## Checklist for Practitioners Calling a Child Access Portal Consult

Demographic Information  Consult Question	<ul> <li>Age</li> <li>Who lives at home</li> <li>School, grade</li> <li>Diagnostic clarification</li> <li>Treatment recommendations</li> <li>Medication management</li> <li>Referrals</li> </ul>
Signs and Symptoms	<ul><li>Behaviors</li><li>Emotions</li><li>Physical complaints</li><li>Impaired functioning</li></ul>
Past Psychiatric History	<ul> <li>Psychiatrist, therapist, counselor</li> <li>Medications</li> <li>Hospitalizations</li> <li>Safety concerns</li> <li>Family history of psychiatric diagnoses</li> </ul>
Stressors	<ul><li>Past stressors</li><li>Ongoing stressors</li><li>Family stressors</li></ul>
Medical Background	- Current medical concerns - Past medical history
Mental Status Observations	<ul> <li>What do they look like in the room with you? i.e. Child's behavior, affect</li> <li>Child's stated mood, presence of SI/HI</li> </ul>