

# Adolescent Mental Health Assessment Form

## Personal Information

Full Name

Date of Birth

Age

Gender

School/Institution

Grade/Class

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## Mental Health History

Presenting Concerns

History of Mental Health Issues

Family History of Mental Health

Current Medications

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## Psychosocial Assessment

Academic Performance

Peer Relationships

Family Relationships

Sleep Patterns

Substance Use

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## Symptoms Checklist

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Sadness/Low mood

☐

Anxiety/Nervousness

☐

Irritability/Anger

☐

Social Withdrawal

☐

Poor Concentration

☐

Appetite/Sleep Disturbances

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Thoughts of Self-Harm



Other

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## Clinician Notes

Clinical Observations

Assessment Summary

Recommendations / Next Steps