

What Will the Psychiatrist Want to Know? Relevant Information for a CAPP consultation

<input type="checkbox"/> Demographic Information	<ul style="list-style-type: none">- Age- Who lives at home- School, grade
<input type="checkbox"/> Consult Question	<ul style="list-style-type: none">- Diagnostic clarification- Treatment recommendations- Medication management- Resources and referrals
<input type="checkbox"/> Signs and Symptoms	<ul style="list-style-type: none">- Behaviors- Emotions- Physical complaints- Impaired functioning
<input type="checkbox"/> Past Psychiatric History	<ul style="list-style-type: none">- Psychiatrist, therapist, counselor- Medications- Hospitalizations- Safety concerns- Family history of psychiatric illness
<input type="checkbox"/> Stressors	<ul style="list-style-type: none">- Past stressors- Ongoing stressors- Family stressors
<input type="checkbox"/> Medical Background	<ul style="list-style-type: none">- Current medical concerns- Past medical history
<input type="checkbox"/> Mental Status Observations	<ul style="list-style-type: none">- Child's behavior- Child's affect- Child's stated mood, presence of SI/HI