



Child's name: Female Foster Child

- 10 Do you agree to take the medicine?  Yes  No  Not sure  
 Explain your answer here, if you want to: Yes, I want to take medicine

Questions about you

- 11 List any other treatment or therapy you are doing now:
- None  Individual talk therapy  Family therapy  
 Group talk therapy  Counseling at school  Art or play therapy  
 Cognitive Behavioral Therapy (CBT or practicing behaviors)  
 Other (list any other treatment here):

- 12 What do you like to do for fun?  
 I like to play games like checkers and I like to make blankets

- 13 What activities would you like to be involved in now?  
 I would like to play volleyball, dance, and be in Girl Scouts again.

- 14 Say anything else about yourself or the medicine that you want the judge to know.  
 I still want to live here. This is my favorite place.

For a 17-Year Old Youth ONLY

If you are under 17, skip to the next question.

- 15 When you turn 18,
- a. Will you be able to keep the doctor you have now?  Yes  No  Not sure  
 b. Will you know how to get this medicine if you want to keep taking it?  Yes  No  Not sure



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**For a child taking this medicine now**

If you are NOT taking this medicine **now**, skip to the next question.

16 Do you have any side effects from the medicine?  Yes  No  
If **Yes**, check below:

- Weight gain       Weight loss       Headache       Constipation
- Problems sleeping       Feeling very sleepy       Nausea       Feel dizzy
- Other (list any other side effects here): Sometimes I get headaches. When I get angry, I get headaches.

17 I you have side effects, did you tell your doctor?  Yes  No  
If **Yes**, your doctor's name: \_\_\_\_\_

18 Did someone help you with this form?  Yes  No  
If **Yes**, who?  my social worker    my probation officer    my caregiver    my lawyer    my CASA  
 Other (explain): \_\_\_\_\_

Check here if you are going to add extra pages to this form. And say how many pages: \_\_\_\_\_

Date:

Female Foster Child  
Type or print child's name

Child signs here

SW Special( SW asked and wrote child's responses)  
Type or print name of other person who helped child fill out form

Helper signs here