BAER PEDIATRICS LLC

3009 N. Ballas Road, Suite 257-C, St. Louis, MO 63131
[p] 314.569.2112 [f] 314.569.1270
www.baerpediatrics.com

ADHD EVALUATION

INITIAL PATIENT HISTORY

Child's Name: _____Date of Birth: _____

Form Completed by: _____ Relationship to Child: _____

Date Completed: _____

PLEASE SUMMARIZE YOUR CONCERNS:

WHEN DID THESE PROBLEMS BEGIN?

PLEASE DESCRIBE YOUR CHILD'S STRENGTHS:

PLEASE LIST ANY PRIOR EVALUATIONS DONE:

DATE	NAME OF EVALUATOR

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ADHD EVALUATION

SCHOOL

Name of School: _____ Grade: _____

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

BEHAVIOR?_____
_____

WORK COMPLETION/HOMEWORK? _____
_____

ACADEMIC PROGRESS? _____
_____

HAND-WRITING/NEATNESS? _____
_____

CARELESS MISTAKES? _____
_____

DISTRACTION/ATTENTION?_____
_____

HAVE ANY OF THESE CONCERNS BEEN MENTIONED BY PRIOR TEACHERS?

PLEASE DESCRIBE ANY SERVICES YOUR CHILD RECEIVES AT SCHOOL (*i.e. tutors, special education classes, gifted services, etc.*):

HAS YOUR CHILD EVER REPEATED A GRADE? IF YES, PLEASE EXPLAIN:

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ADHD EVALUATION

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_____

PARENTS ARE ☐ *MARRIED* ☐ *DIVORCED* ☐ *SEPARATED* ☐ *NEVER MARRIED*

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

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

_____
_____

WHAT ARE THE CURRENT FAMILY STRESSORS?

_____
_____

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ADHD EVALUATION

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?

_____

_____

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ADHD EVALUATION

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 VOMITING				
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				
HEAD INJURY/CONCUSSION				
ANXIETY				
DEPRESSION				
CHEMICAL DEPENDENCY				
OTHER (DESCRIBE)				

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ADHD EVALUATION

MEDICAL CONTINUED

PLEASE LIST ANY CHRONIC OR SERIOUS MEDICAL CONDITIONS:

DATE	MEDICAL CONCERNS

PLEASE LIST ANY HOSPITALIZATIONS OR SURGERIES:

DATE	HOSPITALIZATION/SURGERY

CURRNET MEDICATIONS (INCLUDING VITAMINS/SUPPLEMENTS):

MEDICATION	DOSAGE/FREQUENCY

ALLERGIES TO MEDICATIONS, FOODS, POLLENS, ETC.? ☐ NO ☐ YES

IF YES PLEASE SPECIFY:_____

IMMUNIZATIONS UP TO DATE? ☐ YES ☐ NO

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ADHD EVALUATION

FAMILY

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

	YES	NO	RELATIONSHIP	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				
OBSESSIVE COMPULSIVE DISORDER				
SUICIDE ATTEMPT/COMPLETION				
PSYCHIATRIC HOSPITALIZATION				
DRUG/ALCOHOL ABUSE				
DIFFICULTY HOLDING A JOB				
MEDICAL PROBLEMS				
AUTISM/ASPERGER'S SYNDROME				
THYROID DISEASE				
TIC/TOURETTE'S DISORDER				
HEART PROBLEM				
SEIZURE				
GENETIC CONDITION				
OTHER				

ANY OTHER COMMENTS/CONCERNS?

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