

# Pediatric Symptoms Checklist 35 (PSC-35)

## Demographics

### PROVIDER COMPLETED INFORMATION

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*Today's Date:*

*Agency Name:*

*Program U-code:*

*Primary Provider Name:*

*Assessment Type:*

*Initial*

*Subsequent*

*Discharge*

*Administrative Discharge*

### CONSUMER INFORMATION

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**Unicare ID #**

**VMC MRN ID #**

Consumer's Legal Name:

Consumer's Preferred Name ("goes by"):

Consumer's Date of Birth:

Questionnaire Completed by:

Relationship to Consumer:

Mother

Father

Grandparent

Legal Guardian

Foster Parent

Other: