



**Morgridge Academy**  
**Mental Health Evaluation**  
**2017-2018**  
**303-398-1103**

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Family Members Living in the Home

Name:	Age:	Gender:	Relationship to Student:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Is your student currently seeing someone for counseling? (circle one) YES or NO

→ If yes, who is their Mental Health Specialist (therapist/counselor, psychologist, psychiatrist, etc.):

Name

Reason for therapy

\_\_\_\_\_

What is their current mental health diagnosis? \_\_\_\_\_

Is the student currently prescribed medications for their mental health diagnosis? (circle one) YES or NO

→ If yes, please list the name of the prescription(s) they are on, the dosage, and the prescribing physician:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mental Health Risk Factors (check all that apply):

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> witness to domestic violence  | <input type="checkbox"/> anxiety         | <input type="checkbox"/> low self-esteem/low confidence |
| <input type="checkbox"/> grief/loss of loved one       | <input type="checkbox"/> sexual abuse    | <input type="checkbox"/> family conflict                |
| <input type="checkbox"/> parental divorce/separation   | <input type="checkbox"/> eating disorder | <input type="checkbox"/> child abuse                    |
| <input type="checkbox"/> loss of close friendship      | <input type="checkbox"/> traumatic event | <input type="checkbox"/> school failure (held back)     |
| <input type="checkbox"/> mental health hospitalization | <input type="checkbox"/> poverty         | <input type="checkbox"/> single parent home             |
| <input type="checkbox"/> self-harm                     | <input type="checkbox"/> rebelliousness  | <input type="checkbox"/> poor social skills             |

Anything else related to your child's mental health that you think we should be aware of? \_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Signature: \_\_\_\_\_