

AR Psychiatric And Counseling Center

Follow Up Information-Child

Date _____

Patient Name _____

DOB _____

Please check mark the symptoms present often or very often

- R Fqgu"pqv"rc{"cwgpkqp"vq"fgvcknu"qt o cmgu"ectgnguu"o kuvcmgu."hqt"gzc o rng"jq o gy qtm
- R Jcu"fkhhkewnv{"cwgpfkpi"vq"y jcv"pggfu"vq"dg"fqpg
- R Fqgu"pqv"ugg o "vq"akuvgp"y jgp"urqmgp"vq"ftgvev{"
- R Fqgu"pqv"hgmmqy"vj tqw i j" y jgp"ikxgp"ftgvevqpu" cpi"hccknu"vq"hpkuj"vj kpi u
- R Jcu"fkhhkewnv{"qti cpi"kp i"vcumu"cpf"cevxxkvgu
- R Cxqkfu."fkunkngu."qt"fggu"pqv"ycpv"vq"uvctv"vcumu" vjcv"tgswktg"qpi qkpi"o gpcv"ghhqtv
- R Nqugu"vj kpi u"pggfgf"hqt"vcumu"qt"cevxxkvgu *cuuk i p o gpvu."rgpeknu."dqqu+
- R Ku"gcukn{"fkvtcevfgf"d{"pqkugu"qt"qv jgt"vj kpi u
- R Ku"hqt i gvhwn"kp"fcnk{"cevxxkvgu
- R Hkfi gvu"y kvj"j cpi u"qt"hggu"qt"uswkt o u"kp"ugcv
- R Ngcxgu"ugcv"y jgp"uwr rqugf"vq"uvc{"kp"jku"ugcv
- R Twpu"cdqww"qt"enk o du"vq"o wej"y jgp"jg"ku" uwr rqugf"vq"uvc{"ugcvgf
- R Jcu"fkhhkewnv{"rnc{kpi"qt"uvctkpi"swkqv"ic o gu
- R Ku"\$on the go"\$qt"qhvgp"cevu"cu"kh"\$ftkxgp"d{"c" o qvqt\$
- R Vcnmu"vqq"o wej
- R Dnwtvu"qww"cpu y gtu"dghqtg"swgukqpu"jcxg"dggp" eq o rnvqf
- R Jcu"fkhhkewnv{"yckvpi"j kul jgt"vwtp""

- Argues with adults
- Loses temper
- Actively disobeys or refuses to follow an adults' requests or rules
- Bothers people on purpose
- Blames others for his or her mistakes or misbehaviors
- Is touchy or easily annoyed by others
- Is angry or bitter
- Is hateful and wants to get even
- Bullies, threatens, or scares others
- Starts physical fights
- Lies to get out of trouble or to avoid jobs
- Is physically unkind to people
- Has stolen things that have value
- Is physically mean to animals
- Is fearful, nervous, or worried
- Is afraid to try new things for fear of making mistakes
- Feels useless or inferior
- Blames self for problems, feels at fault
- Feels lonely, unwanted, or unloved; complains that "no one loves him/her"
- Is sad or unhappy
- Feels different and easily embarrassed

General-

- Weight loss
- Weight Gain
- Decrease in appetite
- Increase in appetite
- Fever or chills
- Fatigue
- Trouble sleeping

Skin-

- Rashes
- Itching
- Dryness

Ears-

- Ringing in ears
- Earache
- Drainage

Eyes-

- Blurry or double vision

Nose-

- Stiffness
- Discharge
- Itching

Throat-

- Dry mouth
- Sore throat
- Hoarseness

Respiratory-

- Cough
- Sputum
- Coughing up blood
- Shortness of breath
- Wheezing

Cardiovascular-

- Chest pain or discomfort
- Tightness
- Palpitations
- Shortness of breath

Gastrointestinal-

- Swallowing difficulties
- Nausea
- Vomiting
- Constipation
- Diarrhea

Urinary-

- Frequency
- Urgency
- Bedwetting

Neurologic-

- Dizziness
- Fainting
- Seizures
- Sedation
- Tics
- Tremor
- Involuntary movements

Hematologic-

- Ease of bruising
- Ease of bleeding

Endocrine-

- Heat intolerance
- Cold intolerance
- Sweating
- Frequent urination
- Thirst

Breasts-

- Enlargement
- Discharge

Problems at School: _____

Problems at home: _____

Response/problems from medications: _____

Have you changed or added anything to child's medications?

Is the child getting medications as prescribed?

Another doctor changed or added anything to medications?-

Parent or Legal Guardian Signature : _____