



Pediatric Psychology

Welcome to Pediatric Psychology at CHOC Children's. Please read this information carefully and write down any questions that you might have, so that we can discuss them.

PSYCHOLOGICAL SERVICES:

A child's psychological health directly affects everything else in his or her life: success in school, relationships with friends and family, and overall development. Our goal is to foster the well-being of the whole child and family by addressing their unique emotional and developmental needs.

Please bring any relevant records with you to your first appointment. These might include school reports, medical records, or previous psychological evaluations. These records will help the provider determine the best treatment for your child.

Psychological Treatment:

Your first session will involve an evaluation of your child's needs. By the end of that evaluation, your provider will be able to offer you some first impressions of what therapy may include and an initial treatment plan, if you decide to continue with therapy. You should evaluate this information along with your own opinions and discuss any concerns or questions you have.

In the first few therapy sessions, you and your provider can both decide if he/she is the best person to provide the services you need in order to meet your treatment goals. If you have questions about therapy procedures, it is important that you discuss them whenever they arise. We will be happy to help you set up a meeting with another mental health professional for a second opinion.

Psychological treatment is to help children and their families to better understand a problem and help them to change. Psychotherapy can have benefits and risks. Since therapy can involve talking about unpleasant parts of your life, you may experience some uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. Also, making changes in your beliefs or behaviors can be scary. On the other hand, psychotherapy has also been shown to have benefits for people who go through it. Therapy often leads to better relationships, solutions to specific problems, and significantly less distress. But there are no guarantees of what you will experience.

Therapy sessions will generally last 40-45 minutes. Sessions are frequently scheduled on a weekly or biweekly basis; however, sessions can be scheduled more or less frequently based on your child's needs. Psychological treatment requires an active effort from both you and your child. To get the most out of treatment, you and your child may be asked to work both during sessions and at home. Please note that psychology appointments run on time. We ask that you call us at 714-509-8481 if you will be more than 15 minutes late, as we may need to reschedule your appointment. If you need to cancel an appointment, please call at least 24 hours in advance.

Psychological, Neuropsychological, and Developmental Assessment:

Assessment sessions will last from one hour to several hours depending on the needs of your child and the provider's schedule. Please bring any aids (glasses, hearing aids, snacks) that your child will need to get through several hours of questions and problem solving tasks. Testing will often take a few sessions to

CHOC Outpatient Psychological Services

2

complete. Feedback session will be provided at the end of the testing day or a separate appointment will be scheduled so that the test results are explained and your questions answered.

CONSENT FOR SERVICES:

In most situations, when the patient is a child under the age of 18, a parent or legal guardian is required to be present at the first appointment in order to provide information and to provide written consent for services. If applicable, please bring any court papers and/or custody agreements that describe the custody arrangements for the patient. We also ask children ages 12 and older to sign the written consent paperwork to show their assent for services.

CONFIDENTIALITY:

In general, the privacy of all communications between a patient and a psychologist/provider is protected by law, and the provider can only release information with your written permission. But there are a few exceptions. Most of these relate to laws that require mental health professionals to protect others from harm.

Confidentiality cannot be maintained when:

- A patient indicates to the provider that they plan to cause serious harm or death to themselves, and the provider believes the patient has the intent and ability to carry out this threat in the very near future. The provider must take steps to protect the patient. This can include informing the parent/guardian of what the patient has said and how serious the threat is believed to be so that they can help provide protection. It can also include seeking hospitalization for the patient's safety to prevent him/her from harming themselves.
- A provider determines that his/her patient presents a serious danger of violence to another person. The provider must take steps to protect the intended victim. Such steps could include informing the patient's parents, hospitalizing the patient, informing the intended victim, and/or informing law enforcement).
- The patient is doing things that could cause serious harm to him/herself or someone else, even if he/she does not *intend* to harm him/herself or another person. In these situations, the provider will need to use his/her professional judgment to decide whether a parent or guardian should be informed.
- A provider believes that a minor child, elderly person, or disabled person is being abused or has been abused (e.g., physically, sexually or emotionally). The provider may be required to file a report with the California Department of Social Services.
- The patient is involved in a court case and a request is made for information about his/her counseling or therapy. If this happens, the provider will not disclose information without the patient's/parents' written agreement *unless* the court requires him/her to do so. The provider will do all he/she can within the law to protect the patient's confidentiality. If the provider is required to disclose information to the court, the provider will inform the patient that this is happening.

EMERGENCIES:

You may call your provider for urgent (not life threatening) psychological problems during regular business hours at 714-509-8481. For urgent (not life threatening) concerns after hours, an on-call psychologist is available by phone 24 hours a day (714-997-3000). Please save routine questions and scheduling until the next business day. For any emergencies and/or life-threatening concerns, call 911 or go to the nearest emergency department.

CONSUMER SATISFACTION:

All psychological services are conducted, or supervised, by a licensed psychologist or psychiatrist who is on Medical Staff at CHOC Children's. Comments regarding your satisfaction with these services are welcomed by the Director of Pediatric Psychology, Julie Moghal, Ph.D. at 714-509-8481. Please know that you may withdraw from treatment at any time. Also, your provider will inform you if he or she believes referral to another provider will best meet your child's needs.

BILLING / INSURANCE:

Some health care plans require pre-authorization for mental health services. Also, most health care plans only authorize services that are "medically necessary." We will make every effort to work with your insurance to obtain pre-authorization for services, if needed. We will also fill out any forms necessary to help you receive the benefits to which you are entitled. However, you are ultimately responsible for full payment of fees for services. So it is very important that you find out directly from your insurance provider exactly what mental health services your insurance policy covers. It is also important that you understand any deductibles, co-pays or co-insurance they may require from you. If CHOC psychology is not on your provider panel, you may have the option to receive our services at the out-of-network coverage level, or at your own expense.

Please be advised that CHOC Children's does employ the services of a collection agency if payment is not received in a timely manner. If you are having difficulty paying for services, please contact the CHOC Children's business office at 714-509-8711 so that you can discuss payment plan options.

USE OF EMAIL:

Your family's privacy and confidentiality are very important to us. While many people use email to communicate, confidentiality can not always be guaranteed. For this reason, it is our policy that CHOC Pediatric Psychology staff and providers do not communicate with patients/family members by email. We also discourage patients/family members from sending email communication to our staff/providers. However, if you choose to send email to the department staff/providers, you should be aware of privacy limitations in sending unencrypted email. In addition, please be aware that we are required to maintain email correspondence relating to patients; and that disclosure of such emails could be required if subpoenaed in a legal proceeding. Finally, if you do email Department staff/providers, you should **not** assume that your email has been received or read. To ensure your provider has received your message, please use the telephone. Note: It is also our policy that department staff/providers do not communicate with patients/family members through social networking technology.

Patient and Family History

I. Patient Information

Patient's Name: _____ Date of Birth: _____ Current Age: _____

Parent's marital status: Married ___ Domestic Partner ___ Single ___ Divorced ___ Separated ___ Widow ___

Brothers and Sisters (who live at home with patient):

Name	Sex (check one)	Age
	<input type="checkbox"/> M <input type="checkbox"/> F	
	<input type="checkbox"/> M <input type="checkbox"/> F	
	<input type="checkbox"/> M <input type="checkbox"/> F	
	<input type="checkbox"/> M <input type="checkbox"/> F	

What is your main concern(s) that brought you and your child today?

II. Patient Developmental History

Born premature/early? No Yes. If yes, how many weeks early? _____

Birth weight: _____ Birth Length: _____

Exposure to tobacco/drugs/alcohol in utero? No Yes. If yes, what type(s)? _____

Were there any problems during pregnancy or delivery? No Yes. Explain: _____

Write the age at which the patient first started to:

_____ speak words _____ crawl _____ toilet-trained during day

_____ speak sentences _____ walk _____ toilet-trained during night

Has the patient had or been involved with any of the following?

Child Protective Services <input type="checkbox"/> No <input type="checkbox"/> Yes	Speech Therapy <input type="checkbox"/> No <input type="checkbox"/> Yes	Occupational Therapy <input type="checkbox"/> No <input type="checkbox"/> Yes
Drug or Alcohol Treatment <input type="checkbox"/> No <input type="checkbox"/> Yes	Physical Therapy <input type="checkbox"/> No <input type="checkbox"/> Yes	Regional Center <input type="checkbox"/> No <input type="checkbox"/> Yes

If you answered yes to any of the questions above, please explain: _____



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PATIENT I.D.

III. Other Patient Medical History

Check any of the following tests the patient has had:

Test	Where test was done	Results
EEG		
CT Scan or MRI		
EKG		
Neuropsychological Testing		Please bring a copy of the report to the first visit

List all medications the patient takes now:

Medication Name	Dose	Times	Reason for medication

IV. Patient Psychiatric Symptoms and History Which of the following symptoms has the patient shown?

	Now	In Past	Comments
Bed-wetting			
Temper tantrums			
Night terrors			
Tired or sleeping too much			
Sad/Depressed			
Irritable/grouchy			
Risky behaviors			
Poor attention span			
Hyperactive			
Impulsive (reckless)			
Tics			
Body image concerns			
Chronic pain			
Aggressive/violent			
Stealing			
Running away			
Skipping school			
Lying			
Drug or alcohol use			
School suspension or expulsion			



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	Now	In Past	Comments
Long periods of sadness			
Cries easily			
Difficulty separating			
Poor frustration tolerance			
High anxiety			
Withdrawn			
Poor self-esteem			
Difficulty with friendships			
Obsessive (unwelcome) thoughts			
Compulsive (repeated) behaviors			
Changes in eating habits			
Physical complaints			
Self-harm or cutting			
Paranoid thinking			
Odd behavior			
Hearing voices			
Hurts other people			
Suicidal thinking or attempts			

V. Patient and Family Educational History

Patient's grade level: _____ Name of school: _____

Does the patient have an IEP or 504 Plan? No Yes

Has the patient received any special educational services? No Yes. If yes, explain: _____

Highest Level of Education: Mother: _____ Father: _____

Current employer/job title: Mother: _____ Father: _____

Does the patient have a history of:

	What Grades (or ages)	Describe
Learning disabilities		
Reading problems		
Mathematics problems		
Writing problems		



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VI. Family Health History

	Patient	Mother	Father	Brothers/Sisters	Other (list):
ADHD/ADD					
Anxiety					
Bipolar/mood swings					
Depression					
Schizophrenia					
Other Mental Health (describe)					
Head injury					
Seizures					
Tics					
Learning problems or disabilities					
AIDS or HIV					
Allergies (including medication)					
Asthma					
Cancer					
Diabetes					
Eye/Vision Problems					
Hearing Loss					
Heart Disease					
Low or High Blood Pressure					
Migraines					
Stomach Problems					
Stroke					
Thyroid Problems					
Bleeding Disorder or Sickle Cell Disease					
Other:					

Parent/Guardian Signature: _____

Date & Time: _____



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