Adolescent Mental Health Assessment Form

Full Name	
Date of Birth	
Age	
Gender	
	•
School/Institution	
Grade/Year	
Referral Reason	
Relevant History (medical, psychiatric, family)	
Current Concerns/Symptoms	
Strengths & Interests	
Current Support System (family, friends, community)	

Risk Assessment (self-harm, suicidality, violence, abuse)						
Additional Notes						