

## Mental Health Interview Tool/Referral Form (Ages 10–12 Years)

### Mental Health Interview Tool/Referral Form

Child's Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Date: \_\_\_\_\_

#### Ages 10 to 12

Both child and parent will be able to provide information, and it is important to incorporate the child into the interview process. In each section, a sample question is directed toward the parent. To the extent possible, elicit the child's perception of the parent's response with a question such as "Do you agree with what your Mom is saying?" It may be useful to allow time for discussion with the caregiver alone. The child should be interviewed alone when asking questions about sexual or physical abuse and about substance abuse. Circle items of concern. \* The presence of any of these symptoms or behaviors may signal that the child is in crisis, and efforts should be made to secure prompt evaluation.

#### Feelings:

Does your child (do you) have feelings that concern you or seem out of the ordinary for age?

- Restless
- Sad or cries easily
- Guilty
- Irritable or angers easily
- Sullen
- Fearful or anxious
- Bored

#### Behavior:

Does your child (do you) behave in ways that seems out of the ordinary for age?

- Problems in school
- \* Threatens or harms other children or animals
- Lacks interest in things s/he used to enjoy
- Engages in sexual play with others, toys, animals
- \* Destroys possessions or other property
- Steals
- Refuses to talk
- \* Sets fires
- Overactive
- \* Has been in trouble with the police
- \* Self-destructive

#### Social Interaction:

Do you have concerns about how your child (you) gets along with family members, other adults or children?

- Prefers to be alone
- Difficulty making and keeping friends
- Defiant, a discipline problem
- Aggressive
- Argues excessively
- Refuses to go to school

#### Thinking:

Have you noticed any of the following to be a problem for your child (you)?

- \* Frequently confused
- Daydreams excessively
- Distracted, doesn't pay attention
- Mistrustful
- \* Sees or hears things that are not there
- Blames others for his/her misdeeds or thoughts
- \* Talks about death or suicide
- \* Frequent memory loss
- \* Bizarre thoughts
- Schoolwork is slipping (grades going down)

#### Physical Problems:

Do you have any concerns about the following physical signs? Has this been evaluated?

- Lacks energy
- Uses laxatives
- Vomits frequently
- Food refusal, secretive eating
- Frequent stomachaches
- Headaches
- Excessive weight loss or gain
- Sleep problems, nightmares, sleep-walking, early waking, frequent night waking

#### Other:

Is this child (are you) accident-prone?

Are there any situations that are causing your family particular stress?

Has this child or his/her parents been subject to neglect, physical, sexual or emotional abuse? If yes, what type, when, treatment, etc.

- \* Is this child at risk for out-of-home placement because of behavior problems?
- Has the child (have you) been treated for mental health problems or substance abuse?

#### Substance Abuse Questions:

(May want to use screens such as the TACE, CAGE, MAST to obtain information concerning substance abuse.)

- Has been identified as a problem

#### Comments:

Signature/Title: \_\_\_\_\_