



Intake Extension: Selective Mutism

Overview and History

What are the main concerns?:

When was the selective mutism (SM) first noticed? (include year and patient's age/grade):

In what settings does the patient speak freely? (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:

If out in the community (store, subway, etc.), will the patient continue speaking [to you] while others are present?:

Will the patient speak at school?:

If a stranger comes up to the patient in the community (i.e. elevator or store) and says, "Oh you're so cute! What is your name?" Will the patient respond?:

What happens?:

Family members/friends that the patient speaks to (check all that apply)

Mother

Father

Grandmother

Grandfather

Aunt

Uncle

Sister

Brother

Cousin (peer)

Neighbor

Teacher

Classmate

Other

Please specify other:

Family members/friends that the patient does NOT speak to that you would expect them to (check all that apply)

Mother

Father

Grandmother

Grandfather

Aunt

Uncle

Sister

Brother

Cousin (peer)

Neighbor

Teacher

Classmate

Other

Please specify other:

Related Concerns

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

The patient requires 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: