FORTIS
BEHAVIORAL HEALTH

Fortis Behavioral Health
220 Wintergreen Drive, Suite C
Lumberton, North Carolina, US - 28358-7502

Intake-Peds age 13-17

How did you hear about our practice? *

☐ Referral From Another Provider ☐ Referral From Friend/Family ☐ Google ☐ Social Media ☐ Advertisement

Parent or Guardians Name: *

Parent or Guardians Relationship to Patient: *

Parent or Guardians E-mail: *

Form Completed By: Name/Relationship to patient: *

Primary Language: *

Hispanic or Latino? * ☐ Yes ☐ No

Race/Ethnicity: *

Emergency Contact:

Name: *

Relationship: *

Phone Number: *

Allergies

Allergies	Type	Severity	Reactions

Please provide name of medication and dosage amount

List each medication your child takes on its own line.

Medications

Medication Name	Intake Details

Supplements

Supplement Name	Intake Details

Has your child ever seen a Psychiatrist before? * ☐ Yes ☐ No

If so please provide the name and address:

Has your child ever or are they now seeing a therapist or counselor? * ☐ Yes ☐ No

If so please provide the name and address:

Primary Care Provider

Practice Name: *

Practice Address: *

Practice Phone Number: *

Pharmacy:

Name: *

Address: *

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Phone Number: *

Describe in detail the reason for bringing your child in for this appointment:

Chief Complaints

Please review the following list of medical conditions. For each category, check all that apply. If none apply, please select 'no history.' If you choose 'other,' please specify in the provided space.

Past Medical History

Head

☐ concussions ☐ trauma ☐ TBI ☐ other ☐ no history

Comments ____________

Eyes

☐ Blindness ☐ Cataracts ☐ Glaucoma
☐ Wears Glasses/Contacts ☐ Other ☐ No History

Comments ____________

Ears

☐ Cochlear Implant
☐ Hearing Loss
 ☐ Right Ear (R/AD)
 ☐ Left Ear (L/AS)
 ☐ Both Ears (B/AU)
☐ Hearing Aids
☐ Other
☐ No History

Comments ____________

Nose/Sinuses

☐ Allergic Rhinitis ☐ Sinus Infections ☐ Other
☐ No History

Comments ____________

Mouth/Throat/Teeth

☐ Dentures ☐ Missing Teeth ☐ Wisdom Teeth Removal
☐ Spacers ☐ Dental Caries (Cavities)
☐ Refusal to Brush Teeth ☐ Other ☐ No History

Comments ____________________

Cardiovascular

☐ Aneurysm ☐ Angina ☐ Deep Vein Thrombosis (DVT)
☐ Dysrhythmia (Irregular Heartbeat) ☐ Hypertension (HTN)
☐ Heart Murmur ☐ Myocardial Infarction (Heart Attack)
☐ Other ☐ No History

Comments ____________________

Respiratory

☐ Asthma ☐ Bronchitis
☐ Chronic Obstructive Pulmonary Disease (COPD) ☐ Pleuritis
☐ Pneumonia ☐ Other ☐ No History

Comments ____________________

Gastrointestinal

☐ Cirrhosis ☐ Irritable Bowel Syndrome (IBS)
☐ Crohn's Disease ☐ Gastroesophageal Reflux Disease (GERD)
☐ Gallbladder Disease ☐ Heartburn ☐ Hemorrhoids
☐ Hepatitis ☐ Hiatal Hernia ☐ Jaundice ☐ Ulcer
☐ Other ☐ No History

Comments ____________________

Genitourinary

☐ Hernia ☐ Incontinence ☐ Kidney Stones (Nephrolithiasis)
☐ Other Kidney Disease ☐ Sexually Transmitted Diseases (STDs)
☐ Urinary Tract Infections (UTIs) ☐ Other ☐ No History

Comments ____________________

Musculoskeletal

☐ Arthritis ☐ Amputation ☐ Gout
☐ Musculoskeletal Injury (M/S Injury) ☐ Osteoporosis
☐ Scoliosis ☐ Other ☐ No History

Comments ____________________

Skin

☐ Acne ☐ Dermatitis ☐ Moles ☐ Psoriasis
☐ Chronic Wounds ☐ Other ☐ No History

Comments ______________________

Neurological

☐ Intellectual Disability ☐ Epilepsy ☐ Seizures
☐ Severe Headaches/Migraines ☐ Stroke
☐ Transient Ischemic Attack (TIA) ☐ Other ☐ No History

Comments ______________________

Endocrine

☐ Goiter ☐ Hyperlipidemia (High Cholesterol)

☐ Hypothyroidism ☐ Hyperthyroidism
☐ Hypoglycemia (Low Blood Sugar) ☐ Thyroid Disease
☐ Thyroiditis ☐ Type I Diabetes Mellitus (DM)
☐ Type II Diabetes Mellitus (DM) ☐ Other ☐ No History

Comments ______________________

Hematology/Oncology

☐ History of Blood Transfusions ☐ Anemia ☐ Cancer
☐ Other ☐ No History

Comments ______________________

Infections

☐ Human Immunodeficiency Virus (HIV) ☐ Tuberculosis (Disease)
☐ Tuberculosis (Exposure) ☐ Other ☐ No History

Comments ______________________

Sleep quality and amount:

☐ early waking ☐ difficulty sleeping ☐ difficulty staying awake
☐ nightmares ☐ night terrors ☐ bad ☐ good
☐ wake frequently through out night ☐ wake rested
☐ does not wake up rested ☐ 1-3 hours ☐ 4-6 hours
☐ 8 hours ☐ 10+ hours

Comments ______________________

Weight and appetite:

☐ little to no appetite ☐ decreased appetite
☐ average/balanced appetite ☐ increased appetite
☐ underweight ☐ average weight ☐ over weight
☐ picky eater ☐ weight gain ☐ weight loss

Comments ______________________

Prior Hospitalizations/Surgeries (if yes please list):

☐ Yes ☐ No

Comments ______________________

Past Psychiatric History

Previous Psychiatric Diagnosis:

☐ none ☐ ADHD ☐ adjustment disorders ☐ anxiety
☐ bipolar-disorder ☐ catatonic/tic disorder
☐ depressive disorder ☐ dissociative disorder
☐ eating disorder ☐ GAD/separation anxiety disorder
☐ impulse-control disorder ☐ neurocognitive disorder

☐ O.C.D. and related disorders ☐ P.T.S.D.
☐ panic disorder/phobias ☐ personality disorders
☐ sleep-wake disorders

Comments ______________________

Prior Outpatient MH care:

☐ Yes ☐ No

Comments ______________________

Suicide attempts:

☐ Yes ☐ No

Comments ______________________

Inpatient MH Care/Psych Hospitalization:

☐ Yes ☐ No

Comments ______________________

Non-Suicidal Self-Directed Violence:

☐ Yes ☐ No

Comments ______________________

Psychotropic medication trials

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Dates taken	Medication	Dose	Why stopped

Substances and Other Addictions:

History of tobacco use: ☐ Yes ☐ No

Comments ____________________

Other substance use: ☐ Denies ☐ Marijuana ☐ Ecstasy ☐ Hallucinogens ☐ Cocaine ☐ Mushrooms ☐ Prescription drugs

☐ Other ____________________

Comments ____________________

Has substance use caused problems in any of the following areas? ☐ N/A ☐ Legal ☐ Employment ☐ Health ☐ Relationships

☐ Other ____________________

Comments ____________________

Treatment for substance abuse:

☐ N/A ☐ Currently in treatment
☐ Completed treatment (e.g., rehab, outpatient, therapy)
☐ Attended or attending support groups (e.g., AA, NA)
☐ On medication-assisted treatment (e.g., methadone, Suboxone)
☐ Detoxed without formal treatment
☐ Participated in therapy or counseling for substance abuse
☐ Court-mandated treatment or rehab
☐ Considering treatment, but have not started
☐ Never received treatment
☐ Relapsed after completing treatment
☐ Other ____________________

Comments ____________________

Alcohol use:

☐ Denies ☐ Daily ☐ 2-3 days per week
☐ 4-5 days per week ☐ Once per month
☐ Once every 3 months ☐ Twice per year

Comments ____________________

Drinks per sitting:

☐ N/A ☐ 1-2 ☐ 3-4 ☐ 5 or more

Comments ____________________

Treatment for alcohol use/abuse:

☐ N/A ☐ Currently in treatment for alcohol use/abuse
☐ Completed treatment (e.g., rehab, outpatient, therapy)
☐ Attended or attending support groups (e.g., AA, SMART Recovery)
☐ On medication-assisted treatment (e.g., naltrexone, Antabuse)
☐ Detoxed without formal treatment
☐ Participated in therapy or counseling for alcohol use/abuse
☐ Court-mandated treatment or rehab
☐ Considering treatment, but have not started
☐ Never received treatment
☐ Relapsed after completing treatment
☐ Other ____________________

Comments ____________________

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Have you experienced any behavioral addictions? If so, please select from the following:

☐ Denies ☐ Compulsive gambling ☐ Internet / social media
☐ Video gaming ☐ Sex / pornography ☐ Shopping
☐ Hoarding ☐ Binging ☐ Purging

Comments ____________________

Family History

Household members:

- ☐ mother
- ☐ father
- ☐ step-mother
- ☐ step-father
- ☐ siblings
  - ☐ brother(s)
  - ☐ sister(s)
- ☐ grandparent(s)
- ☐ other

Comments ____________________

Adopted or in Foster care?

- ☐ no
- ☐ adopted
  - ☐ with sibling(s)
  - ☐ separated from sibling(s)
- ☐ prior foster care
  - ☐ with sibling(s)
  - ☐ separated from sibling(s)
- ☐ relative/kinship
  - ☐ informal kinship care that did not involve the child welfare system
    - ☐ with sibling(s)
    - ☐ separated from sibling(s)
  - ☐ voluntary kinship care. The child welfare system is involved. However, the State did not take legal custody.
    - ☐ with sibling(s)
    - ☐ separated from sibling(s)
  - ☐ Formal kinship care: A judge placed the child/children in the legal custody of the State and a child welfare system placed the children with relatives.
    - ☐ with sibling(s)
    - ☐ separated from sibling(s)
- ☐ Non-related kinship care (NRKIN). The child was placed with someone whom they are familiar with but who is not related.
  - ☐ with sibling(s)
  - ☐ separated from sibling(s)
- ☐ Traditional foster care
  - ☐ with sibling(s)
  - ☐ separated from sibling(s)
- ☐ Specialized, therapeutic, or medical foster care
  - ☐ with sibling(s)
  - ☐ separated from sibling(s)
- ☐ Emergency foster care
  - ☐ with sibling(s)
  - ☐ separated from sibling(s)

Comments ____________________

Parents divorced?

☐ no ☐ yes ☐ never married ☐ separated ☐ N/A

Comments ____________________

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Mother alive? If yes, her age and occupation? If no, cause of death?

☐ Yes ☐ No ☐ N/A

Comments ____________________

Relationship with mother:

☐ abusive ☐ avoidant ☐ chaotic ☐ controlling
☐ loving ☐ no contact ☐ reliable ☐ supportive
☐ stable ☐ other ☐ N/A

Comments ____________________

Father alive? If yes, his age and occupation? If no, cause of death?

☐ Yes ☐ No ☐ N/A

Comments ____________________

Relationship with father:

☐ abusive ☐ avoidant ☐ chaotic ☐ controlling
☐ loving ☐ no contact ☐ reliable ☐ supportive
☐ stable ☐ other ☐ N/A

Comments ____________________

Siblings:

☐ No siblings ☐ One sibling ☐ Multiple siblings
☐ Sibling(s) deceased ☐ Half-sibling(s) ☐ Step-sibling(s)
☐ Adopted sibling(s)
☐ Other ____________________

Comments ____________________

Do all siblings live in the same household?

☐ yes ☐ no ☐ sometimes ☐ no siblings

Comments ____________________

Relationship with siblings:

☐ close ☐ functional ☐ loving ☐ reliable ☐ stable
☐ supportive ☐ abusive ☐ chaotic ☐ distant
☐ unhealthy ☐ no contact ☐ N/A

Comments ____________________

Current Social/Familial Support:

- ☐ Significant – My child has strong and consistent support from family, friends, or community.
- ☐ Occasional – My child has support, but it's infrequent or not always reliable.
- ☐ Minimal – My child has very little support from family, friends, or community.
- ☐ None – My child does not have any social or familial support at this time.
- ☐ Uncertain – I am unsure about the reliability or consistency of my child's support system.

Comments ____________________

Family Psych Hx:

☐ ADHD ☐ Anxiety ☐ Bipolar ☐ Depression
☐ Dementia ☐ Schizophrenia ☐ Substance abuse
☐ Other ☐ N/A

Comments ____________________

Exposure to substance abuse in home/prior home:

- ☐ yes
  - ☐ cigarettes
  - ☐ alcohol
  - ☐ opioids
  - ☐ cannabis
  - ☐ other
- ☐ no

Comments ____________________

Social History

Current Living Situation:

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Patient Reports feeling:

- ☐ safe
  - ☐ at home
  - ☐ at school
  - ☐ at friends home(s)
  - ☐ overall
  - ☐ other
- ☐ unsafe
  - ☐ at home
  - ☐ at school
  - ☐ at friends home(s)
  - ☐ overall
  - ☐ other

Comments ____________________

Is your child Homeschooled? ☐ Yes ☐ No

Current school: ________

Current grade level: ________

Academic performance: ☐ above average ☐ average ☐ struggling ☐ held back recently

Comments ____________________

IEP/504 plan or additional educational support: ☐ Yes ☐ No

Comments ____________________

In special education? ☐ Yes ☐ No

Comments ____________________

History of abuse ☐ Denies ☐ Sexual ☐ Physical ☐ Verbal ☐ Other ____________________

Comments ____________________

Sexual Orientation

☐ Heterosexual ☐ Homosexual ☐ Bisexual ☐ Other

Comments ______________________

Gender Identity:

☐ Male ☐ Female ☐ Gender Neutral/Fluid

☐ Other ______________________

Comments ______________________

Spiritual Status:

☐ Agnostic
☐ Atheist
☐ Christianity
  ☐ Catholic
  ☐ Eastern Orthodox
  ☐ Fundamentalist
  ☐ Protestant
  ☐ Other
☐ Islam
  ☐ Sunni
  ☐ Shi'a
☐ Judaism
  ☐ Orthodox
☐ None

Comments ______________________

History of arrests:

☐ Yes ☐ No

Comments ______________________

History of violence

☐ Yes ☐ No

Comments ______________________

Significant Life Events:

- ☐ None
- ☐ Recent loss of a loved one (e.g., death, separation, divorce)
  - ☐ parent
  - ☐ sibling
  - ☐ other
- ☐ Major relationship changes in family (e.g., divorce, separation, reconciliation)
- ☐ Family Financial difficulties or significant changes in income
- ☐ Serious illness, injury, or medical diagnosis (self or loved one)
  - ☐ self
  - ☐ loved on
- ☐ Recent relocation or major move
- ☐ Legal issues (e.g., lawsuits, custody battles, criminal charges)
- ☐ Traumatic events (e.g., accidents, assaults, natural disasters)
- ☐ Other ____________________

Comments ____________________

Social Function and Peer Relationships:

☐ few friends, but not close ☐ a few close friends
☐ many friends ☐ states no friends ☐ bullied
☐ no fear of going out ☐ fearful of going out ☐ likes school
☐ dislikes school

Comments ____________________

Extracurriculars:

☐ none ☐ sports at school ☐ sports outside of school
☐ clubs/organizations at school
☐ clubs/organizations outside of school ☐ other

Comments ____________________

Has a cell phone: ☐ Yes ☐ No

Present on social media: ☐ Yes ☐ No

Comments ____________________

Birth and Development

Birth: ☐ full-term ☐ pre-term

Comments ____________________

Pregnancy complications? ☐ Yes ☐ No

Comments ____________________

Perinatal complications? ☐ Yes ☐ No

Comments ____________________

Maternal substance abuse during pregnancy?

- ☐ yes
  - ☐ cigarettes
  - ☐ alcohol
  - ☐ opioids
  - ☐ cannabis
  - ☐ other
- ☐ no

Comments ____________________

Illness during infancy? [ ]

Age when first walked: ________

Age when first talked in phrases/short sentences: ________

Age when toilet training was completed: ________

Any enuresis/encopresis (bedwetting or soiling) currently? ☐ Yes ☐ No

Comments ____________________

Developmental milestones met? ☐ Yes ☐ No

Comments ____________________