

Hallowell Center, P.C

144 North Rd Suite 2450
Sudbury, MA 01776
978-287-0810

BEHAVIORAL/MENTAL HEALTH

Do you feel that his child exhibits any of the following symptoms more often than is typical for a child of his/her age? (Please put a check in front of any that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> Often touch/easily annoyed | <input type="checkbox"/> Often Bullies/threatens | <input type="checkbox"/> Often irritable |
| <input type="checkbox"/> Often defies adult rules | <input type="checkbox"/> Initiates physical fights | <input type="checkbox"/> Changes in appetite |
| <input type="checkbox"/> Often angry/resentful | <input type="checkbox"/> Ever been arrested | <input type="checkbox"/> Diminished interests |
| <input type="checkbox"/> Often argues with adults | <input type="checkbox"/> Physically cruel to others | <input type="checkbox"/> Sleep problems |
| <input type="checkbox"/> Often loses temper | <input type="checkbox"/> Cruel to animals | <input type="checkbox"/> Restlessness or slow down |
| <input type="checkbox"/> Blames other for mistakes | <input type="checkbox"/> Difficulty maintaining friendships | <input type="checkbox"/> Fatigued/low energy |
| <input type="checkbox"/> Deliberately annoys | <input type="checkbox"/> Destroys property | <input type="checkbox"/> Feels worthless |
| <input type="checkbox"/> Often spiteful/vindictive | <input type="checkbox"/> Deliberately sets fires | <input type="checkbox"/> Become tearful easily |
| <input type="checkbox"/> Refuses to go to school | <input type="checkbox"/> Lies Often | <input type="checkbox"/> Often sad |
| <input type="checkbox"/> Repeated nightmares | <input type="checkbox"/> Steals | <input type="checkbox"/> Indecisive/can't think |
| <input type="checkbox"/> Unusual fears | <input type="checkbox"/> Has run away | <input type="checkbox"/> Thinks about death |
| <input type="checkbox"/> Panic attacks | <input type="checkbox"/> Extreme mood swings | <input type="checkbox"/> Talks about suicide |
| <input type="checkbox"/> Self-conscious/clings | <input type="checkbox"/> Does not show emotions | <input type="checkbox"/> Hurts self |
| <input type="checkbox"/> Excessive need for reassurance | <input type="checkbox"/> Overreacts to touch/noise | <input type="checkbox"/> Currently uses drugs |
| <input type="checkbox"/> Somatic complaints "(headache, stomach)" | <input type="checkbox"/> Strange or bizarre ideas | <input type="checkbox"/> Used drugs in the past |
| <input type="checkbox"/> Worry of future events | <input type="checkbox"/> Gets upset by changes in Routine | <input type="checkbox"/> Currently drinks beer or alcohol |
| <input type="checkbox"/> Repeats certain actions | <input type="checkbox"/> Poor social interactions | <input type="checkbox"/> Used beer or alcohol in past |
| <input type="checkbox"/> Can't stop thinking about things | <input type="checkbox"/> Self-injurious behavior | <input type="checkbox"/> Excessive preoccupation with objects or ideas |
| <input type="checkbox"/> Motor or vocal tics | | |