

MENTAL HEALTH QUESTIONNAIRE

Maryland Healthy Kids Program

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

Ages 13 – 20 years

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

- Do you have trouble paying attention? Yes No
- Do you often:
- Feel distrustful of others Yes No
 - Have strange thoughts Yes No
 - Hear voices Yes No
 - Have to do things the same way or keep repeating them Yes No
- Do you have problems at school with:
- Behavior Yes No
 - Grades Yes No
 - Skipping classes Yes No
- Do you worry about your:
- Eating Yes No
 - Sleep Yes No
 - Weight Yes No
- Do you have trouble making or keeping friends? Yes No
- Do you often feel:
- Sad Yes No
 - Angry Yes No
 - Nervous or afraid Yes No
- Have you thought about or done any of the following:
- Destroy property Yes No
 - Hurt animals Yes No
 - Set fire Yes No
 - Listen to music with violent message Yes No
 - Use alcohol Yes No
 - Use drugs Yes No
 - Smoke cigarettes Yes No
 - Sex without protection..... Yes No
 - Suicide attempt Yes No

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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: _____

MARYLAND HEALTHY KIDS PROGRAM

Maryland Department of Health and Mental Hygiene

HealthChoice and Acute Care Administration, Division of Healthy Kids

6/06