



**Mesa Pediatrics
Professional Association**

www.mesaped.s.com

**BEHAVIOR VISIT INFORMATION PACKET
MIDDLE SCHOOL / HIGH SCHOOL**

Tempe Office / MPPA Administration

6301 S. McClintock Dr., Ste. 101
Tempe, Arizona 85283-3246
Office 480-831-6800
Fax 480-897-2799
Administration 480-214-2300
Administration Fax 480-214-2301

Billing Office

2222 S. Dobson Rd., Ste. 402
Mesa, Arizona 85202-6457
480-820-7518
Fax 480-820-7573

Chandler Office

60 S. Kyrene Rd., Ste. 1
Chandler, Arizona 85226
480-785-8700
Fax 480-785-8787

Gilbert Office

2550 E. Guadalupe Rd., Ste. 115
Gilbert, Arizona 85234
480-632-1544
Fax 480-632-1533

San Tan Office

3592 S. Atherton Blvd., Ste. 101
Gilbert, Arizona 85297
480-214-2170
Fax 480-214-2171

Dear Parent:

You have recently called Mesa Pediatrics _____ office to set up an appointment for your child to be evaluated for behavior problems or school failure/underachievement. In order to evaluate your child, Dr. _____, who your child is scheduled to see, will need to have the enclosed documents completed prior to their appointment.

To be completed by Parent:

- Vanderbilt Assessment Scale – Parent
- Behavior Visit Assessment Package

To be completed by your child's Teacher:

- Vanderbilt Assessment Scale – Teacher

Please return the documents to Mesa Pediatrics by _____ for your child's appointment on _____ at the following address:

Thank you,

Mesa Pediatrics

- John K. Kerr, M.D., F.A.A.P., Emeritus
- Albert M. Schwartz, M.D., F.A.A.P.
- Joseph Piacentine, M.D., F.A.A.P.
- Delphis C. Richardson, M.D., F.A.A.P.
- James J. Smith, M.D., F.A.A.P.
- Angela T. Wong, M.D., F.A.A.P.
- Robin R. Laks, M.D., F.A.A.P.
- Susan Chung, M.D., F.A.A.P.
- Jennifer L. Wallace, M.D., F.A.A.P.
- Kristin McClelland, M.D., F.A.A.P.
- Aleta DaSilva, M.D., F.A.A.P.
- Andrea DeMets, M.D., F.A.A.P.
- Angela Zankich, M.D., F.A.A.P.
- Darcey Winterland, M.D., F.A.A.P.
- Molly (Margaret) Haley, M.D., F.A.A.P.
- Reyna Cuellar, M.D., F.A.A.P.
- Michelle C. Valenzuela, M.D., F.A.A.P.
- Nicolle Kent, M.D., F.R.C.P.C., F.A.A.P.
- Billie (Dawn) Bigham, R.N., M.S.N., P.N.P.-C.
- Jennifer L. Gibler, P.A.-C.
- William B. Gause, P.A.-C.
- Buffy (Elizabeth) Patterson, P.A.-C.



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

The information contained in this publication should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances.

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

Revised - 1102

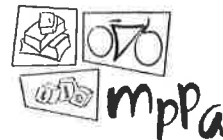
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Today's Date: _____ Child's Name: _____ Date of Birth: _____
 Parent's Name: _____ Parent's Phone Number: _____

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	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: _____

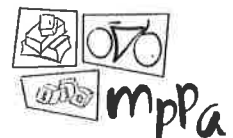
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Teacher's Name: _____ Class Time: _____ Class Name/Period: _____

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

The recommendations in this publication do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

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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	Excellent	Above Average	Average	Somewhat of a Problem	Problematic
Academic Performance					
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: _____

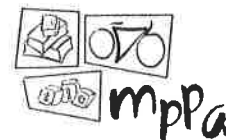
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Teacher's Name: _____ Class Time: _____ Class Name/Period: _____

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

The recommendations in this publication do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

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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	Excellent	Above Average	Average	Somewhat of a Problem	Problematic
Academic Performance					
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: _____

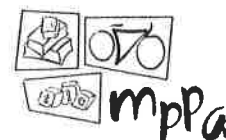
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Teacher's Name: _____ Class Time: _____ Class Name/Period: _____

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

The recommendations in this publication do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

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Revised - 0303

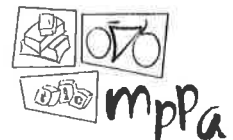
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Teacher's Name: _____ Class Time: _____ Class Name/Period: _____

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	Excellent	Above Average	Average	Somewhat of a Problem	Problematic
Academic Performance					
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: _____

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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: _____

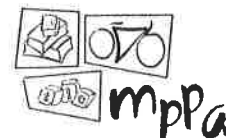
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Teacher's Name: _____ Class Time: _____ Class Name/Period: _____

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

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Professional Association

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	Excellent	Above Average	Average	Somewhat of a Problem	Problematic
Academic Performance					
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:

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

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

Average Performance Score: _____

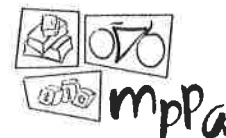
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Directions: Each rating should be considered in the context of what is appropriate for the age of the child you are rating and should reflect that child's behavior since the beginning of the school year. Please indicate the number of weeks or months 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
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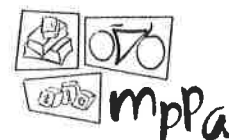
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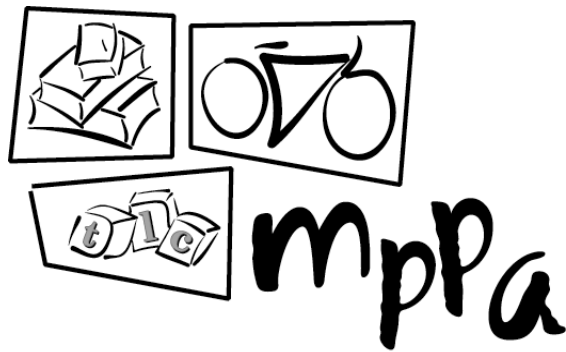
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Behavior Visit Information Packet

To be completed before visit

This questionnaire asks you a series of questions about you and your family. The information is essential for making an accurate diagnosis. Please complete this form as best you can. We will be able to discuss it in detail at your child's appointment.

Please select or write in your answer for all of the questions.

PLEASE PRINT

IDENTIFYING INFORMATION		
Child's Name	Birth Date	Age
Person Completing Form	Your Relationship to Child	Today's Date
Mother's Name		
Work Phone	Home Phone	Cell Phone
Address		
Father's Name		
Work Phone	Home Phone	Cell Phone
Address		
Circle which applies: biological adopted step foster other _____		
If adopted, how old was the child when he/she was adopted?		
When did the adoption occur?		
Are you the child's legal guardian? Yes No If no, please explain.		
Name of Guardian		
Work Phone	Home Phone	Cell Phone
Address		

CURRENT CONCERNS

What are your concerns about this child? What are the difficulties/problems that have caused you to seek help at this time?

Do you see this child as being hyperactive or as having problems with attention and concentration? If yes, please explain. No Yes

Do you believe this child is able to exert control over behavior, attention and concentration? Please explain. No Yes

Do you see this child as having depression, anxiety, or other mood/behavior issues? No Yes

Has this child ever been diagnosed by a school psychologist or other professional (e.g., mental health clinician/physician) as having ADHD, depression, anxiety or other mood or behavioral conditions? If yes, please explain. No Yes

Has this child received treatment for ADHD? If yes, please explain. No Yes

Has this child received treatment for depression? If yes, please explain. No Yes

Has this child received treatment for any behavioral conditions? No Yes
If yes, please explain.

Does this child snore loudly and wake up at night as if gasping? If yes, please explain. No Yes

Is this child on any kind of medication for ADHD, depression, anxiety, mood disorder, or other behavior problem? No Yes

Please list the name of the medication and dosage the child is given each day.

How long has this child been on medication?

Has this child had any problems while on medication?

OTHER CONCERNS YOU MIGHT HAVE:

Do you have any other concerns about this child's behavior, school performance, emotional well-being, or social life? No Yes
If yes, please explain.

Pediatric Symptom Checklist

Please mark under the heading that best fits your child:

	Never	Sometimes	Often
1. Complains of aches/pains.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Spends more time alone.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Tires easily, little energy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Fidgety, unable to sit.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Has trouble with a teacher.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Less interested in school.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Acts as if driven by a motor.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Daydreams too much.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Distracted easily.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Is afraid of new situations.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Feels sad, unhappy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Is irritable, angry.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Feels hopeless.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Has trouble concentrating.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Less interest in friends.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Fights with others.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Absent from school.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. School grades dropping.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Is down on him or herself.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Visits Dr. with Dr. finding nothing wrong...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Has trouble sleeping.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Worries a lot.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Wants to be with you more than before.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Feels he or she is bad.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Takes unnecessary risks.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Seems to be having less fun.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Acts younger than children his or her age...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Does not listen to rules.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Does not show feelings.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Does not understand other people's feelings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Teases others.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Blames others for his or her troubles.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Takes things that do not belong to him/her..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Refuses to share.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other comments:

FAMILY HISTORY OF PSYCHIATRIC PROBLEMS

Do any other family members (e.g., mother, father, brother, sister, No Yes aunt, uncle, etc.) suffer from a similar problem with inattentiveness/hyperactivity, or some other type of psychological, emotional, learning problem, and/or nervous disorder, etc.?

Family Member's Relationship to Child	Current Age	Type of Problem	Severity? e.g., mild, severe	Type of Treatment

CHILD'S EDUCATIONAL HISTORY

Name of School	School District	Grade
----------------	-----------------	-------

Type of Classroom Placement (e.g., regular, Emotionally Disturbed/Learning Disabled, Resource Room. Etc.)

Approximately how many children are in this child's class?

Check all those official school classifications that apply to this child:

- | | |
|---|---|
| <input type="checkbox"/> Learning Disabled | <input type="checkbox"/> Visually Impaired |
| <input type="checkbox"/> Emotionally Disturbed | <input type="checkbox"/> Hearing Impaired |
| <input type="checkbox"/> Mentally Retarded/Intellectually Limited | <input type="checkbox"/> Physically Handicapped |
| <input type="checkbox"/> Other | |

Teacher's Name	Resource Teacher's Name
----------------	-------------------------

Principal's Name	School Psychologist and/or Counselor's Name
------------------	---

The name(s), addresses, and phone numbers of any other person involved in this child's education that you feel we should contact.

Did this child attend any type of preschool program? No Yes
 If yes, what type of program, at what age did he/she begin, and how frequently did he/she attend (e.g., nursery school - for example: age 4, 2X/week/2 hr. session)?

Did this child have any problems in preschool? If yes, please describe.	<input type="checkbox"/> No <input type="checkbox"/> Yes
Did this child repeat any grades? If yes, which ones and what was the reason for repeating that particular grade?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Did this child fail any subjects? If yes, which ones?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Does this child currently receive any special education Services? If yes, specify type (e.g., self-contained class, resource room, reading or math lab, etc.). Frequency of attendance in special classes (e.g., full-time Placement, 1X/day-30 min. session).	<input type="checkbox"/> No <input type="checkbox"/> Yes
Please list or discuss any other school problems.	

INFANCY AND EARLY CHILDHOOD

Check all that apply. If you mark "yes," please explain.

Colicky No Yes

Feeding Problems No Yes

Sleeping Problems No Yes

Restless No Yes

Active No Yes

Did not enjoy cuddling No Yes

Head banging No Yes

Accident-prone No Yes

Uncoordinated No Yes

Poor eye contact No Yes

No social smile No Yes

Preferred to be left alone No Yes

Did not like new situations No Yes

Poorly attached No Yes

Separation anxiety No Yes

Unusual fear of strangers No Yes

Unusually shy or withdrawn No Yes

Excessive anxiety or fears No Yes

Easily over stimulated No Yes

Are there other problems or comments regarding this child's infancy and early childhood development? Please describe.

Child's approximate age when he/she began:

walking _____ months

talking _____ years

talking (short sentences -- 2+ words) _____ years

toilet training: daytime _____ years

nighttime _____ years

Overall, do you feel this child developed at a slow normal rapid rate? Please explain.

What expectations/goals do you have for this visit?