

**FRESNO COUNTY MENTAL HEALTH PLAN CLINICAL MENTAL HEALTH ASSESSMENT
 INFANT / TODDLER ADDENDUM TO ASSESSMENT DATED: _____**

MENTAL STATUS:

Appearance	Reactions	State-Regulation	Unusual Behaviors	Activity Level
<input type="checkbox"/> Well-groomed	<input type="checkbox"/> Explores	<input type="checkbox"/> Asleep	<input type="checkbox"/> Mouthing after 1 yr	<input type="checkbox"/> Squirming
<input type="checkbox"/> Disheveled	<input type="checkbox"/> Freezes	<input type="checkbox"/> Quiet Alert	<input type="checkbox"/> Head banging	<input type="checkbox"/> Sitting quietly
<input type="checkbox"/> Small for age	<input type="checkbox"/> Cries	<input type="checkbox"/> Active alert	<input type="checkbox"/> Smelling objects	<input type="checkbox"/> Constantly moving
<input type="checkbox"/> Large for age	<input type="checkbox"/> Hides face	<input type="checkbox"/> Distress	<input type="checkbox"/> Spinning/twirling	<input type="checkbox"/> Climbing
<input type="checkbox"/> Inappropriate dress	<input type="checkbox"/> Acts excited	<input type="checkbox"/> Smooth transitions	<input type="checkbox"/> Hand flapping	<input type="checkbox"/> Visual fixing
<input type="checkbox"/> Dismorphic features	<input type="checkbox"/> Acts apathetic	<input type="checkbox"/> Abrupt transitions	<input type="checkbox"/> Finger flicking	<input type="checkbox"/> Tracking
<input type="checkbox"/> Abnormal head size	<input type="checkbox"/> Anxious	<input type="checkbox"/> Able to sooth self	<input type="checkbox"/> Rocking	<input type="checkbox"/> Attention to faces
<input type="checkbox"/> Cutaneous lesions	<input type="checkbox"/> Difficulty w/transitions	<input type="checkbox"/> Seeks stimulation excessively	<input type="checkbox"/> Toe walking	<input type="checkbox"/> Attention to own hands
<input type="checkbox"/> Looks young for age	<input type="checkbox"/> Adapts to situation	<input type="checkbox"/> Hyperresponsive	<input type="checkbox"/> Staring at lights	<input type="checkbox"/> Frozen
<input type="checkbox"/> Looks mature for age	<input type="checkbox"/> Avoidance	<input type="checkbox"/> Hyporesponsive	<input type="checkbox"/> Perseverative speech	<input type="checkbox"/> Average length of attention to task
<input type="checkbox"/> Other:	<input type="checkbox"/> Withdrawal	<input type="checkbox"/> Other:	<input type="checkbox"/> Bizarre behaviors	<input type="checkbox"/> Other:
	<input type="checkbox"/> Aggression		<input type="checkbox"/> Hair pulling	
	<input type="checkbox"/> Easily frustrated		<input type="checkbox"/> Breath holding	
	<input type="checkbox"/> Other:		<input type="checkbox"/> Ruminating	
			<input type="checkbox"/> Other:	
Gross Motor	Fine Motor	Speech/Language	Mood	Affect
<input type="checkbox"/> Pushes Up	<input type="checkbox"/> Grasps/releases	<input type="checkbox"/> Responds to sounds	<input type="checkbox"/> Depressed	<input type="checkbox"/> Flat
<input type="checkbox"/> Controls head	<input type="checkbox"/> Transfers hands	<input type="checkbox"/> Follows commands	<input type="checkbox"/> Anxious	<input type="checkbox"/> Blunted
<input type="checkbox"/> Rolls over	<input type="checkbox"/> Pincer grasp	<input type="checkbox"/> Points w/"where is?"	<input type="checkbox"/> Euphoric	<input type="checkbox"/> Restricted
<input type="checkbox"/> Sits alone	<input type="checkbox"/> Banging	<input type="checkbox"/> Vocalizes sounds	<input type="checkbox"/> Irritable	<input type="checkbox"/> Broad
<input type="checkbox"/> Stands	<input type="checkbox"/> Throwing	<input type="checkbox"/> Single words #	<input type="checkbox"/> Angry	<input type="checkbox"/> Labile
<input type="checkbox"/> Walks	<input type="checkbox"/> Stacking	<input type="checkbox"/> Short phrases	<input type="checkbox"/> Bored	<input type="checkbox"/> Congruent
<input type="checkbox"/> Runs	<input type="checkbox"/> Scribbling	<input type="checkbox"/> Full sentences	<input type="checkbox"/> Shy	<input type="checkbox"/> Other:
<input type="checkbox"/> Jumps	<input type="checkbox"/> Cutting	<input type="checkbox"/> Caregiver understands	<input type="checkbox"/> Responsive to caregiver	
<input type="checkbox"/> Climbs	<input type="checkbox"/> Handles toys	<input type="checkbox"/> Echolalia	<input type="checkbox"/> Other:	
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	<input type="checkbox"/> Overgeneralizations		
		<input type="checkbox"/> Other:		
Cognition	Thought	Play		
<input type="checkbox"/> WNL	<input type="checkbox"/> Specific fears	<input type="checkbox"/> Sensorimotor Play		
<input type="checkbox"/> Developmental Delay	<input type="checkbox"/> Feared object	<input type="checkbox"/> (0-6 mo.) mouthing, dropping, banging, throwing		
<input type="checkbox"/> Precocious	<input type="checkbox"/> Worry about being lost	<input type="checkbox"/> (6-12 mo.) exploring, moving, poking, pulling		
<input type="checkbox"/> Other:	<input type="checkbox"/> Fear of separation	<input type="checkbox"/> Functional play (12-18 mo.) shows understanding of use/function		
	<input type="checkbox"/> Dreams/Nightmares	<input type="checkbox"/> Early symbolic play (18+ mo.) pretends with increasing complexity		
	<input type="checkbox"/> Dissociative state	<input type="checkbox"/> Complex symbolic play (30+ mo.) plans/acts out dramatic play		
	<input type="checkbox"/> Sudden withdrawal	<input type="checkbox"/> Uses imaginary objects		
	<input type="checkbox"/> Eyes glazed	<input type="checkbox"/> Uses others in assigned roles		
	<input type="checkbox"/> Failure to track	<input type="checkbox"/> Imitation, turn taking and problem solving		
	<input type="checkbox"/> Hallucinations	<input type="checkbox"/> Emotional themes		
	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:		

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HISTORY OF CAREGIVING Duration and separations?

<input type="checkbox"/> Day Care		
<input type="checkbox"/> Relative Care		
<input type="checkbox"/> Hospital		
<input type="checkbox"/> Foster Care		
Number of placements		

ATTACHMENT OBSERVED: Check all that are appropriate.

Pre-attachment (4-6 weeks)	<input type="checkbox"/> Orients to people, social smile <input type="checkbox"/> Signals for help
Attachment in the Making (1-8 months)	<input type="checkbox"/> 4-6 weeks – recognizes sound and feel <input type="checkbox"/> 4 months – visual discrimination <input type="checkbox"/> 5-6 months – reaches, actively prefers through actions
Clear cut attachment (7-12 months)	<input type="checkbox"/> Object Constancy <input type="checkbox"/> Protests Separations, responds to internal needs <input type="checkbox"/> Normal Stranger Anxiety <input type="checkbox"/> Normal Separation Anxiety
Goal Directed Partnership (12-36 months)	<input type="checkbox"/> Attachment sequences with modulation of affect <input type="checkbox"/> Two-way communication of feelings <input type="checkbox"/> Intentional communication of needs & goals <input type="checkbox"/> Demonstrates problem solving skills integrated with affect <input type="checkbox"/> Able to remain organized in challenging situations

Adapted from Handouts by S. Ammen Ph.D., Fresno, California