

Diagnostic Assessment - Child



Alexander J. Muzichuk, M.A., PLPC

- ✓ Individual Counseling
Children • Adolescents • Adults
- ✓ Marriage & 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? _____

What is the current situation or problems that are happening?

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

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

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

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

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

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

Describe current work situation and family situation and functioning.

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
