exercise
- ☐ Overeat/binge
- ☐ Excessively restricts food intake

Does your child have periods of extreme panic or fear?

☐ **No** (skip to next section) ☐ **Yes** (complete items below)

- ☐ Palpitations, pounding heart, accelerating heart rate
- ☐ Sweating
- ☐ Trembling or shaking
- ☐ Sensations of shortness of breath
- ☐ Nausea/abdominal distress
- ☐ Feeling dizzy, unsteady, lightheaded, faint
- ☐ Chills or heat sensations
- ☐ Fear of dying
- ☐ Constant worry of panic sensations returning

Does your child have social or developmental problems?

☐ **No** (skip to next section) ☐ **Yes** (complete items below)

- ☐ Problems responding to or interacting with others
- ☐ Problems understanding or lack of nonverbal gestures
- ☐ Poor eye contact
- ☐ Problems developing and maintaining relationships
- ☐ Lack of interest in other children
- ☐ Repetitive motor movements
- ☐ Overreacts to changes in routine
- ☐ Extremely restricted interest or activities
- ☐ Reacts excessively to noise, touch, or texture

KAISER PERMANENTE®

Northern California

☑Psychiatry

MR #: _____

Name: _____

CHILD'S PREVIOUS TREATMENT

☐ None ☐ Individual Therapy ☐ Psychiatry (medication)
☐ Group Therapy ☐ Family Therapy ☐ Inpatient
☐ ABA ☐ Residential (overnight)

IF ANY, PLEASE SPECIFY THE TREATMENT FOCUS AND PROVIDER(S):

Please describe *current* or *past* abuse.

	None	Verbal (put downs, controlling)	Physical (hits, threatens to hit)	Sexual (pressured or forced)
CHILD ABUSE	☐	☐	☐	☐
WITNESSED VIOLENCE AT HOME	☐	☐	☐	☐
DATING VIOLENCE	☐	☐	☐	☐
PEER VIOLENCE (bullying)	☐	☐	☐	☐
ONLINE VIOLENCE (sexting, cyber-bullying)	☐	☐	☐	☐

DEVELOPMENTAL AND MEDICAL HISTORY

PREGNANCY, LABOR, DELIVERY PROBLEMS: ☐ None ☐ Yes: _____

CHILD EXPOSURE DURING PREGNANCY ☐ None ☐ Alcohol ☐ Drugs ☐ Tobacco ☐ Accident ☐ Illness

DELAYS IN DEVELOPMENTAL MILESTONES ☐ None ☐ Talking ☐ Walking ☐ Toilet training
Specify: _____

BABY/INFANT BEHAVIOR

☐ Ate well ☐ Easy to soothe ☐ Wanted to be left alone
☐ Colicky ☐ Easy to regulate (sleep, eat) ☐ Dare-devil behavior
☐ Clumsy ☐ Adaptable to transitions ☐ Head banging
☐ Other: _____

MEDICAL PROBLEMS

☐ Allergies ☐ Operations ☐ Convulsions
☐ Asthma ☐ Poisoning ☐ Bladder/bowel problems
☐ Head injury ☐ Serious infection ☐ Ear infections
☐ Other: _____

KAISER PERMANENTE®

Northern California

☑Psychiatry

MR #: _____

Name: _____

CURRENT MEDICATIONS: _____

CURRENT SUPPLEMENTS, VITAMINS, AND HERBAL REMEDIES: _____

EXERCISE PER *DAY* (average)	☐ 0	☐ 30 mins.	☐ 1–2 hrs.	☐ 3 hrs. or more
MEDIA USE PER *DAY* (average hours) (e.g., video games, phone, computer, television)	☐ 0	☐ 1–2	☐ 3–4	☐ 5 or more
CAFFEINE DRINKS PER *DAY* (e.g., coffee, soda, energy drinks)	☐ 0	☐ 1–2	☐ 3–4	☐ 5 or more
SLEEP PER NIGHT (average hours)	☐ less than 5	☐ 6–7	☐ 8–10	☐ 11–12

PSYCHOSOCIAL HISTORY

	Current	Past		Current	Past
MARITAL PROBLEMS	☐	☐	DEATH OF A LOVED ONE	☐	☐
DIVORCE/SEPARATION	☐	☐	SERIOUS FAMILY ILLNESS	☐	☐
CUSTODY DISPUTES	☐	☐	PARENT ALCOHOL/DRUG USE	☐	☐
FINANCIAL PROBLEMS	☐	☐	JOB LOSS	☐	☐
HOUSING PROBLEMS	☐	☐	PARENT INCARCERATION	☐	☐

SOCIAL SKILLS WITH PEERS	☐ Poor	☐ Average	☐ Good	☐ Unknown
BEHAVIOR WITH SIBLINGS	☐ Poor	☐ Average	☐ Good	☐ N/A
BEHAVIOR WITH PARENTS / GUARDIANS	☐ Poor	☐ Average	☐ Good	☐ Unknown
JUVENILE JUSTICE INVOLVEMENT	☐ No	☐ Yes: _____		

DISCIPLINE STRATEGIES

☐ **Helpful most of the time**

☐ **Not helpful most of the time**

☐ Verbal reprimands / discussions

☐ Physical punishment

☐ Grounding

☐ Remove privileges

☐ Time out

☐ Reward / incentives

KAISER PERMANENTE®

Northern California

☑Psychiatry

MR #: _____

Name: _____

Please check who of the child's *biological* family members had these conditions in the past or present.
Please specify other biological relatives (aunt, uncle, grandparent) in the *others* column.

	MOTHER	FATHER	OTHERS (siblings, aunt, uncle, grandparent) MATERNAL	PATERNAL
Childhood inattention, over-activity, or poor impulse control	☐	☐		
Learning disabilities	☐	☐		
Developmental delays or Autism Spectrum Disorders	☐	☐		
Schizophrenia or psychosis	☐	☐		
Depression (2+ weeks), mood swings, or bipolar disorder	☐	☐		
Suicide attempts or completion	☐	☐		
Anxiety or OCD	☐	☐		
Tics/Tourette's	☐	☐		
Alcohol or drug abuse	☐	☐		
Antisocial (assaults to family and others, thefts, arrests)	☐	☐		

EDUCATIONAL HISTORY

ACADEMIC PERFORMANCE	☐ Poor	☐ Average	☐ Above Average	☐ Unknown
ATTITUDE TOWARDS SCHOOL	☐ Poor	☐ Average	☐ Above Average	☐ Unknown

ACADEMIC SERVICES

- ☐ Home and hospital
- ☐ Occupational therapy
- ☐ Independent study
- ☐ Gifted program
- ☐ Speech therapy
- ☐ Resource classes/Special education
- ☐ 504 Plan
- ☐ Individualized Education Plan (IEP)

SCHOOL PROBLEMS

- ☐ Learning problems: _____
- ☐ Works hard, but does not do well
- ☐ Repeated grade (Grade: _____)
- ☐ Frequent discipline referrals or detention
- ☐ Suspensions/expulsions (#: _____)
- ☐ Other school problems: _____

KAISER PERMANENTE®

☒ **Psychiatry**

Northern California

MR #:

Name:

CHILD, ADOLESCENT, AND FAMILY DATA

IMPRINT AREA

ENCOUNTER DATE	CLINICIAN: FIRST NAME, LAST NAME

DESCRIBE THE IMPACT OF YOUR CHILD'S PROBLEMS ON THE FAMILY:

DESCRIBE YOUR CHILD'S STRENGTHS AND UNIQUE QUALITIES:

DESCRIBE YOUR FAMILY STRENGTHS AND SUPPORTS (e.g., friends, spiritual and cultural considerations):

WHAT ARE YOU HOPING TO GET OUT OF BEING HERE (e.g., improve child's mood, help with anger, work on relationships)?

HOW IMPORTANT IS THIS CHANGE FOR YOU? ***(Please circle a number.)***

Not at all **Completely**

0 **1** **2** **3** **4** **5** **6** **7** **8** **9** **10**

KAISER PERMANENTE®

☒ Psychiatry

MR #: _____

Name: _____

KPNC's Mental Health and Chemical Dependency Services: Your Right to Privacy Confidentiality Disclosure

Kaiser Permanente's Mental Health and Chemical Dependency (MH/CD) Program is strongly committed to protecting your privacy. The Northern California Notice of Privacy provides general information about how your medical information is used and protected. Federal law protects the confidentiality of chemical dependency records. See 42 U.S.C. 290dd-3 and 42 U.S.C. 290ee-3 for federal laws and 42 CFR part 2 for federal regulations. Violation of federal confidentiality laws related to chemical dependency programs is a crime. Suspected violations may be reported to the appropriate authorities. The Department of Justice jurisdiction for Northern California includes the Eastern and Northern District Attorney's Offices. The contact information for each district can be found here: https://www.justice.gov/usao/find-your-united-states-attorney and is also listed below: Eastern District, 501 I Street, Suite 10-100, Sacramento, CA 95814, 916-554-2700 (phone), 916-554-2900 (fax); Northern District, Heritage Bank Building, 150 Almaden Blvd. Suite 900, San Jose, CA 95113, Phone: 408-535-5061 Fax: 408-535-5066. Your written authorization is required before any information about chemical dependency treatment can be disclosed to anyone outside the Department of Psychiatry, **subject to certain exceptions permitted by law.**

Coordination of Care

At Kaiser Permanente, Mental Health and Chemical Dependency services are considered one Program and operate under the Department of Psychiatry. Any MH/CD information can be shared between Mental Health staff and Chemical Dependency staff without your written consent. Regulations pertaining to mental health patient information and chemical dependency patient information are as follows:

Patients Receiving Only Mental Health Care: For mental health care, your permission is not required to coordinate your care with other providers, such as your primary care physician. When coordinating your care, we will only share information that, in our professional judgment, is needed for appropriate medical care by that provider. Mental Health diagnoses and appointment dates are available to your other treating providers on a need-to-know basis. Generally, we will discuss any necessary sharing of other mental health information with you.

Patients Receiving Chemical Dependency Care: For chemical dependency care (which would include mental health care that is part of your chemical dependency care), your written authorization is required before any information about chemical dependency treatment can be disclosed to anyone outside the Department of Psychiatry.

Exceptions to Confidentiality Rules

The law authorizes us to disclose limited information about your treatment in the MH/CD Program without your consent, to certain persons and in certain circumstances:

- In medical and psychiatric emergencies in which the information is essential to an individual's safety.
- To qualified personnel for audit, program evaluation, or research.
- For reporting of suspected child abuse or neglect.
- To report the commission of crimes on our premises or against our program personnel.
- In response to court orders that comply with the standards for the type of record covered by the order.
- To other Kaiser Permanente departments who provide administrative and clinical support to the MH/CD Program and which have agreed to abide by the federal chemical dependency confidentiality rules.

If, at any time, you have concerns about your privacy, you are encouraged to request clarification from your therapist or a staff member.