

# Mental Health

## YOUTH DEMOGRAPHICS

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Race: \_\_\_\_\_ Gender: \_\_\_\_\_

Self-reported Race/Ethnicity: \_\_\_\_\_

NE Student ID: \_\_\_\_\_

## CONTACT INFORMATION

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County of Residence: \_\_\_\_\_ Primary Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Alternative Phone #: \_\_\_\_\_

Email address: \_\_\_\_\_

## SCHOOL INFORMATION

\*School Enrollment (pick one):

<input type="checkbox"/> Enrolled/Attending	<input type="checkbox"/> Suspended	<input type="checkbox"/> Expelled
<input type="checkbox"/> Home schooled	<input type="checkbox"/> HS Graduate/GED, no college	<input type="checkbox"/> College Student
<input type="checkbox"/> Drop Out	<input type="checkbox"/> Alternative School	<input type="checkbox"/> Unspecified

\*School name: \_\_\_\_\_

\*Current Grade: \_\_\_\_\_

## FAMILY INFORMATION

Family size: \_\_\_\_\_

Youth Employed: \_\_\_\_\_ Eligible for Free/Reduced Lunch (y/n): \_\_\_\_\_

Family Income (pick one):

<input type="checkbox"/> \$0-\$9,999	<input type="checkbox"/> \$10,000-\$24,999	<input type="checkbox"/> \$25,000-\$39,999	<input type="checkbox"/> \$40,000 or over
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\*Custody/Guardianship (pick one)

<input type="checkbox"/> Single Parent	<input type="checkbox"/> Both Parents	<input type="checkbox"/> Guardian	<input type="checkbox"/> State Ward/Ward of the Tribal Court	<input type="checkbox"/> Lives on Own
<input type="checkbox"/> Interpreter needed?	<input type="checkbox"/> Yes-youth	<input type="checkbox"/> Yes- parents	<input type="checkbox"/> Yes – youth and parents	<input type="checkbox"/> No

If yes, what language? \_\_\_\_\_

## GRANT INFORMATION

\*Grant County: \_\_\_\_\_ Grant #: \_\_\_\_\_

## REFERRAL/ENROLLMENT INFORMATION

Person Referring: \_\_\_\_\_ \*Referral Source: \_\_\_\_\_

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\*Referral Date:

\*Enrollment Date:

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**ISSUE/ DIAGNOSIS INFORMATION**

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\*Presenting Issue:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> Anger                  | <input type="checkbox"/> Anxiety                   | <input type="checkbox"/> Attention Seeking           | <input type="checkbox"/> Attention/focus             |
| <input type="checkbox"/> Attitude               | <input type="checkbox"/> Decision Making           | <input type="checkbox"/> Defiance                    | <input type="checkbox"/> Depression                  |
| <input type="checkbox"/> Disruptive behaviors   | <input type="checkbox"/> Emotion Regulation        | <input type="checkbox"/> Emotional disturbance       | <input type="checkbox"/> Grief                       |
| <input type="checkbox"/> Hyperactivity          | <input type="checkbox"/> Impulse control           | <input type="checkbox"/> Issues at home/with parents | <input type="checkbox"/> Issues with peers/bullying  |
| <input type="checkbox"/> Self-esteem/confidence | <input type="checkbox"/> Social/Life Skills        | <input type="checkbox"/> Substance Abuse             | <input type="checkbox"/> Suicidal thoughts/self-harm |
| <input type="checkbox"/> Trauma Symptoms        | <input type="checkbox"/> Truancy/School attachment |  |  |

Presenting Issues Notes:

\*Diagnosis 1 (pick one):

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> Attention or Hyperactivity  | <input type="checkbox"/> Substance-Related or Addictive | <input type="checkbox"/> Personality Disorder                | <input type="checkbox"/> Issues due to Family/Home Environment |
| <input type="checkbox"/> Behavioral/Conduct Disorder | <input type="checkbox"/> Trauma/PTSD                    | <input type="checkbox"/> Autism Spectrum                     | <input type="checkbox"/> Attachment Disorder                   |
| <input type="checkbox"/> Anxiety Disorder            | <input type="checkbox"/> Learning Disorder              | <input type="checkbox"/> Eating Disorder                     | <input type="checkbox"/> Adjustment Disorder                   |
| <input type="checkbox"/> Depression/Bipolar Disorder | <input type="checkbox"/> Intellectual Disability        | <input type="checkbox"/> Schizophrenia Spectrum or Psychosis | <input type="checkbox"/> No Diagnosis                          |

Diagnosis 2 (if applicable) (pick one):

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> Attention or Hyperactivity  | <input type="checkbox"/> Substance-Related or Addictive | <input type="checkbox"/> Personality Disorder                | <input type="checkbox"/> Issues due to Family/Home Environment |
| <input type="checkbox"/> Behavioral/Conduct Disorder | <input type="checkbox"/> Trauma/PTSD                    | <input type="checkbox"/> Autism Spectrum                     | <input type="checkbox"/> Attachment Disorder                   |
| <input type="checkbox"/> Anxiety Disorder            | <input type="checkbox"/> Learning Disorder              | <input type="checkbox"/> Eating Disorder                     | <input type="checkbox"/> Adjustment Disorder                   |
| <input type="checkbox"/> Depression/Bipolar Disorder | <input type="checkbox"/> Intellectual Disability        | <input type="checkbox"/> Schizophrenia Spectrum or Psychosis | <input type="checkbox"/> No Diagnosis                          |
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**YOUTH INFORMATION**

Prior Law Violations?                     Yes                     No                     Unknown

Notes on Prior Law Violations:

History of Aggressive Behavior?         Yes                     No                     Unknown

Notes on History of Aggressive Behavior:

High Risk Environment?                     Yes                     No                     Unknown

Notes on High Risk Environment:

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Additional Notes:

EB-NE Intake Assessment Complete

Yes

No

If no, why not?

Youth refused

Not appropriate for youth (too young, language barrier, etc.)

Youth left program early

Date completed: