**Psychosocial Assessment for Youth at Risk of Residential Placement**

**Date of Assessment:**

**Personal Information**

|  |  |
| --- | --- |
| Name: |  |
| Age: |  |
| Date of Birth: |  |
| Gender: |  |
| Race/Ethnicity: |  |
| Home Address: |  |
| Legal Guardian Email Address: |  |
| Phone Number: |  |
| Emergency Contact: |  |
| Presenting Problem: |  |

**Presenting Problem**

|  |  |
| --- | --- |
| Brief description of the reason for referral and current concerns. (Include Current Location of Member) |  |

**Family Background**

|  |  |
| --- | --- |
| Family composition and dynamics. |  |
| History of abuse, neglect, or trauma within the family. |  |
| Current living situation and support systems. |  |

**Education**

|  |  |
| --- | --- |
| School attendance and performance. |  |
| Special education needs, if any. |  |
| History of suspensions, expulsions, or truancy. |  |

**Social/Peer Relationships**

|  |  |
| --- | --- |
| Peer group involvement. |  |
| History of conflicts or violence with peers. |  |
| Supportive relationships outside the family. |  |

**Mental Health History**

|  |  |
| --- | --- |
| Previous diagnoses (if any) and treatment. |  |
| List Previous Treatment Providers and Dates of Service |  |
| Current mental health symptoms and behaviors (Last 30 Days). |  |
| History of self-harm, suicidal ideation, or suicide attempts. |  |

**Substance Use**

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| --- | --- |
| History of substance use. |  |
| Frequency and type of substances used. |  |
| Impact of substance use on daily functioning. |  |

**Legal Involvement**

|  |  |
| --- | --- |
| Past or current legal issues. |  |
| Involvement with juvenile justice system. |  |
| Probation or court orders, if applicable. |  |

**Medical History**

|  |  |
| --- | --- |
| Any chronic medical conditions or disabilities. |  |
| Current medications and compliance. |  |
| History of hospitalizations or medical treatments. |  |
| Name and Contact Info for Current PCP |  |

**Resources, Strengths and Protective Factors**

|  |  |
| --- | --- |
| Positive qualities, skills, or interests of the youth. |  |
| Supportive relationships or resources. |  |
| Coping strategies utilized in challenging situations. |  |
| FAPT Involvement **(Include Contact Info)** |  |

**Risk Factors**

|  |  |
| --- | --- |
| Factors contributing to the risk of residential placement. |  |
| History of violence, aggression, or self-destructive behaviors. |  |
| Lack of stable housing or caregiver. |  |

**Level of Care Recommendations/Interventions**

|  |  |
| --- | --- |
| What level of care is the legal guardian and youth requesting |  |
| LMHP Diagnostic Impression and Recommendations  |  |
| Physician Recommended Level of Care (include Name and contact number of physician):  |  |
| Referral for further assessment or treatment. |  |
| Recommendations for therapy, counseling, or psychiatric evaluation. |  |
| Suggestions for family support services or community resources. |  |

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_