Optima™

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ASSESS: MENTAL HEALTH ASSESSMENT

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Wellbeing Assessment

Child Name [redacted]

Questions:

1. Has the child completed a mental health assessment or evaluation in the past 6 months?

- ○ Yes
- ○ No
- ○ Not applicable at this time.

2. Has counseling or therapy been recommended for this child?

- ○ Yes
- ○ No

3. If recommended, is the child currently receiving counseling or therapy?

- ○ Yes
- ○ No
- ○ No referrals or recommendations for such service/evaluation needed at this time.

4. Is the child prescribed any medication for mental health, emotional or behavioral issues?

- ○ No
- ○ Yes

5. Is the child receiving medication as prescribed?

- ○ Yes
- ○ No
- ○ Not applicable at this time.

6. If the child is prescribed medication, is the medication regularly monitored by a medical professional?

- ○ Yes
- ○ No
- ○ Not applicable at this time.

7. Has the child experienced any psychiatric or behavioral hospitalizations in the past 6 months?

- ○ Yes
- ○ No

8. If the child has a developmental disability or mental health diagnosis, is the child receiving appropriate services and/or prescribed treatment

- ○ Yes
- ○ No
- ○ No referrals or recommendations for such service/evaluation needed at this time.

Has all possible been done for child? ☐

Notes

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