Patient Information Form

Today's Date:_____

Patient's Name _____Date of Birth ___

Your Name _____Relationship to Child _____

Name of School _____ Grade_____

Teacher(s) _____

Please list the problems with which you want help for this child:

1._____

2._____

3._____

4._____

5._____

6._____

7._____

Has the child had previous evaluations outside of School?

___Yes ____NO

If so, where and when? Please do your best to obtain a copy of any evaluation your child may have had.

_____
_____
_____

Has the child received any special treatments outside of school? __Yes __No

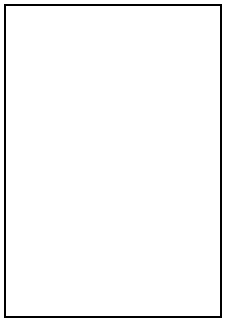
If so, please describe below:

Dates	**Types of Treatment (include name of any medicine)**

Has the child received any alternative treatments (including herbs, diets, biofeedback)??

Dates	**Types of Treatment (include name of any herb)**

Please attach a recent photograph of the child if available in the space below. It is not essential, but it is very useful to us.



Pregnancy Problems: During pregnancy were there any of these factors:

Was the baby premature?? ___Yes ____No Gestational Age?? _____

Did birth mother drink alcohol before she knew she was pregnant?? ____Yes ____No

Drank Alcohol during pregnancy? ____Yes ____No ____Don't know

Took drugs ? ____Yes ____No ____Don't know

Had a difficult delivery? ____Yes ____No ____Don't know

Had to take medicines? ____Yes ____No ____Don't know Which medicines? _____

Had a Cesarean Section? ____Yes ____No ____Don't know

Other? _____

Newborn Problems: During the newborn period were there any of these factors?

	Yes	No	Unknown
Baby in the NICU?			
Baby on a Ventilator?			
Baby had a Seizure?			
Born with a Heart Defect?			
Injury during birth?			
Was a twin?			
Had an Infection?			

Please list any other newborn problems:

1._____
2._____
3._____
4._____

Family History:

	Child's Mother	Child's Father	Child's Brother(s)	Child's Sister(s)	Others
Hyperactive as a child					
Reading Problems					
Kept Back in school					
Depression					
Bipolar					
Jail time					
Alcohol or Drug Problem					
Other Mental Illness					

Comment: _____

Biological Father's Age _____ Occupation _____
School Level Completed _____
General Health _____

Biological Mother's Age_____ Occupation _____
School Level Completed _____
General Health _____

Siblings Name and Age: _____

_____

Was the child adopted? ____Yes _____No

Are the parents divorced? _____Yes ____No

Attention	Definitely Applies	Applies Somewhat	Does Not Apply	Cannot Say
Does not pay attention to details				
Can not sustain attention when moderately motivated				
Does not seem to listen when spoken to				
Fails to follow through on chores or homework				
Difficulty with organization				
Avoids work that requires sustained mental effort				
Loses things necessary for task or school work				
Easily distracted by extraneous stimuli				
Often forgetful in daily activities				

Hyperactivity	Definitely Applies	Applies Somewhat	Does Not Apply	Cannot Say
Fidgets with hands, squirms in seat				
Leaves seat in classroom				
Runs about climbs excessively (for adolescents- feels restless)				
Difficulty playing or engaging I leisure activities quietly				
Often “on the go”, Driven by a motor				
Talks excessively				

Impulsivity	Definitely Applies	Applies Somewhat	Does Not Apply	Cannot Say
Blurts out answers				
Difficulty waiting turn				
Interrupts or intrudes on others (butts into conversation or games)				
Does the first thing he thinks of without thinking of the consequences				

Of the attention, hyperactivity and impulsivity signs and symptoms that applied, were most of them present before the age of seven? ___Yes ____NO

Tics	Definitely Applies	Applies Somewhat	Does Not Apply	Cannot Say
Motor Tics				
Vocal Tics (makes grunting sounds)				
Tics many times a day for many days. No tic free period for more than three months.				
Tics cause social or school problems				

Oppositional Defiant Disorder	Definitely Applies	Applies Somewhat	Does Not Apply	Cannot Say
Loses Temper				
Argues with Adults				
Often actively refuses to comply with adult requests or rules				
Often deliberately annoys people				
Blames others for his mistakes				
Touchy or easily annoyed				
Angry and resentful				
Spiteful or vindictive				

Sleep	Definitely Applies	Applies Somewhat	Does Not Apply	Cannot Say
Trouble Falling Asleep				
Often Falls asleep during a Car Ride				
Snores Loudly/Trouble breathing when sleeps				
Often appears sleepy during the day				

Vision (ask child directly)	Definitely Applies	Applies Somewhat	Does Not Apply	Cannot Say
Eyes tire easily when reading				
When reading do the words move/vibrate				
When reading do the words get blurry				
When reading is there color on the page or does the white part of the page encroach on the black				

Anxiety

	Definitely	Sometimes	Never
Appears anxious or worried			
Child is irritable			
Has trouble sleeping, nightmares			
Bites nails, sucks thumb or sucks on hand or other habit			
Worried about health, wants to see the doctor often, says is ill			
Resists going to school, seeing new things , changing routines			
Has muscle aches			
Has lost a significant figure in the past due to death or disappearance.			
Has a specific fear?	What? _____		
Family history of anxiety, panic disorders, hypochondria.	Relation to patient _____		

Compulsions Obsessions

	Definitely	Sometimes	Rarely
Checking behaviors such as counting or hoarding			
Excessive hand washing			
Recurrent persistent intrusive thoughts, impulses, images			

Depression	Definitely Applies	Applies Somewhat	Does Not Apply	Cannot Say
Decreased pleasure in almost all activities				
Feel like you have no energy				
Feel sad most of the time				
Insomnia or hypersomnia every day				

Social	definitely	somewhat	Does not	Cannot say
Does not initiate social contact				
Is very knowledgeable about a specific topic (dinosaurs?)				
Can recite TV programs word for word				
Odd use of language/toys				
Did not respond to name when younger				

Encopresis	**Yes**	**No**
Has the child ever stuffed up the toilet after going?		
Has the child ever had a bowel accident?		
Does the child wet the bed?		

Other Comments:

_____
_____
_____
_____
_____
_____
_____
_____
_____