



On-Belay House
Anthony Louis Center

Anthony Louis Center
1000 Paul Parkway
Blaine, MN 55434
(763) 757-2906

Anthony Louis Center
7700 Hudson Road #600
Woodbury, MN 55125
(651) 731-0031

Anthony Louis Center
1517 E Highway 13
Burnsville, MN 55337
(952) 890-8879

On-Belay Plymouth
115 Forestview Lane N
Plymouth, MN 55441
(763) 546-8008

On-Belay Eden Prairie
7170 Bryant Lake Drive
Eden Prairie, MN 55344
(952) 224-5873

Anthony Louis Center / On-Belay House Family Assessment Form
Blaine – Burnsville – Eden Prairie – Plymouth – Woodbury
(Circle One)

Client History

Please circle Yes or No if you have observed any of these behavior / attitude signs in you son / daughter.
All questions that you respond “YES” to, PLEASE EXPLAIN WHY.

1. A drop in grades? YES / NO (This could be a slow decrease in the past six months to a year, or a sudden decrease.)

2. Are there any intellectual or academic concerns? YES / NO

3. Switching friends? YES / NO (Are you seeing a different set of friends recently around the house? More friends you object to? Not meeting any friends.)

4. Emotional highs and lows? YES / NO (Easily upset, emotional state changes rapidly, doesn't seem as happy as he / she used to.)

5. Defiance to rules and regulations? YES / NO (Pushing limits around the house, not doing chores around the house.)



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6. Becoming more secretive? YES / NO (Not sharing any, or very little, personal problems.)

7. Loss of initiative? YES / NO (Less energy, sleeping more than usual.)

8. Withdrawing from family functions? YES / NO (Camping trips, church, meals.)

9. Change in physical hygiene? YES / NO (Becoming more sloppy, wearing same clothes frequently.)

10. Not informing you of school activities? YES / NO (Open houses, times to meet teachers, suspension warnings.)

11. Many excuses for staying out? YES / NO (Not coming home on time, giving excuses constantly.)



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12. Isolating ? YES / NO (In rooms, outside, etc.)

13. Suspicion of money missing? YES / NO (Change, dollar bills, missing from parents, brothers or sisters.)

14. Harassing younger brothers and sisters? YES / NO (More fighting among siblings, fights not being resolved.)

15. Selling Possessions? YES / NO (Clothing, records, gifts, stereos. Seems to wear a lot of other friends' clothing. Has money, but no job.)

16. Feeling manipulated and bargained with? YES / NO (Playing parents against each other.)

17. Not coming home? YES / NO (Staying out late, not coming home at all.)

18. Weight changes? YES / NO (Drastic loss or gain.)



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19. Short-tempered? YES / NO (Becomes angry often, short fuse.)

20. Legal problems? YES / NO (Driving-while-intoxicated, curfew, being at parties that get raided.)

21. Defensive? YES / NO (When confronted on behavior / or concerns.)

22. Calls from school? YES / NO (Reports of skipping, sleeping in class, poor work, not doing homework.)

23. Coming home drunk or high? YES / NO (Smell pot at times or alcohol. Seems unusually giddy.)

24. Finding paraphernalia? YES / NO (Papers, pipes, clips, drugs, bottles.)

25. Have you or others in the family been physically or verbally abused by your son/daughter? YES / NO



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26. Have your feelings changed towards your son/daughter, as a result of their drug/alcohol use? YES / NO

27. Have you or any members of your family attended Al-Anon? YES / NO

Prenatal, Perinatal, and Developmental Events and History

Pregnancy

- Normal and routine
- Problematic:

Fetal Health – prior to birth; Include child’s exposure to substances during gestational development: amounts, frequency and duration.

- Alcohol;

- Illicit Drugs;

- Prescriptive Medications;

- Tobacco;

- Caffeine;



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Gestation Born at _____ weeks. Came home at _____ days / weeks.

Birth

- Routine Delivery - Without complications
 With complications;

- Cesarean Delivery - Without complication With complications;

Growth and Development

Age at which child first walked: _____

Age at which child spoke first word: _____

Age at which child began speaking in sentences: _____

Age at which child was toilet trained – bladder: _____

Age at which child was toilet trained – bowel: _____

Concerns about early childhood development:

Growth & Development Comment:

Please check any of the following that you believe to be problematic:

_____ Divorced Family

_____ Family history of addiction

_____ Communication

_____ Marital Conflict



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_____ Child Accountability

_____ Blended Family System

_____ Trust

_____ Cultural Issues

_____ Expressing Emotions

_____ Conflict Resolution

Please list your son or daughter's strengths, assets, hobbies, club or activity involvements;

Please list any barriers, struggles, weakness / or limitations your son or daughter has;

Family History

Please indicate if there is a family history of any of the following and give a brief explanation.

Medical: _____

Substance Abuse / Addiction: _____

Mental Health: _____

Death, Loss, Suicide, Abuse or Trauma: _____

Legal: _____



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Child Protection Service Involvement:

Housing Concerns:

Transportation Concerns:

Access to Alcohol, Prescription Drugs, Illegal Drugs, Firearms or Other Weapons:

Is there any other data that we have missed at this time which you think would be helpful in our evaluation? Please add on the bottom of this sheet or contact your counselor.

Printed Name of Person Completing This Form

Relationship to Client



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