ABA Care for Kids

BIOPSYCHOSOCIAL SUMMARY

I. Identifying Information

Client Name: _____ Gender: ☐ Male ☐ Female

Client Address: _____ Date of Birth: _____

_____ Race/Ethnicity: ☐ Caucasian ☐ Asian ☐ African American ☐ Hispanic ☐ Other: _____

Home Phone: _____

Alternate Phone Numbers: _____ Access Number: _____

_____ Social Security #: _____

Client's living situation: ☐ Biological Parent/s ☐ Family Member *(whom)* _____

☐ Adoptive Parent/s ☐ Group Home

☐ Foster Parent/s *Legal Guardian:* _____

Name	Age	Relationship to client	Current Health	if person has a history of special concerns, explain
		biological father	Good/Fair/Poor	
		biological mother	Good/Fair/Poor	

Name all person's living in the client's household:

Name	Age	Relationship to client	Current Health	if person has a history of special concerns, explain
			Good/Fair/Poor	
			Good/Fair/Poor	
			Good/Fair/Poor	
			Good/Fair/Poor	
			Good/Fair/Poor	

II. Primary Informant(s):

Referral Source: _____

(Person/System that referred client for behavioral services):

Method(s) of obtaining information (check all that apply): Interview with:

_____ Parent _____ Record Review

_____ Guardian _____ Teacher

_____ Case manager _____ Other: _____

1 Name: _____ Relation to client: _____

2 Name: _____ Relation to client: _____

III. Reason for admission and history of presenting problems

Reason(s) for Admission: _____

_____

Informant(s) description of problem(s): _____

_____

_____

Client's description of problem(s): _____

_____

_____

Age when problem(s) first apparent: _____

Client's treatment history (where & when services were provided & outcome of the services):

_____

_____

Is the client currently receiving, or has the client received, the following services?

C=currently receiving this service *P=received this service in the past*

_____ speech therapy	_____ neurological
_____ occupational therapy	_____ psychological
_____ physical therapy	_____ psychiatric
_____ sensory therapy	_____ audiological

Is there a history of maladaptive behaviors?:

_____ eating problems	_____ sleeping problems
_____ hyperactivity/inattentiveness	_____ oppositional behaviors
_____ property damage	_____ cruelty to animals
_____ stealing	_____ substance abuse
_____ self injurious behaviors	_____ suicide attempt(s)
_____ aggression	_____ sexual behaviors (list)
_____ verbal	_____
_____ physical	_____
_____ sexual	_____
_____ school problems	_____ drug sales
_____ running away	_____ fire setting

If any of the above are checked please give details: _____

_____

_____

Is there a current risk for aggression or suicidality?: _____

_____

_____

Trauma History

_____ victim of sexual abuse
_____ victim of physical abuse
_____ victim of neglect
_____ abandonment (by whom:) _____
_____ witness to domestic violence
_____ witness to homicide
_____ witness to serious injury
_____ multiple changes in placement
_____ multiple changes in caregivers
_____ divorce of parents
_____ death of parent

_____ loss of caregiver due to:
_____ incarceration
_____ death
_____ divorce
_____ court decree
_____ other (list) _____
_____ multiple changes in school placement
_____ victim of environmental trauma
_____ fire
_____ flood
_____ hurricane/tornado
_____ other

If any of the above are checked please give details: _____

Referring Diagnosis:

Axis I: _____
Axis II _____
Axis III: _____
Axis IV: _____

Diagnosis provided by: Date of Evaluation:

IV. Medical History:

Current Medical Conditions (if history of seizure activity, please explain): _____

Allergies (food, drug, environmental): _____

Medication History (list the drug, dosage, frequency, prescribing physician, purpose of the drug)

Name of Medication	Dosage	Frequency	Purpose of drug
			☐ current use ☐ discontinued
			☐ current use ☐ discontinued
			☐ current use ☐ discontinued
			☐ current use ☐ discontinued
			☐ current use ☐ discontinued
			☐ current use ☐ discontinued
			☐ current use ☐ discontinued

Prescribing Physician: _____

Contact Number: _____

Brief mental status examination:

Appearance

_____ clean, neatly dressed, well groomed
_____ suggestive dress
_____ disheveled dress
_____ poor hygiene, poorly groomed
_____ dress inappropriate to season, age, etc.
_____ other _____

Gait/Posture

_____ well coordinated gait, erect
_____ shuffling
_____ stiff, rigid
_____ slumped
_____ other _____

Orientation

_____ oriented
_____ disoriented
_____ person
_____ place
_____ time
_____ situation

Attention Span

_____ attentive
_____ preoccupied
_____ distracted
_____ inattentive
_____ other _____

Communication

_____ Converses spontaneously and appropriately
_____ rambling, needs redirection
_____ responds only to questions
_____ unable to converse, responds in monosyllables
_____ other

Affect

_____ appropriate
_____ depressed/lethargic
_____ elated
_____ flat/blunted
_____ other

Relates to assessor

_____ openly
_____ guardedly
_____ superficially
_____ displays hostility
_____ other

Mood

_____ happy
_____ sad
_____ anxious
_____ fearful

Insight/Judgement

_____ age-appropriate
_____ poor During periods of elopement

1). Has the client ever heard voices or noises that other people don't hear? _____ Yes or No

If yes when? _____

Did the client recognize the voices? _____

2). Has the client ever seen anything that other people don't see? _____

If yes, describe _____

3). Has the client ever had any of the following experiences? If yes, explain.

_____ The radio talking to you?
_____ People "bugging" your house?
_____ Anyone trying to harm you or cause you trouble?
_____ People peeping in your windows or trying to get in your house?
_____ Do you have special powers?
_____ Do you ever have thoughts others wouldn't understand?
Explanation: _____

Preliminary Mental Status Examination Results (interviewer's clinical opinion)**:**

_____ No evidence of thought disorder / thought disturbance
_____ Evidence of thought disturbance requiring psychiatric referral
_____ Evidence of depression
_____ Evidence of anxiety

V. Development and Social History

Pregnancy:	_____ Normal	_____ Complicated (describe)	_____	
Delivery	_____ Normal	_____ Complicated (describe)	_____	
Birth Defects	_____ No	_____ Yes (describe)	_____	

Developmental milestones

Crawling	_____ early	_____ normal	_____ late	_____ regression
Walking	_____ early	_____ normal	_____ late	_____ regression
Talking	_____ early	_____ normal	_____ late	_____ regression
Imitation	_____ early	_____ normal	_____ late	_____ regression
Toilet training	_____ early	_____ normal	_____ late	_____ regression

Client's perception of religious/spirituality needs/orientation: _____

Family's perception of religious/spirituality needs/orientation: _____

Usual pattern of peer interaction: _____

Client's capacity to get along with peers: ☐ Good ☐ Fair ☐ Poor

Client's capacity to get along with adults: ☐ Good ☐ Fair ☐ Poor

Communication Issues:

_____ Verbal
_____ Nonverbal
_____ Limited Speech
_____ Picture Exchange Communication System (PECS)
_____ Sign Language

Sensory Issues:

_____ Sensitive to loud sounds
_____ Sensitive to light (too bright/too dark)
_____ Sensitive to Temperature (too hot/too cold)
_____ Large Groups
_____ Other; Please describe: _____

Behavioral Issues:

_____ Bangs head
_____ Bites Self
_____ Pinches Self
_____ Scratches Self
_____ Elopes/Runs Away
_____ Physically Aggressive Towards Others
_____ Physically aggressive towards property (vandalism)
_____ Verbally Aggressive Towards Others

VI: Family History & Dynamics

Summarize the current level of biological parents involvement in the client's life. (Custody/visitation arrangements). _____

_____

Parents marital status: _____ Married _____ Divorced _____ Never married

Is there a history of the following in the maternal family?

Mental illness	_____ No	_____ Yes (describe)	_____
Criminal history	_____ No	_____ Yes (describe)	_____
Suicide	_____ No	_____ Yes (describe)	_____
Alcohol/drug abuse	_____ No	_____ Yes (describe)	_____

Is there a history of the following in the paternal family?

Mental illness	_____ No	_____ Yes (describe)	_____
Criminal history	_____ No	_____ Yes (describe)	_____
Suicide	_____ No	_____ Yes (describe)	_____
Alcohol/drug abuse	_____ No	_____ Yes (describe)	_____

Involvement of extended family. Involvement of a regular baby sitter. _____

_____

Primary family configuration (describe): _____

_____

_____

Family's attitude toward the client: _____

_____

Client's perception of familial relationships: _____

_____

Who disciplines the client? _____
How is the client disciplined? _____

_____

_____

_____

Family's Strengths: _____

_____

Family's Needs: _____

_____

VII. Educational

Current grade: _____
Name of school: _____
Address of school: _____

_____

Phone number of school: _____
Name of teacher: _____

Is the client in a special education program? _____ No _____ Yes
Current I.E.P. _____ No _____ Yes
Date of last psycho educational evaluation: _____

Client's attitude towards school: _____
Has this changed over time?: _____

Has the client ever failed / been retained for any grades (if yes, explain): _____

_____

_____

History of truancy, expulsion, suspension: _____

_____

_____

Is the client involved in extracurricular activities? _____ No _____ Yes

Has the client had any vocational experience? _____ No _____ Yes (explain)

_____

VIII. Client's Strengths and Barriers to Treatment

Strengths	*Reporter*	Needs / Barriers	*Reporter*

X. Leisure / Recreational Information

Preferred leisure activities: _____

_____

_____

Likes	**Dislikes**
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

XI. Use of special procedures

Techniques that historically have helped the client control behavior: _____

_____

_____

Client identified need(s) for management of maladaptive behavior (list stated needs)

_____

_____

Contraindications for use of restrictive procedures

_____ Pre-existing medical condition / physical disability (describe): _____

_____

_____ Clinical (include physical or sexual abuse issues) (describe): _____

_____

Family's goals for treatment: _____

_____

_____

Client's goals for treatment: _____

_____

_____

_____

, title and degree of person completing this section of the CBE