



Vine School Health Center  
220 Langland Street  
Knoxville, TN 37915  
Phone (865) 594-5078  
Fax (865) 594-3921



Child's Name: \_\_\_\_\_ Child's DOB: \_\_\_\_\_ Child's gender: Female Male Other

Relationship to the child (circle one): Biological Parent Legal Guardian Foster Parent Self

Who referred you for services (circle one): Self School Other Provider: \_\_\_\_\_

What service are you needing (circle one): Medication Therapy Both

Who is the child's current primary care physician: \_\_\_\_\_

Previous Mental Health Diagnosis: \_\_\_\_\_

Previous Mental Health Providers/Agency (with dates participated): \_\_\_\_\_

Past/Current Mental Health Medication and who prescribed: \_\_\_\_\_

Please circle all current symptoms or indicate areas of concern (past or present):

Often breaks rules or gets in trouble	Does things that are risky or dangerous	Impulsive or hyperactive
Trouble paying attention	Repetitive, rigid, or strange behaviors	Problems in school
Moody/sad/irritable	Unrealistic thoughts, fears, or worries	Eating or body image
Sleeping problems	Development is delayed	Social problems
Abusing tobacco, alcohol, or drugs	Suicidal thoughts/gestures	Self-harming behaviors
Harm to others/animals	Hearing/Seeing objects not present	Throwing/yelling/cursing
Tantrums longer than 20 minutes	Aggressive towards others/biting/Punching	Sense of fairness/vindictive
Sexual Abuse	Physical Abuse	Neglect History
Flashbacks/Nightmares	Decrease interest in activities	Withdrawn/lonely
Weight loss/poor appetite	Weight gain/increase appetite	Poor interaction with peers
Poor eye contact	Sensitive to touch	

Practitioner Review: \_\_\_\_\_

Dated Reviewed: \_\_\_\_\_