

Appointment with the POH-GGZ or POH-Jeugd (mental health practitioner of the general practitioner)

Dear sir or madam,

The doctor has given you this letter about the POH-GGZ (*praktijkondersteuners* GGZ, or mental health practitioner) and the POH-Jeugd (*praktijkondersteuners* Jeugd, youth mental health practitioner). These *praktijkondersteuners* are part of the general practice, but are located in two different locations in Katwijk. With this letter we would like to explain what you can expect from these mental health practitioners.

Children can come to the doctor for different reasons. Sometimes because of physical complaints, but children can also come because of emotional or behavioural difficulties. The doctor examines the child to find the cause of the complaints. Sometimes there is no physical explanation. There may be psychological or social factors at play that can cause or maintain the complaints. In that case, more time is needed to assess the cause and the seriousness of the complaints. To do this well, the general practitioner has appointed *praktijkondersteuners* GGZ and *Jeugd*. These mental health practitioners are employed by all general practitioners within Zorggroep Katwijk. Our mental health practitioners have all been educated and trained in mental health in the general practice. Together with you and your son or daughter she will assess the situation. Through conversations and questionnaire(s) they will assess the complaints and questions you and your child may have, and discuss these with you. Subsequently they will advise you and the doctor about a possible approach. The *praktijkondersteuners* have an extensive overview of the possibilities for support or therapy.

The first appointment is a parent appointment, we ask you to come **without your son or daughter.**

Attached to this letter you will find questionnaires for both custodial parents. **We would like you to fill in these questionnaires and bring them to the first appointment.**

If you have any questions, please discuss these with your doctor or the doctor's assistant. For more information you can also visit the site of Zorggroep Katwijk: www.zgkatwijk.nl/poh-ggz
The assistant of the *praktijkondersteuners* GGZ team will contact you to make a first appointment (by phone or by letter). You can put the details of this appointment below; make sure you write down the correct location.

You have an appointment on: at with

The address is:

0 Medisch Centrum De Coepel, Randweg 47, 2225 PJ Katwijk.

Floor -1 (after you enter the building, take the stairs on the right to go downstairs and follow the signs that say POH-GGZ).

Telephone number: 06-12131820

0 Parlevink, Vinkeweg 70, 2223 JR Katwijk.

You can take place in the waiting room, immediately after the second door.

Telephone number: 06-30032371

If you cannot make the appointment, please reschedule or cancel via above-mentioned telephone number. *Appointments can be rescheduled through our assistant, preferably between 8:45-11:30. If you cannot reach us, you can leave a message on the voicemail. Please state your name, date of birth and telephone number so we can call you back as soon as possible.*

Strengths and Difficulties Questionnaire

P 4-17

For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain or the item seems daft! Please give your answers on the basis of the child's behaviour over the last six months.

Child's Name

Male/Female

Date of Birth.....

	Not True	Somewhat True	Certainly True
Considerate of other people's feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restless, overactive, cannot stay still for long	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often complains of headaches, stomach-aches or sickness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shares readily with other children (treats, toys, pencils etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often has temper tantrums or hot tempers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rather solitary, tends to play alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generally obedient, usually does what adults request	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Many worries, often seems worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helpful if someone is hurt, upset or feeling ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Constantly fidgeting or squirming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has at least one good friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often fights with other children or bullies them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often unhappy, down-hearted or tearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generally liked by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Easily distracted, concentration wanders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nervous or clingy in new situations, easily loses confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kind to younger children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often lies or cheats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Picked on or bullied by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often volunteers to help others (parents, teachers, other children)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thinks things out before acting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Steals from home, school or elsewhere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gets on better with adults than with other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Many fears, easily scared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sees tasks through to the end, good attention span	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have any other comments or concerns?

Overall, do you think that your child has difficulties in one or more of the following areas: emotions, concentration, behaviour or being able to get on with other people?

No	Yes- minor difficulties	Yes- definite difficulties	Yes- severe difficulties
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you have answered "Yes", please answer the following questions about these difficulties:

- How long have these difficulties been present?

Less than a month	1-5 months	6-12 months	Over a year
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Do the difficulties upset or distress your child?

Not at all	Only a little	Quite a lot	A great deal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Do the difficulties interfere with your child's everyday life in the following areas?

	Not at all	Only a little	Quite a lot	A great deal
HOME LIFE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FRIENDSHIPS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CLASSROOM LEARNING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LEISURE ACTIVITIES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Do the difficulties put a burden on you or the family as a whole?

Not at all	Only a little	Quite a lot	A great deal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name custodial parent 1:

Telephone number:

I agree with treatment by the POH-GGZ and/or POH-Jeugd

Date:

Signature:

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Telephone number:

I agree with treatment by the POH-GGZ and/or POH-Jeugd

Date:

Signature: