

****Parent or Guardian to complete prior to your consultation appointment****

| | | | | | | | |
|------------------|----------------------------|------------|---------------------|---------------|-----------------------|------------|---------------|
| Youth's Name | <u>Leila Flanagan</u> | Age | <u>13</u> | Date of Birth | <u>06/04/09</u> | Date | <u>4/4/23</u> |
| Address | <u>1241 Taber Hill Rd.</u> | Sex | <u>F</u> | Home Phone | <u>(802) 793-1430</u> | Work Phone | |
| City, State, Zip | <u>Stowe, VT 05672</u> | Your Name: | <u>Nancy Dumont</u> | | | | |

Who suggested this consultation? Dartmouth Psychology

Please briefly describe the reason for the consultation:
Anxiety, OCD medication management, persistent genital arousal disorder / pelvic floor disorder... gynecologist feels may be helped with sertraline (have seen improvement.)

Has the child experienced this in the past? ☒ no ☐ yes

What past treatments have been tried? →

Please include counseling & counselor name(s) Dr. Rebecca Ruid, VVM (802) 847-3634
(please list previous medications, responses & side effects below) Sertraline 125mg (increased over time at small increments to 75mg then 100 then 125mg)

What diagnoses were given? → OCD, Anxiety disorder, adjustment disorder

List medications your child is currently taking including over-the-counter medications and herbal remedies:
(Please list current and previous medications and effects)

| Medication: | Dosage: | Effect (+ / -) | Prescribing Physician Name |
|-------------------|--------------|------------------------------------|----------------------------|
| <u>Sertraline</u> | <u>125mg</u> | <u>+</u> (<u>IBS-D related?</u>) | <u>Dr. Andrea Tidman</u> |
| <u>Iron</u> | | <u>Increase Ferritin levels</u> | <u>Dr. Shiel</u> |
| | | | |
| | | | |

Describe child / adolescent's *current adjustment / problems / changes* in ...

| | |
|---|--------------------------------------|
| Appetite → <u>IBS-D</u> | Sleep → <u>OK</u> |
| Energy Level → <u>low - normal (varies)</u> | Moods → <u>emotional, frustrated</u> |
| Health → <u>anxiety-stomach connection</u> | Habits → <u>picking, nail biting</u> |

His / Her ability to carry out usual daily activities → Anxiety interferes

Check off and comment on dangerous or high-risk behaviors → ☐ self-injury or suicide threat ☐ cruelty to animals
☐ careless or impulsive acts ☐ hurting others ☐ running away ☐ fire setting ☒ other... (explain) ↓ picking

Life Changes or Losses this past year → (personal, school, family) Refuses to see her father and his family (wife), wants to see 1/2 siblings. Dad refuses.

Check off other **persistent** problem areas...

| | | | |
|---|--|--|--|
| <input checked="" type="checkbox"/> depressed mood | <input type="checkbox"/> learning difficulties | <input type="checkbox"/> stealing | <input checked="" type="checkbox"/> lack of friends |
| <input checked="" type="checkbox"/> anxious, fearful, tense | <input type="checkbox"/> poor school achievement | <input type="checkbox"/> destroys things | <input checked="" type="checkbox"/> lacks confidence |
| <input checked="" type="checkbox"/> worries, overly serious | <input type="checkbox"/> does not pay attention | <input type="checkbox"/> anger, aggression | <input type="checkbox"/> acts immature |
| <input type="checkbox"/> sadness, crying spells | <input type="checkbox"/> loses interest quickly | <input type="checkbox"/> bedwetting or soiling | <input type="checkbox"/> odd habits or beliefs |
| <input checked="" type="checkbox"/> seems lonely, withdrawn | <input type="checkbox"/> restless, too active | <input type="checkbox"/> disregards rules, limits | <input type="checkbox"/> strange behavior |
| <input checked="" type="checkbox"/> gets frustrated easily | <input type="checkbox"/> trouble remembering things | <input type="checkbox"/> friends are a bad influence | <input type="checkbox"/> too interested in sex |
| <input type="checkbox"/> shy, avoids people | <input checked="" type="checkbox"/> school refusal / avoidance | <input type="checkbox"/> emotional outbursts | <input checked="" type="checkbox"/> frequently ill |

Use of ↓ Comment on family use of substances as well

Tobacco... ☒ no ☐ yes →

Caffeine... ☒ no ☐ yes →

Alcohol... ☒ no ☐ yes →

Beer / Wine... ☒ no ☐ yes →

Drugs... ☒ no ☐ yes →

Is there any history of substance abuse in your family? ☐ no ☒ yes → Dad, grandparent

Prenatal exposure to alcohol, tobacco or other drugs? ☐ no ☒ yes →

Living Circumstances → ☐ rent ☒ own ☐ trailer ☒ house / condo ☒ town / city ☐ rural

How long have you lived at your present address? 2+ years, owned home for 23 yrs

Problems with your living environment → no

List the names and ages and relationships to everyone living in the household

| Name | Age | Relationship | Name | Age | Relationship |
|--------------|-----|--------------|----------------|-----|--------------|
| Nancy duMont | 50 | mother | Leila Flanagan | 13 | daughter |
| | | | | | |
| | | | | | |

List the names and ages and relationships to family members not living in the household (include deceased family)

| Name | Age | Relationship | Name | Age | Relationship |
|-----------------|-----|--------------|------|-----|--------------|
| Edward Flanagan | 52 | Father | | | |
| Tina Parvin | | Step mother | | | |
| Gertrude F. | 7 | 1/2 sister | | | |
| Camden F. | 2 | 1/2 brother | | | |

Are parents separated or divorced? ☐ no ☒ yes → age of child or adolescent when this happened 2 1/2 years

If separated or divorced, describe visitation and communication with the other parent → Leila talks with her dad but refuses to go to his home.

Who has legal custody? ☐ both parents ☒ mother ☐ father ☐ SRS ☐ other

Relationship with mother →

Relationship with father → Stressful, lack of trust, abusive

Relationship with other family → abusive step mother, loves siblings but now distant due to separation

Parent's work Father Owner, Stowe Seafood Mother Realtor

Has there been any of the following in the family history of this child or adolescent?

☒ physical abuse ☐ sexual abuse ☒ alcohol problems ☒ frequent moves ☒ legal problems

☒ fighting between parents ☐ little or no affection ☐ serious health problems ☒ Other family problems... (explain) ↓

Ongoing strain between parents
alcohol issues with father, abuse and absent dad

Early education programs attended → ☒ preschool ☐ EEE ☒ kindergarten ☒ day care ☐ head-start ☐ other

School History → (check all that have applied and comment below)

☐ repeated grade ☐ remedial classes ☒ Individual Educational Plan (IEP) ☐ special education ☒ tutor ☐ suspensions

☐ labeled learning disabled (LD) ☐ labeled emotionally disturbed (SED) ☒ frequent school absence ☒ illness / accident

List schools attended and grades completed →

| Name of School | Grades | Comments about progress and above checked items |
|---------------------|--------|---|
| Shelburne Community | K-3 | very challenging |
| Stowe Elementary | 3-5 | adjustment |
| Stowe Middle | 5-8 | does well in school despite ongoing struggles |

Parents education: Mother → college graduate Father → college graduate

Father's work → store owner How long? 21 Shift Hours 7-7 or later Average Hours per week 60+

Mother's work → Realtor How long? 20 Shift Hours flexible Average Hours per week 40

Any parental work problems? Dad not at home often, Sundays only

Spiritual beliefs, ethnic or cultural traditions that are important to the family → Catholic

Interests, hobbies, play or sport activities → basketball, field hockey, lacrosse, Acting/drama

Special experiences or achievements →

Interactions with peers, social relationships → Challenging, feels like she is left out, struggles with social strain, does have friends

Name of primary care doctor → Andrea Tidman Date of last physical exam → June 2022

How often this child / adolescent seen a doctor this past year? → very regularly

Have all immunizations been completed? ☒ yes ☐ no →

Development History → (check areas of concern and comment below)

☐ speech functioning ☐ hearing functioning ☐ visual functioning ☐ intellectual functioning ☐ learning ability

Current or past health problems → (check problem areas and comment below)

☐ major illness ☐ allergies ☐ surgery ☐ injury ☐ hospitalizations ☐ other

positive Ana for immune disorder none known

Medications taken regularly → sertraline 125mg at this time

Approximate height → 5'4" Approximate weight → 135 Recent loss or gain → weight loss due to IBS-D

Describe any special physical or medical needs → reassurance, reminders to utilize fidgets to prevent picking