

# Healthy Kids

Is there a history of injuries, accidents? .....  Yes  No  
If yes, please specify: \_\_\_\_\_

Is there any history of maltreatment or abuse? .....  Yes  No  
If yes, please specify: \_\_\_\_\_

Is there a recent stress on the family or child such as :

- Birth of a child .....  Yes  No
- Moving .....  Yes  No
- Divorce or separation .....  Yes  No
- Death of a close relative .....  Yes  No
- Fired or laid off .....  Yes  No
- Legal problems .....  Yes  No
- Others (Please specify): \_\_\_\_\_  Yes  No

Do you have other parenting concerns? .....  Yes  No  
Please specify: \_\_\_\_\_

**Provider: Give details of all Positive findings.**

\_\_\_\_\_  
Provider's Signature

\_\_\_\_\_  
Date

Provider's Phone: (\_\_\_\_) / \_\_\_\_ / \_\_\_\_\_

***THIS FORM MAY BE USED FOR MENTAL HEALTH REFERRALS***

Child Receiving Referral: \_\_\_\_\_  
Child's Address: \_\_\_\_\_  
Child's Phone: \_\_\_\_\_  
Referred to: \_\_\_\_\_  
Reason for Referral: \_\_\_\_\_  
\_\_\_\_\_

# Healthy Kids

## MENTAL HEALTH WELLNESS QUESTIONNAIRE

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Managed Care Organization: \_\_\_\_\_ Child's Medicaid #: \_\_\_\_\_

Ages 6 - 9

*Check all answers that may apply. This form may be filled out by the parent/guardian or health care provider.*

Does your child often seem:

- Distrustful of others .....  Yes  No  
Have trouble paying attention .....  Yes  No  
Blame others .....  Yes  No

Do you have concerns about your child's:

- Eating .....  Yes  No  
Sleep .....  Yes  No  
Weight .....  Yes  No

Does your child often complain of "not feeling well"? .....  Yes  No

Does your child have problems getting along with:

- Parent(s) .....  Yes  No  
Other family members.....  Yes  No  
Friends .....  Yes  No  
School mates .....  Yes  No

Does your child have problems at school with:

- Behavior .....  Yes  No  
Grades .....  Yes  No  
Not wanting to go to school .....  Yes  No

Does your child often seem:

- Sad .....  Yes  No  
Angry .....  Yes  No  
Nervous or afraid .....  Yes  No  
Cranky .....  Yes  No  
Not interested .....  Yes  No

Does your child often:

- Destroy property .....  Yes  No  
Lie .....  Yes  No  
Steal .....  Yes  No  
Hurt animals or smaller children .....  Yes  No

*(Continued on back)*