



Intake Extension: Anxiety

Anxiety Related Concerns

What are the main concerns?:

Is the patient ever hesitant to speak?

Does the patient ever NOT speak?:

If yes, in what settings does the patient NOT speak? (check all that apply)

Home

School

Supermarket

Church/Temple

Playdate at own home

Playdate at other's home

Group event (i.e., birthday party)

Playground

Other

If other, please specify:

Does that patient exhibit separation anxiety?:

If yes, which settings does the patient show separation anxiety? (check all that apply)

School

Home

Extracurriculars

Playdates

Other

Please specify other:

Does the patient need to play with friends in a different room?:

Can the patient play at other children's houses?:

In social situations, does the patient have a fear of being embarrassed or being judged negatively?:

If yes/sometimes, select the situation(s) that patient demonstrates this fear (check all that apply)

Eating in public

Using the bathroom at school

Participating in movement (raising hand)

Answering a question

Joining in an activity

Other

If other, please specify:

Does the patient demonstrate generalized worries?:

If yes/sometimes, what are the worries focused on? (check all that apply)

Safety

Punctuality (being on-time/late) Change in routine

Someone breaking in

Getting lost or being kidnapped

Money

Personal health

Parental health

Other

If other, please specify:

Does the patient demonstrate any of the following? (check all that apply):

Participating in rituals

Having contamination worries

Needing things to be lined up

Needing things to be symmetrical

Frequently needing to wash their hands

Checking to make sure that something/someone is there

Eating in a certain order

Hair pulling

Skin picking

Seeking reassurance

Having perfectionistic tendencies

Other

If other, please specify:

Please describe any items checked:

Rate the patient's general frustration tolerance on a scale of 1 to 5, with 1 being rarely becomes frustrated and 5 being easily frustrated:

Rate the patient's general compliance in the following settings on a scale of 1 to 5, with 1 almost always compliant and 5 almost never compliant

School:

Home:

Extracurriculars:

If the patient is told "no" are they able to accept that?:

If told no, how often does the patient tantrum?:

If other, please specify:

The patient has difficulty with (check all that apply)

Attention

Hyperactivity

Impulsivity

Does the patient require frequent redirection?:

Would you describe the patient as a happy kid?:

Please explain:

Would the patient's school be receptive to working collaboratively with MPG?:

Wrap up

Please use section below to include additional relevant information: