

Client Problem Checklist (Child)

Name: _____ Date: _____
Age: _____ Person completing this form: _____ Relationship: _____

If you have brought a child for evaluation or treatment, first please mark all of the items that apply to your child. Feel free to add any others at the end under "Any other characteristics."

- Argues, "talks back," smart-alecky, defiant
- Bullies/intimidates, teases, inflicts pain on others, is bossy to others, picks on, provokes
- Cheats
- Cruel to animals
- Conflicts with parents (breaking rules, chores, homework, grades, choices in friends)
- Complains constantly
- Cries easily, feelings are easily hurt
- Difficulties with parent's paramour/new marriage/new family
- Dependent, immature
- Developmental delays
- Disrupts family activities
- Disobedient, uncooperative, refuses, noncompliant, doesn't follow rules
- Distractible, inattentive, poor concentration, daydreams, slow to respond
- Dropping out of school
- Drug or alcohol use
- Eating (poor manners, refuses, appetite increase or decrease, odd combinations, overeats)
- Extracurricular activities interfere with academics
- Failure in school
- Fearful
- Fighting, hitting, violent, aggressive, hostile, threatens, destructive
- Fire setting
- Hypochondriac, always complains of feeling sick
- Immature, "clowns around," has only younger playmates
- Interrupts, talks out, yells
- Isolates self from others
- Lacks organization, unprepared
- Lacks respect for authority, insults, provokes, manipulates
- Learning problems
- Legal difficulties (truancy, loitering, panhandling, drinking, vandalism, stealing, fighting, drug sales)

Client: _____ DOB: _____ Medicaid #: _____
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- Lying
- Low frustration tolerance, irritability
- Moody
- Nervous
- Need for high degree of supervision at home over play/chores/schedule
- Overactive, restless, hyperactive, out-of-seat behaviors, restlessness, fidgety, noisiness
- Oppositional, resists, refuses, does not comply, negativism
- Prejudiced, bigoted, insulting, name calling, intolerant
- Procrastinates, wastes time
- Recent move, new school, loss of friends
- Relationship problems with brothers/sisters (fights, teasing/provoking, assaults)
- Relationship problems with friends/peers (fights, teasing/provoking, assaults)
- Rocking or other repetitive movements
- Runs away
- Sad, unhappy
- Self-harming behaviors (cutting, biting or hitting self, head banging, scratching self)
- Speech difficulties
- Sexual (preoccupation, public masturbation, inappropriate sexual behaviors)
- Shy, timid
- Stubborn
- Suicide talk or attempt
- Swearing (bathroom language, foul language)
- Temper tantrums, rages
- Thumb sucking, finger sucking, hair chewing
- Tics (involuntary rapid movements, noises, or word productions)
- Teased, picked on, victimized, bullied
- Truant, school avoiding
- Underactive, slow-moving or slow-responding, lethargic
- Uncoordinated, accident-prone
- Wetting or soiling the bed or clothes

Any other characteristics: _____
 =====

Parent/Guardian failed to complete this form: _____
Therapist's Signature Date

Client: _____ DOB: _____ Medicaid #: _____