

Patient Name: _____ Date of Birth: _____

Person Completing Form: _____ | Relation to Child: _____

INFORMATION FOR YOUR CHILD’S DOCTOR

Emotional and physical health go together in children. Parents are often the first to notice a problem with their child’s behavior and/or emotions. You can help your child get the best care possible by answering these questions. Please circle the box that best describes your child. If you do not wish to answer a question, you can leave it blank.

Please circle the answer that best describes your child:

PSC	NEVER	SOME TIMES	OFTEN	Office Use		
				I	A	E
1. Fidgety, unable to sit still	0	1	2			
2. Feels sad, unhappy	0	1	2			
3. Daydreams too much	0	1	2			
4. Refuses to share	0	1	2			
5. Does not understand other people’s feelings	0	1	2			
6. Feels hopeless	0	1	2			
7. Has trouble paying attention	0	1	2			
8. Fights with other children	0	1	2			
9. Is down on himself or herself	0	1	2			
10. Blames others for his or her troubles	0	1	2			
11. Seems to be having less fun	0	1	2			
12. Doesn’t listen to rules	0	1	2			
13. Acts as if driven by a motor	0	1	2			
14. Teases others	0	1	2			
15. Worries a lot	0	1	2			
16. Takes things that don’t belong to him or her	0	1	2			
17. Distracted easily.	0	1	2			

HOW MUCH DO THE PROBLEMS OR DIFFICULTIES YOU CIRCLED ABOVE INTERFERE WITH YOUR CHILD’S EVERYDAY LIFE?

	Not at all	Only a little	A lot	A great deal
18. Do the difficulties you checked above upset or distress your child?	0	1	2	3
19. Do the difficulties you checked above place a burden on you and your family?	0	1	2	3
20. Do the difficulties you checked above interfere with your child’s home life?	0	1	2	3
21. Do the difficulties you checked above interfere with your child’s friendships?	0	1	2	3
22. Do the difficulties you checked above interfere with your child’s activities?	0	1	2	3
23. Do the difficulties you checked above interfere with school or learning?	0	1	2	3
24. Do you think your child might have a problem with alcohol or drugs?			YES	NO
25. Is your child in counseling or seeing a mental health professional?			YES	NO
26. Does your child have an IEP (Individualized Educational Plan) at school?			YES	NO
27. Are there problems or concerns about your child, yourself or your family that you would like to talk about privately with your doctor?			YES	NO

The comprehensive screening tools were developed as a way to provide a quick measure of mental health and substance abuse issues in the primary care setting. Areas covered: substance abuse, depression, anxiety and familial relations. The backside of the forms allow for fast documentation for the medical record. The scoring instructions below correspond with the appropriate sections on each of the tools.

Pediatric Behavioral Health Screener

PSC – Pediatric Symptom Checklist

Transfer parents responses to the white boxes in scoring grid on right side of the page. Sum the columns to create scores for scale scores. Sum these scores to create total score.

I (Internalizing symptoms – anxiety and depression)	≥ 5 positive
A (Attention – ADHD)	≥ 7 positive
E (Externalizing symptoms – disruptive behavior)	≥ 7 positive
Total Score	≥ 15 positive

Functional Impairment

For items 18-23, any item ≥ 2 represents functional impairment and warrants further assessment.

Conversation Starter Questions

Items 24-26 are open-ended questions, included as conversation starters between the physician and the patient regarding any mental health and/or substance abuse concerns.

Item 27 is included in the event that there are issues the patient may be concerned with, which have not been covered by other questions.

Screening Instructions

1. Client (or guardian for children) completes the screening tool as part of their regular visit paperwork.
2. PCP and/or office staff calculates the score.
3. If screen is positive, PCP will discuss results with member and refer for a full assessment if needed.
4. PCP completes documentation side of the tool to place in the medical record.
5. PCP’s office bills procedure code – 96160 – in addition to their E & M code.

Child's Name: _____

Screening Date: _____

Screening Results

Patient's Pediatric Symptom Checklist was

- Negative
- Positive for
 - Internalizing symptoms
 - Externalizing symptoms
 - Attention symptoms
 - Overall symptoms

Symptoms endorsed on patient's Pediatric Symptom Checklist

- Do not result in functional impairment
- Result in functional impairment for:
 - Child
 - Family
 - Child activities
 - Child's home life
 - Child's friendships
 - Child's school or learning
- Caregiver has concern for patient's use of alcohol or drugs:
 - No
 - Yes
- Caregiver had other concerns:
 - No
 - Yes – Concern was _____

Patient currently followed by a mental health provider:

- No
- Yes – Provider is _____

Patient currently on an Individualized Education Plan at school

- No
- Yes – Reason for IEP: _____

Screening Summary

Patient's overall screen was:

- Negative
- Positive, but patient is already followed by a mental health provider
- Positive and warrants further monitoring
- Positive and warrants further assessment

Intervention

- Reviewed screening results with patient/family
- Discussed with patient/family impact of screening results on patient's health & need for:
 - Continued monitoring of patient's symptoms
 - Further assessment by a behavioral health provider
 - Family to follow up with patient's current mental health provider
 - Family to follow up with patient's school personnel
- If ADHD is considered, then will further assess for ADHD with Vanderbilt Assessment Protocol
- Patient/family given copy of screening results

Referral

- No referral made at this time
- Referred patient to in-house Behavioral Health/Pediatric Psychology service for further assessment and treatment recommendations
- Referred patients to _____
- Patient/family has appointment _____
- Patient/family given contact number 1-800-652-2010 to call for assistance with locating a behavioral health provider to conduct further assessment.

Comments: _____
