PREMIER FAMILY PHYSICIANS

ADHD EVALUATION PACKET

In order to properly evaluate your child for attention and school difficulty we need to obtain the following information both from you and your child's educator(s). Please submit all information together at least 2 WEEKS PRIOR to the initial appointment in order to allow the physician time to review and interpret the information. If we do not receive this information we may ask you to reschedule the appointment as we cannot do an adequate evaluation without the complete packet returned.

Included in this packet you will receive the following:

For parent to complete-

- ADHD INITIAL PATIENT HISTORY This history should be completed by a parent/guardian knowledgeable about the child/family's history.
- NICHQ VANDERBILT ASSESSMENT SCALE- PARENT INFORMANT Each parent/guardian should complete his/her own survey (copy as needed).

Give to your child's teacher(s)-

- AUTHORIZATION FOR DISCLOSURE This form should be completed by a parent/guardian and given to the teacher(s) to allow information to be shared between the clinic and teachers.
- TEACHER QUESTIONNAIRE and NICHQ VANDERBILT ASSESSMENT SCALETEACHER INFORMANT please give to each of your child's teacher(s) for them to complete and collect in a confidential envelope once completed (copy as needed).

Complete information at least 2 WEEKS PRIOR to your initial appointment in order for us to properly review and score the surveys. We will review this information with you and your child at the first appointment. Return completed forms to:

Premier Family Physicians
5625 Eiger Road Ste 200
Austin, Texas 78735

Please be aware that several visits and further evaluation may be needed before a diagnosis of ADHD can be made or ruled out and treatment started.

Thank you.

Sincerely,

Premier Family Physicians

PREMIER FAMILY PHYSICIANS

Patient Name: _____
Appointment Date: _____

ADHD

Child's Name: _____ Date of Birth: _____

Form Completed by: _____ Relationship to Child: _____

Date Completed: _____

PLEASE SUMMARIZE YOUR CONCERNS:

WHEN DID THESE PROBLEMS BEGIN?

PLEASE LIST ANY PRIOR EVALUATIONS DONE AND ATTACH RESULTS IF ABLE:

DATE	NAME OF EVALUATOR

PREMIER FAMILY PHYSICIANS

Authorization for Disclosure of Protected Health Information

(Please sign and give to your child's teacher(s))

_____ _____

Child's Name Birth Date

I hereby authorize the school below to release information to and receive assessment results from:

_____

School

_____

Contact Person Title

_____

Telephone #

_____

Address

_____

City State Zip

Information to be released to Premier Family Physicians at:

5625 Eiger Road
Suite 200
Austin, Texas 78735

Information being requested:
☑Teacher Questionnaire
☑NICHQ Vanderbilt Assessment
☑Recent psychometric, academic, any current IEP/504 plan in use and behavioral assessments

Other: _____

_____

Signature Relationship to Child

_____

Address

_____

City State Zip

_____

Home Phone# Work Phone#

PREMIER FAMILY PHYSICIANS

CHILD'S NAME_____

PARENT'S NAME_____

Dear Teacher/Counselor,

We are currently evaluating one of your students for concerns regarding ADHD. In order to complete this evaluation we are asking you to complete the following questionnaire and rating scale. Each teacher should complete a separate questionnaire and survey. Once completed please return the form to the parent in a sealed confidential envelope as soon as possible so it can be returned to us.

In addition to the questionnaire and survey, it would be helpful to receive copies of any evaluations done at the school. These may include achievement tests or educational assessments, IEP reports, 504 plans, or school psychologist reports.

A signed Authorization for Disclosure of Protected Health Information by the parent/guardian is also enclosed.

Thank you for your assistance and cooperation in the completion of these forms. Please call if you have any questions regarding the enclosed material.

Sincerely,

Premier family Physicians

INTIAL PATIENT HISTORY

FAMILY

HAS ANYONE IN THE FAMILY (PARENT, SIBLING, GRANDPARENT, AUNT, UNCLE, COUSIN) EVER HAD DIFFICULTY WITH THE FOLLOWING

	YES	NO	RELATION	COMMENTS
LEARNING PROBLEMS				
READING				
MATHEMATICS				
SPEECH				
REPEATED A GRADE				
GIFTED				
MENTAL RETARDATION				
BEHAVIOR PROBLEMS				
ADHD				
TROUBLE IN SCHOOL				
TROUBLE WITH THE LAW				
HIGH SCHOOL DROP OUT				
MENTAL HEALTH PROBLEMS				
DEPRESSION				
ANXIETY				
OBESSIVE COMPLUSIVE DISORDER				
SUICIDE ATTEMPT/COMPLETION				
PHYCHIATRIC HOSPITALIZATION				
DRUG/ALCOHOL ABUSE				
DIFFICULTY HOLDING A JOB				
MEDICAL PROBLEMS				
AUTISM/ASPERGER'S SYNDROME				
THYROID DISEASE				
TIC/TOURETTE'S DISORDER				
HEART PROBLEM				
SEIZURE				
GENEIC CONDITION				
OTHER				

ANY OTHER COMMENTS/CONCERNS?

PREMIER FAMILY PHYSICIANS

INITIAL PATIENT HISTORY

HOME

PLEASE DESCRIBE ANY CONCERNS YOU HAVE ABOUT YOUR CHILD AT HOME:

_____
_____
_____
_____

HOW WOULD YOU DESCRIBE YOUR CHILD'S CURRENT

OVERALL MOOD_____

HOMEWORK HABITS_____

CHORE RESPONSIBILITIES/COMPLETION_____

LISTENING SKILLS_____

SLEEP HABITS_____

DIET_____

RELATIONSHIP WITH PARENTS/SIBLINGS_____

DISCIPLINE_____

WITH WHOM DOES YOUR CHILD LIVE? (IF SIBLINGS, WHAT ARE THEIR AGES?)

_____
_____

PARENTS ARE □ MARRIED □ DIVORCED □ SEPARATED □ NEVER MARRIED

IF DIVORCED/SEPARATED, WHAT ARE CUSTODY AND LIVING ARRANGEMENTS?

WHAT ARE THE CURRENT FAMILY STRESSORS?

_____
_____

PREMIER FAMILY PHYSICIANS

INITIAL PATIENT HISTORY

PLEASE LIST ANY CHRONIC OR SERIOUS MEDICAL CONCERNS:

DATE	MEDICAL CONCERNS

PLEASE LIST ANY HOSPITALIZATIONS OR SURGERIES:

DATE	HOSPITALIZATION/SURGERY

CURRENT MEDICATIONS (INCLUDING VITAMINS/HERBALS):

MEDICATION	DOSAGE FREQUENCY

ALLERGIES TO MEDICATIONS, FOODS, POLLENS, ETC: □ NONE

IMMUNIZATIONS UP TO DATE? □ YES □ NO

PREMIER FAMILY PHYSICIANS

INITIAL PATIENT HISTORY
MEDICAL

HAVE YOU OR YOUR CHILD'S PHYSICIAN EVER HAD CONCERNS REGARDING THE FOLLOWING?

IF SO, AT WHAT AGE?

	YES	NO	AGE	COMMENTS
PREMATURE BIRTH				
DEVELOPMENT				
GROWTH				
WEIGHT LOSS				
WEIGHT GAIN				
HEAD SIZE				
SPEECH DEVELOPMENT				
UNDERSTANDING LANGUAGE				
MEMORY				
APPETITE				
SLEEP				
HEADACHES				
STOMACH ACHES				
RECURRENT VOMMITING				
TICS				
FAINTING				
CHEST PAIN				
TROUBLE BREATHING				
ASTHMA				
DAY OR NIGHT STOOL ACCIDENTS				
DAY OR NIGHT URINE ACCIDENTS				
CONSTIPATION				
DIARRHEA				
HAIR LOSS				
SKIN CHANGES/BIRTHMARKS				
HEARING PROBLEMS				
VISION PROBLEMS				
HEAD INJURY/CONCUSSION				
ANXIETY				
DEPRESSION				
CHEMICAL DEPENDENCY				
OTHER (DESCRIBE)				

PREMIER FAMILY PHYSICIANS

INITIAL PATIENT HISTORY

SCHOOL

NAME OF SCHOOL_____ GRADE_____

PLEASE DESCRIBE YOUR CHILD'S CURRENT SERVICES THEY RECEIVE AT SCHOOL (i.e. tutors, special education classes, gifted services, etc). PLEASE ATTACH A COPY OF ANY IEP OR TESTING COMPLETED.

WHAT HAVE TEACHERS MENTIONED AND HOW HAVE THEY ADDRESSED THE FOLLOWING CONCERNS:

DOES YOUR CHILD HAVE ANY IN CLASSROOM INTERVENTIONS TO ADDRESS THE FOLLOWING?

BEHAVIOR? _____
_____
WORK COMPLETION/HOMEWORK? _____
_____
ACADEMIC PROGRESS? _____
_____

HANDWRITING/NEATNESS? _____
_____
CARELESS MISTAKES?_____
_____

DISTRACTION/ATTENTION?_____
_____

HAVE ANY OF THESE CONCERNS BEEN MENTIONED BY PRIOR TEACHERS?

WHAT IS YOUR CHILD'S CURRENT AFTER SCHOOL ARRANGEMENTS?
_____
_____
_____

PREMIER FAMILY PHYSICIANS

INITIAL PATIENT HISTORY

SOCIAL

ARE THERE ANY FRIENDSHIP CONCERNS? ANY TROUBLE MAKING OR KEEPING FRIENDS?

_____
_____

ARE THERE ANY CONCERNS REGARDING YOUR CHILD'S SELF ESTEEM/CONFIDENCE?

_____
_____

WHAT ORGANIZED ACTIVITIES DOES YOUR CHILD PARTICIPATE IN AND HOW OFTEN? (i.e. sports, music, religion, scouts)

_____
_____

HOW OFTEN AND FOR HOW LONG DOES YOUR CHILD WATCH TV/PLAY VIDEO GAMES?

_____

WHAT DOES YOUR CHILD DO THAT HE/SHE FEELS GOOD ABOUT?

_____
_____
_____

PREMIER FAMILY PHYSICIANS

INITIAL PATIENT HISTORY

SOCIAL

ARE THERE ANY FRIENDSHIP CONCERNS? ANY TROUBLE MAKING OR KEEPING FRIENDS?

_____
_____

ARE THERE ANY CONCERNS REGARDING YOUR CHILD'S SELF ESTEEM/CONFIDENCE?

_____
_____

WHAT ORGANIZED ACTIVITIES DOES YOUR CHILD PARTICIPATE IN AND HOW OFTEN? (i.e. sports, music, religion, scouts)

_____
_____

HOW OFTEN AND FOR HOW LONG DOES YOUR CHILD WATCH TV/PLAY VIDEO GAMES?

_____

WHAT DOES YOUR CHILD DO THAT HE/SHE FEELS GOOD ABOUT?

_____
_____
_____

PREMIER FAMILY PHYSICIANS

TEACHER QUESTIONNAIRE

Please rate the child's ability in the following for his/her grade level:

	Failing	Below average	Average	Above average	superior
Reading					
Arithmetic					
Spelling					
handwriting					
Written expression					
Overall academic Achievement					
Social Interactions					

PLEASE DESCRIBE THIS CHILD'S STRENGTHS AND DIFFICULTIES AS YOU SEE THEM.

_____
_____
_____
_____

PLEASE LIST ANY SPECIFIC QUESTIONS AND/OR AREAS IN WHICH YOU WOULD LIKE TO HELP
THIS CHILD.

_____
_____

ANY ADDITIONAL COMMENTS.

_____
_____
_____

PREMIER FAMILY PHYSICIANS

TEACHER QUESTIONNAIRE

Child's Name_____ Date Completed_____

School Name_____ Child's Grade_____

Teacher's Name_____ Subject Taught_____

Hours with child (daily average)_____

Number of students in class _____

How long have you known this child? _____

Is this child absent often? _____

Has this child repeated/skipped any grades? _____

Has this child had any or planned to have any IQ or educational assessments?_____

If so, what is the child's Full IQ_____ Verbal IQ_____ Performance IQ_____

Does this child have an IEP? _____ (if so please attach copy of most recent)

Please describe any special help/services this child receives in and outside of the classroom:

_____
_____
_____
_____

NICHQ Vanderbilt Assessment Scale—PARENT Informant

Today's Date: _____ Child's Name: _____ Date of Birth: _____

Parent's Name: _____ Parent's Phone Number: _____

Directions: Each rating should be considered in the context of what is appropriate for the age of your child. When completing this form, please think about your child's behaviors in the past 6 months.

Is this evaluation based on a time when the child ☐ was on medication ☐ was not on medication ☐ not sure?

Symptoms	Never	Occasionally	Often	Very Often
1. Does not pay attention to details or makes careless mistakes with, for example, homework	0	1	2	3
2. Has difficulty keeping attention to what needs to be done	0	1	2	3
3. Does not seem to listen when spoken to directly	0	1	2	3
4. Does not follow through when given directions and fails to finish activities (not due to refusal or failure to understand)	0	1	2	3
5. Has difficulty organizing tasks and activities	0	1	2	3
6. Avoids, dislikes, or does not want to start tasks that require ongoing mental effort	0	1	2	3
7. Loses things necessary for tasks or activities (toys, assignments, pencils, or books)	0	1	2	3
8. Is easily distracted by noises or other 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 too much when remaining seated is expected	0	1	2	3
13. Has difficulty playing or beginning quiet play activities	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 in on others' conversations and/or activities	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 go along with adults' requests or rules	0	1	2	3
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 wants to get even	0	1	2	3
27. Bullies, threatens, or intimidates others	0	1	2	3
28. Starts physical fights	0	1	2	3
29. Lies to get out of trouble or to avoid obligations (ie, "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 things that have value	0	1	2	3

Adapted from the Vanderbilt Rating Scales developed by Mark L. Wolraich, MD.

Revised - 1102

NICHQ Vanderbilt Assessment Scale—PARENT Informant

Today's Date: _____ Child's Name: _____ Date of Birth: _____

Parent's Name: _____ Parent's Phone Number: _____

Symptoms (continued)	Never	Occasionally	Often	Very Often
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
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	Excellent	Above Average	Average	Somewhat of a Problem	Problematic
48. Overall school performance	1	2	3	4	5
49. Reading	1	2	3	4	5
50. Writing	1	2	3	4	5
51. Mathematics	1	2	3	4	5
52. Relationship with parents	1	2	3	4	5
53. Relationship with siblings	1	2	3	4	5
54. Relationship with peers	1	2	3	4	5
55. Participation in organized activities (eg, teams)	1	2	3	4	5

Comments:

For Office Use Only

Total number of questions scored 2 or 3 in questions 1–9: _____

Total number of questions scored 2 or 3 in questions 10–18: _____

Total Symptom Score for questions 1–18: _____

Total number of questions scored 2 or 3 in questions 19–26: _____

Total number of questions scored 2 or 3 in questions 27–40: _____

Total number of questions scored 2 or 3 in questions 41–47: _____

Total number of questions scored 4 or 5 in questions 48–55: _____

Average Performance Score: _____

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™

NICHQ

National Initiative for Children's Healthcare Quality

McNeil Consumer & Specialty Pharmaceuticals

D4 NICHQ Vanderbilt Assessment Scale—TEACHER Informant

Teacher's Name: _____ Class Time: _____ Class Name/Period: _____

Today's Date: _____ Child's Name: _____ Grade Level: _____

Directions: Each rating should be considered in the context of what is appropriate for the age of the child you are rating and should reflect that child's behavior since the beginning of the school year. Please indicate the number of weeks or months you have been able to evaluate the behaviors: _____.

Is this evaluation based on a time when the child ☐ was on medication ☐ was not on medication ☐ not sure?

Symptoms	Never	Occasionally	Often	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 instructions 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 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/games)	0	1	2	3
19. Loses temper	0	1	2	3
20. Actively defies or refuses to comply with adult's requests or rules	0	1	2	3
21. Is angry or resentful	0	1	2	3
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 (eg, "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

Adapted from the Vanderbilt Rating Scales developed by Mark L. Wolraich, MD.

Revised - 0303

Teacher's Name: _____ Class Time: _____ Class Name/Period: _____

Today's Date: _____ Child's Name: _____ Grade Level: _____

Symptoms (continued)	Never	Occasionally	Often	Very Often
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 *Academic Performance*	Excellent	Above Average	Average	Somewhat of a Problem	Problematic
36. Reading	1	2	3	4	5
37. Mathematics	1	2	3	4	5
38. Written expression	1	2	3	4	5

Classroom Behavioral Performance	Excellent	Above Average	Average	Somewhat of a Problem	Problematic
39. Relationship with peers	1	2	3	4	5
40. Following directions	1	2	3	4	5
41. Disrupting class	1	2	3	4	5
42. Assignment completion	1	2	3	4	5
43. Organizational skills	1	2	3	4	5

Comments:

Please return this form to: _____

Mailing address: _____

_____

Fax number: _____

For Office Use Only

Total number of questions scored 2 or 3 in questions 1–9: _____

Total number of questions scored 2 or 3 in questions 10–18: _____

Total Symptom Score for questions 1–18: _____

Total number of questions scored 2 or 3 in questions 19–28: _____

Total number of questions scored 2 or 3 in questions 29–35: _____

Total number of questions scored 4 or 5 in questions 36–43: _____

Average Performance Score: _____

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National Initiative for Children's Healthcare Quality

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11-20/rev0303