

Lake Pointe Pediatric Associates, P.A.

6900 Scenic Drive Suite 103 Rowlett Texas 75088
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PARENT QUESTIONNAIRE FOR EVALUATION OF ATTENTION DEFICIT/HYPERACTIVITY DISORDER

Child's Name: _____ Age: _____ Date: _____

Please fill out the following information in as much detail possible to help us evaluate your child thoroughly.

Medical History:

- Please list any serious or chronic medical conditions for which your child has or is currently receiving treatment:

- Please list any medication your child is receiving:

- Did your child seem to reach developmental milestones more slowly than other children (i.e. Was your child slow to walk/talk/etc. compared to other children?) If yes, please give details.

- Has your child ever had any "tics" (repetitive movements like smacking or eye blinking or repetitive noises such as throat clearing)?

- Has your child ever been diagnosed with a hearing or speech problem?

- Is there any family history of Attention Deficit/Hyperactivity Disorder or behavioral disorders? Please list.

- Is there any family history of psychiatric disorders (e.g. Depression/anxiety?) Please list.

- Is there any family history of "tics", thyroid problems, seizures, and hearing or vision problems?

PARENT QUESTIONNAIRE FOR EVALUATION OF ATTENTION DEFICIT/HYPERACTIVITY DISORDER- Continued

Child's Name: _____

School History:

- Has your child required special attention in the classroom, been placed in special education classes, or been retained in the same grade level for learning difficulties?

- How are your child's grades (i.e. is your child a "C" student, etc.)? What are your child's best and worst subjects?

- Have any teachers requested that you have your child evaluated for possible ADHD? If so, what were their reasons for requesting an evaluation?

Psychosocial History:

- How would you describe your child's personality (i.e. Quiet/loud, easily upset/aggressive)?

- How does your child interact with other adults?

- How does your child interact with other children?

- Has there been any recent change in your child's life that may be affecting his/her attitude, performance, etc.?

Please fill free to use the remainder of this page to write any additional comments you may have.

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Child's Name: _____ DOB _____ Date: _____

We have compiled some information and suggestions to make the treatment of your child efficient and uninterrupted.

Dear Parent:

Prior to your child's evaluation, we suggest you contact your health insurance to confirm coverage and benefits for Attention Deficit Disorder and Attention Deficit Hyperactivity Disorder. We are providing you the International Classification of Diseases codes (ICD-9). For ADD the ICD-9 code is 314.00 and for ADHD the ICD-9 code is 314.01. We suggest you know which are the specific medications covered by your group plan. Here is a list of medications used to treat this syndrome: Adderall, Adderall XR, Concerta, Focalin, Focalin XR, Metadate CD, Ritalin, Ritalin LA and Strattera. If you change insurance provider, do not forget to re-confirm coverage. Some insurance plans exclude or have specific providers to treat patients with these disorders and will not pay for this treatment.

Appointments: If you need to schedule an ADD or ADHD recheck or follow up, please call 4 to 6 weeks prior to your needed appointment. Please keep in mind that your child will need to see the doctor *every six months* for as long as he/she is treated with medication/s.

Refills: We will not mail or fax controlled substance prescriptions. We require the parent or legal guardian signature on pick up. CONTROLLED SUBSTANCE prescriptions expire 21 days from the date signed. Your pharmacist WILL NOT process an expired prescription. Your doctor charges \$10.00 to reprocess an expired prescription. You must bring the expired prescription(s) back before a replacement prescription can be issued. The *Texas Department of Public Safety (DPS)* and *US Department of Justice, Drug Enforcement Administration (DEA)*, require for us to maintain a strict record of all controlled substance prescriptions.

Helpful Numbers:

Appointment Desk: 972-412-1034 ext. 22

Prescription Refill Desk: 972-412-1034 ext. 25

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Patient Name: _____ Chart No. _____

I have received a copy of the **compiled information and suggestions** and understand Lake Pointe Pediatric Associates' policy regarding ADD prescriptions, insurance coverage and appointments.

Parent name

Parent Signature

Date

Keep in patient's chart

VANDERBILT ADHD DIAGNOSTIC PARENT RATING SCALE

Patient Name: _____ Today's Date: _____
 Date of Birth: _____ Age: _____
 Grade: _____

Each rating should be considered in the context of what is appropriate for the age of your child.

Frequency Code: 0 = Never; 1 = Occasionally; 2 = Often; 3 = Very Often

1. Does not pay attention to details or makes careless mistakes, such as in homework	0	1	2	3
2. Has difficulty sustaining attention to tasks or activities	0	1	2	3
3. Does not seem to listen when spoken to directly	0	1	2	3
4. Does not follow through on instruction and fails to finish schoolwork (not due to oppositional behavior or failure to understand)	0	1	2	3
5. Has difficulty organizing tasks and activities	0	1	2	3
6. Avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort	0	1	2	3
7. Loses things necessary for tasks or activities (school assignments, pencils, or books)	0	1	2	3
8. Is easily distracted by extraneous stimuli	0	1	2	3
9. Is forgetful in daily activities	0	1	2	3
10. Fidgets with hands or feet or squirms in seat	0	1	2	3
11. Leaves seat when remaining seated is expected	0	1	2	3
12. Runs about or climbs excessively in situations when remaining seated is expected	0	1	2	3
13. Has difficulty playing or engaging in leisure activities quietly	0	1	2	3
14. Is "on the go" or often acts as if "driven by a motor"	0	1	2	3
15. Talks too much	0	1	2	3
16. Blurts out answers before questions have been completed	0	1	2	3
17. Has difficulty waiting his or her turn	0	1	2	3
18. Interrupts or intrudes on others (butts into conversations or games)	0	1	2	3
19. Argues with adults	0	1	2	3
20. Loses temper	0	1	2	3
21. Actively defies or refuses to comply with adults' requests or rules	0	1	2	3

VANDERBILT ADHD DIAGNOSTIC PARENT RATING SCALE

Each rating should be considered in the context of what is appropriate for the age of your child.

Frequency Code: 0 = Never; 1 = Occasionally; 2 = Often; 3 = Very Often

22. Deliberately annoys people	0	1	2	3
23. Blames others for his or her mistakes or misbehaviors	0	1	2	3
24. Is touchy or easily annoyed by others	0	1	2	3
25. Is angry or resentful	0	1	2	3
26. Is spiteful and vindictive	0	1	2	3
27. Bullies, threatens, or intimidates others	0	1	2	3
28. Initiates physical fights	0	1	2	3
29. Lies to obtain goods for favors or to avoid obligations ("cons" others)	0	1	2	3
30. Is truant from school (skips school) without permission	0	1	2	3
31. Is physically cruel to people	0	1	2	3
32. Has stolen items of nontrivial value	0	1	2	3
33. Deliberately destroys others' property	0	1	2	3
34. Has used a weapon that can cause serious harm (bat, knife, brick, gun)	0	1	2	3
35. Is physically cruel to animals	0	1	2	3
36. Has deliberately set fires to cause damage	0	1	2	3
37. Has broken into someone else's home, business, or car	0	1	2	3
38. Has stayed out at night without permission	0	1	2	3
39. Has run away from home overnight	0	1	2	3
40. Has forced someone into sexual activity	0	1	2	3
41. Is fearful, anxious, or worried	0	1	2	3
42. Is afraid to try new things for fear of making mistakes	0	1	2	3
43. Feels worthless or inferior	0	1	2	3
44. Blames self for problems, feels guilty	0	1	2	3

VANDERBILT ADHD DIAGNOSTIC PARENT RATING SCALE

Each rating should be considered in the context of what is appropriate for the age of your child.

Frequency Code: 0 = Never; 1 = Occasionally; 2 = Often; 3 = Very Often

45. Feels lonely, unwanted, or unloved; complains that "no one loves" him or her	0	1	2	3
46. Is sad, unhappy, or depressed	0	1	2	3
47. Is self-conscious or easily embarrassed	0	1	2	3

PERFORMANCE

	Problematic		Average	Above Average	
Academic Performance					
1. Reading	1	2	3	4	5
2. Mathematics	1	2	3	4	5
3. Written expression	1	2	3	4	5
Classroom Behavior					
1. Relationships with peers	1	2	3	4	5
2. Following directions/rules	1	2	3	4	5
3. Disrupting class	1	2	3	4	5
4. Assignment completion	1	2	3	4	5
5. Organizational skills	1	2	3	4	5

VANDERBILT ADHD DIAGNOSTIC TEACHER RATING SCALE

Teacher Name: _____ **Subject:** _____
Patient Name: _____ **Today's Date:** _____
Date of Birth: _____ **Age:** _____
Grade: _____ **Usual Class Start Time:** _____

Each rating should be considered in the context of what is appropriate for the age of the children you are rating.

Frequency Code: 0 = Never; 1 = Occasionally; 2 = Often; 3 = Very Often

1. Fails to give attention to details or makes careless mistakes in schoolwork	0	1	2	3
2. Has difficulty sustaining attention to tasks or activities	0	1	2	3
3. Does not seem to listen when spoken to directly	0	1	2	3
4. Does not follow through on instruction and fails to finish schoolwork (not due to oppositional behavior or failure to understand)	0	1	2	3
5. Has difficulty organizing tasks and activities	0	1	2	3
6. Avoids, dislikes, or is reluctant to engage in tasks that require sustaining mental effort	0	1	2	3
7. Loses things necessary for tasks or activities (school assignments, pencils, or books)	0	1	2	3
8. Is easily distracted by extraneous stimuli	0	1	2	3
9. Is forgetful in daily activities	0	1	2	3
10. Fidgets with hands or feet or squirms in seat	0	1	2	3
11. Leaves seat in classroom or in other situations in which remaining seated is expected	0	1	2	3
12. Runs about or climbs excessively in situations in which remaining seated is expected	0	1	2	3
13. Has difficulty playing or engaging in leisure activities quietly	0	1	2	3
14. Is "on the go" or often acts as if "driven by a motor"	0	1	2	3
15. Talks excessively	0	1	2	3
16. Blurts out answers before questions have been completed	0	1	2	3
17. Has difficulty waiting in line	0	1	2	3
18. Interrupts or intrudes on others (eg, butts into conversations or games)	0	1	2	3
19. Loses temper	0	1	2	3
20. Actively defies or refuses to comply with adults' requests or rules	0	1	2	3
21. Is angry or resentful	0	1	2	3

VANDERBILT ADHD DIAGNOSTIC TEACHER RATING SCALE

Each rating should be considered in the context of what is appropriate for the age of the children you are rating.

Frequency Code: 0 = Never; 1 = Occasionally; 2 = Often; 3 = Very Often

22. Is spiteful and vindictive	0	1	2	3
23. Bullies, threatens, or intimidates others	0	1	2	3
24. Initiates physical fights	0	1	2	3
25. Lies to obtain goods for favors or to avoid obligations (ie, "cons" others)	0	1	2	3
26. Is physically cruel to people	0	1	2	3
27. Has stolen items of nontrivial value	0	1	2	3
28. Deliberately destroys others' property	0	1	2	3
29. Is fearful, anxious, or worried	0	1	2	3
30. Is self-conscious or easily embarrassed	0	1	2	3
31. Is afraid to try new things for fear of making mistakes	0	1	2	3
32. Feels worthless or inferior	0	1	2	3
33. Blames self for problems, feels guilty	0	1	2	3
34. Feels lonely, unwanted, or unloved; complains that "no one loves" him or her	0	1	2	3
35. Is sad, unhappy, or depressed	0	1	2	3

PERFORMANCE

	Problematic		Average	Above Average	
Academic Performance					
1. Reading	1	2	3	4	5
2. Mathematics	1	2	3	4	5
3. Written expression	1	2	3	4	5
Classroom Behavioral Performance					
1. Relationships with peers	1	2	3	4	5
2. Following directions/rules	1	2	3	4	5
3. Disrupting class	1	2	3	4	5
4. Assignment completion	1	2	3	4	5
5. Organizational skills	1	2	3	4	5