Which Child Was Involved (Client Name)?

_____

Date of Activity:_____/_____/_____

Program

- Becoming a Mom
- Family Planning
- Maternal Child Health (MCH/M&I)
- Pregnancy Maintenance (PMI)
- Teen Pregnancy (TPTCM)
- Kansas Connecting Communities

Pediatric Symptom Checklist (PSC-17 Child)

Please mark under the heading that best fits you:			Never (0)	Sometimes (1)	Often (2)
♦	Fidgety, unable to sit still	♦	☐	☐	☐
❄	Feel sad, unhappy	❄	☐	☐	☐
♦	Daydream too much	♦	☐	☐	☐
❑	Refuse to share	❑	☐	☐	☐
❑	Do not understand other people's feelings	❑	☐	☐	☐
❄	Feel hopeless	❄	☐	☐	☐
♦	Have trouble concentrating	♦	☐	☐	☐
❑	Fight with other children	❑	☐	☐	☐
❄	Down on yourself	❄	☐	☐	☐
❑	Blame others for your troubles	❑	☐	☐	☐
❄	Seem to be having less fun	❄	☐	☐	☐
❑	Do not listen to rules	❑	☐	☐	☐
♦	Act as if driven by a motor	♦	☐	☐	☐
❑	Tease others	❑	☐	☐	☐
❄	Worry a lot	❄	☐	☐	☐
❑	Take things that do not belong to you	❑	☐	☐	☐
♦	Distract easily	♦	☐	☐	☐

Office use only

Total ♦ _____	Total ❑ _____	Total ❄ _____	Grand Total ♦+❑+❄ _____

Programs Providing Follow-Up: (select all that apply)

- Becoming a Mom
- Family Planning
- Maternal Child Health (MCH/M&I)
- Pregnancy Maintenance Initiative (PMI) Teen Pregnancy Targeted Case Management(TPTCM)
- Kansas Connecting Communities (KCC)

Was a brief intervention provided?

- Yes
- No

If yes, what brief intervention was provided?

- Reviewed screening results
- Made clinical recommendations
- Provided education community, and/or treatment resources
- Measured patient-motivation and/or readiness to change
- Reinforced self-efficacy
- Other **Specify other intervention:**

_____

Why was a brief intervention not provided?

Was a referral provided?

- Yes
- No

What provider type was client referred to?

- Beacon Health Options
- Substance Use Treatment Provider
- Internal Mental Health Provider
- External Mental Health Provider CMHC
- External Mental Health Provider Private Practice
- MCO/MCO Care Coordinator
- Community-Based Support Group
- Primary Care Provider
- Other

If other, please specify: _____

Why was a referral not provided?

Was the client in crisis?

- Yes
- No

If yes, what action was taken?