

Orion Behavior Health Intake Checklist		<i>Recently</i>	<i>In the Past</i>	Evidenced By (Please write a brief comment)
Please mark Recent in the past 30 days or less Please mark in the past if it has happened.....				
I	Sad mood most of the day			
	Not interested in activities that used to be fun			
	Cannot fall asleep most of the time			
	Sleeps more than usual			
	Loss of energy			
	Does not spend as much time with friends as usual			
	Does not bathe or clean self regularly			
	Eats more or less than usual			
II	Blames self			
	Acts angry much of the time			
	Acts unusually happy much of the time			
	At times needs little or no sleep			
	Exhibits sexual behavior e.g. touching own or others privates			
III	Talks so fast it is hard to understand			
	Tense, nervous, worries much of the time			
IV	Panic attacks: heart pounding, can't breathe, sweating			
	Saw or had something bad or scary happen			
	Often remembers something bad or scary happening			
	Has bad dreams over and over			
	Becomes upset when reminded of something bad or scary			
	Stays away from or will not talk about things that remind him/her of something bad or scary that happened			
	Jumpy or scared easily			
	Seems to do things over and over without good reason e.g. washing hands, touching things, checking locked doors			
V				

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VI	Has problems paying attention			
	Is easily distracted			
	Is often forgetful			
	Often fidgets with hands or feet			
	Lots of physical movement			
	Talks a lot			
	Behavioral problems in school			
	Often acts without thinking			
VII	Often loses temper			
	Often argues			
	Will not follow rules or directions			
	Bullies, threatens or intimidates others			
	Starts physical fights			
	Destroys property			
	Steals			
	Lies			
	Runs away			
	Cruelty to animals			
	Fire setting			
	School suspensions			
	Change in school performance			
	Other			
	VIII	Does not make eye contact with others		
Has problems communicating				
Uses same movements over and over, i.e. wringing hands, rocking back and forth, clapping fingers				
Does not notice when others are trying to speak or play with him/her				
Not interested in making friends or playing with others				

Presenting Problems / Somatic Symptoms

	Please mark Recent in the past 30 days or less Please mark in the past if it has happened.....	<i>Recently</i>	<i>In the Past</i>	Evidenced By (Please write a brief comment)
	Is not easily soothed when upset			
	Did not start talking until after 12 months old			
	Does not play make believe			
	Child has moved many times with different care givers			
IX	Unchangeable false beliefs or ideas e.g. really believes that he/she has special powers or abilities			
	Hears voices when no one is there			
	Sees things when nothing is there			
	Voices tell him/her to harm self			
	Voices tell him/her to harm others			
	Talks with words that do not make sense			
X	Shows little emotion on face			
	Refusal to maintain body weight within a normal range			
	Very scared of gaining weight			
	Thinks is fat when very skinny			
	At times eats way too much food			
	Exercises way too much			
	Takes laxatives (ex-lax) to lose weight			
	Forces self to vomit			