

C.16 Mental Health Interview Tool/Referral Form (Ages 0–2 Years)

Mental Health Interview Tool/Referral Form

Child's Name: _____

Birth Date: _____

Ages 0 to 2

Date: _____

For this age group you will obtain information from the parent/caregiver and from your own observations of the child. Circle items of concern. * The presence of any of these symptoms or behaviors may signal that the child is in crisis, and efforts should be made to secure prompt evaluation.

Feelings: Does your child display feelings that concern you or seem out of the ordinary?

Infants

- Anxious
- Cries excessively
- Cries too little

1 to 2 Years

- Irritable
- Angry
- Sad
- Fearful
- Sullen
- Anxious
- Cries excessively
- Cries too little

Behavior: Does your child display behavior that concerns you or seems out of the ordinary for his/her age?

Infants

- Overactive
- Listlessness

1 to 2 Years

- Overactive
- Listlessness
- Harms others
- Frequent temper tantrums

Social Interaction: Do you have concerns about how your child gets along with you? Other family members or adults? Siblings?

Infants

- No eye contact or smile
- Stiffens and arches
- Not responsive

1 to 2 Years

- * No eye contact or smile
- Clings excessively
- Not responsive
- Language delay

Thinking: Do you think your child's development is normal for age?

Infants (> 8 months)

- No communication skills (pointing to request an object) or efforts to make words

1 to 2 Year

- Mistrustful
- Problems concentrating or paying attention

Physical Problems: Do you have any concerns about your child's physical health? If physical problems exist, have they been medically evaluated?

Infants to 2 Years

- Low weight or weight loss
- Frequent vomiting
- Eating problem (poor appetite, eats nonfoods)
- Sleeping problem (frequent night waking)
- Lethargic

Other: Are there any situations which are causing your family particular stress at this time?
 Has this child or his/her parents been subject to neglect, physical, sexual, or emotional abuse?
 If yes, what form, when, treatment initiated, etc.?
 Did the mother of this child use drugs or drink alcohol during the pregnancy?

Comments:

Signature/Title: _____