



Integrative Therapy of Greater Washington
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Child's Name:

Briefly state the main problem

Checklist of Symptoms your child currently exhibits or has experienced in the past:

Please place a check mark under "Current" for symptoms your child is currently experiencing and write in the age range for symptoms your child has experienced in the past.

Symptom	Current	Past
Sad/irritable mood most of the day		
Hopelessness		
Decreased interest/pleasure of previously enjoyed activities		
Social isolation/ withdrawn		
Increased need for sleep		
Decreased need for sleep		
Overeating/ Weight gain		
Decreased appetite/ Weight loss		
Low self esteem		
Suicidal thoughts		
Suicide attempts		
Self-Harm (cutting)		
Low energy levels		
Difficulty making decisions		
Negative thinking		
Temper tantrums		
Low frustration tolerance		
Excessive worry/fear of _____		
Nightmares		

Symptom**Current****Past**

Symptom	Current	Past
Frequent physical complaints (headache, stomach ache)		
Frequent fear of dying		
Fear of separation from caregivers		
Sense of numbness		
Seems detached from others		
Shaky		
Shortness of Breath		
Restlessness/Fidgety		
On edge		
Avoidance of certain places or things		
Difficulty concentrating		
Flashbacks of past events		
Panic attacks		
Traumatic Experience (i.e. abuse/neglect, car accident)		
Frequent changes in mood		
Excessive energy levels		
Several days without sleep		
Rambling speech		
Impulsivity/ poor self-control		
Hears things others cannot hear		
Sees things others cannot see		
Delusional thinking		
Makes careless mistakes with schoolwork/chores		
Difficulty sustaining attention		
Does not complete chores, schoolwork		
Not following instructions		
Difficulty organizing tasks		
Forgets to attend important events		
Loses critical items (books, keys, shoes, money, medicine)		
Is very distracted by noises, lights, and movement		
Fidgets with hands, squirms, stands up, "cannot sit still"		
Talks excessively		
Difficulty waiting turn		
Interrupts ("butts into" conversations or games)		
Appears "on the go" or "driven by a motor"		
Loses temper, is angered or easily annoyed by others ("touchy")		
Argues with adults, in an attempt to avoid completing a task or request		
Deliberately annoys people, is spiteful or revenge seeking		
Blames others, cannot or will not accept responsibility for misbehaving		
Has been called a "bully"		
Initiates fights with peers		
Has used a weapon with intent to harm		
Has been physically cruel to animals		

Symptom**Current****Past**

Symptom	Current	Past
Has stolen while confronting a victim (mugging, robbed a store/home)		
Stolen goods for “no reason”		
Has forced another person into sexual play or sexual activity		
Deliberately destroyed property		
Set fires to deliberately destroy something of value		
Trespassed		
Manipulates or lies to others for personal gain		
Disregards rules at home and school		
Has ever runaway		
Has ever “skipped” school before age 13		
Recent dramatic shift in behavior or mood		
Ever been arrested		
Suspicion that child may be using drugs, alcohol, or cigarettes		
Recent changes to a different friend group		
Seeks friendships with peers		
Child is sought by peers for friendships		
Neglected/Rejected by peers		
Socializes with younger peers		
Socializes with same age peers		
Socializes with older peers		
Poor social skills		
Poor boundaries/violates other’s personal space		
Difficulty making friends		
Difficulty maintaining friendships		
Odd or intense interests		
A “different child”		
Repetitive speech, echoes/repeats others		
Unusual hand or body movements (toe walking, finger flicking, hand flapping)		
Unable to adapt to changes in routine		
Motor tics		
Vocal tics		
SCHOOL		
Poorer understanding of directions/situations compared to peers		
Below average intelligence		
Above average intelligence		
Difficulty processing information		
Learning disability in reading (dyslexia)		
Learning disability in math (dyscalculia)		
Learning disability in writing (dysgraphia)		
Conduct problems (detentions, suspensions, expelled from school)		
Fine motor skill deficits (writing, buttoning, shoelace tying)		
Gross motor skill deficits (walking, running, athletic abilities)		

Symptom**Current****Past**

Symptom	Current	Past
Poor pronunciation, speech/language problems		
INFANCY/EARLY CHILDHOOD		
Did not enjoy cuddling		
Not calmed by being held or stroked		
Difficult to comfort		
Colic		
Frequent head-banging		
Difficulty nursing/feeding		
Constantly into everything		
Unpredictable patterns of appetite/sleep		
Over- or under-sensitivity to lights, sounds, textures		
Poor response to new stimuli (places, people, food, routines)		