

Parent Packet A

Patient Name _____
DOB ___/___/___

Dear Parents:

The following forms will help us in the evaluation of your child’s school related difficulties. We’d like to ask your help in order to make the process go smoothly. If you are filling this out electronically, please note that the form fields may be typed in for the fill in the blank answers. You will be able to tab between fields. Once you have done this, you will need to print out the form to circle the answers for pages 4 through 6

It would be helpful to us if you would **mail or deliver** the enclosed completed forms to our office at least **a week BEFORE** the appointment date. This includes all items in this packet. In addition, you need to sign the 2 medical release forms at the front of both packets and **give “School Packet B” with one of the signed forms** to your child’s school for them to complete and send to us.

Our evaluation will begin with an appointment to discuss your child’s problem(s) and to review the medical history. We will do a physical exam. Sometimes, we may suggest laboratory or psycho-educational testing. We will go over any questions, review our impressions, and think together about a plan to improve your situation. Although sometimes, you may feel pressured to do something now, we suggest that we get the information necessary to make the right decision. This may sometimes lead to some time delay to do this, but important decisions require that we have the essential information.

Please return the completed forms and mail them to:

PLEASE ENTER NAME OF DOCTOR
Four Seasons Pediatrics
532 Moe Road * Clifton Park, NY 12065 * Telephone 383-2425

Thanks for your help in providing this information. We look forward to your upcoming visit.

Patient’s Name: _____

Teacher: _____ School: _____

History of the Present Problem:

When was this problem first noticed, and how has it progressed since then?

Is there anything that you feel might be making this problem worse?

What has been tried to improve the problem?

How well do you think the school understands your child's problem?

How do you feel we can be of help to you? (And/or list any specific questions you feel this evaluation should address)

Review of Systems:

Has your child appeared anxious or shown signs of depression or sadness?

Has your child been exposed to violence, physical or sexual abuse?

Do you have any concerns about how your child is learning, developing and behaving? If yes, please explain.

Would you describe your child as affectionate? Yes or No (Explain if no)

Past Medical History:

Birth Weight: _____ Was your child premature? _____
Any medications, smoking or alcohol during the pregnancy? _____
Any problems during or after the pregnancy? _____
Any significant past medical problems? _____
As an infant was there any problems with:
Feeding? _____
Sleeping? _____
At what age did your child:
Walk? _____
Talk? _____
Toilet Train? _____
Any possible exposure to lead from old paint or other sources? _____

Family History: Please check off all that are appropriate:

- ADD Alcoholism Learning Disability
- Seizures Substance Abuse Conduct Disorder
- Obsessive-Compulsive Disorder Tic/Tourette Syndrome
- Psychiatric History (including anxiety, depression)

Social History:

Please list all those who currently live at home: (and relationship)

Are there any significant stresses that your child has been under?

Developmental History:

When your child was 18 to 24 months old; did your child have a nighttime routine? If yes, did he like to be read to? _____

When your child was between 2-5 years old, was there any problem taking him in public places? If yes, what were they? _____

School History: Please answer if your child's age is appropriate to answer:

Were there any problems in Kindergarten or 1st grade? If yes, what were they?

Were there any problems in 2nd or 3rd grade? If yes, what were they?

ADHD Rating Scale IV – Home Version

	0	1	2	3
1. Fails to give close attention to details or makes careless mistakes in school work, work, or other activities?	Never	Sometimes	Often	Always
2. Fidgets with hands or feet or squirms in seat?	Never	Sometimes	Often	Always
3. Has difficulty sustaining attention in tasks or play activities?	Never	Sometimes	Often	Always
4. Leaves the seat in class or in other situations in which remaining seated is expected?	Never	Sometimes	Often	Always
5. Does not seem to listen when spoken to directly?	Never	Sometimes	Often	Always
6. Runs about or climbs excessively in situations in which it is inappropriate?	Never	Sometimes	Often	Always
7. Does not follow through on instructions or finish schoolwork, chores, or work?	Never	Sometimes	Often	Always
8. Has difficulty playing or engaging in leisure activities quietly?	Never	Sometimes	Often	Always
9. Has difficulty organizing tasks and activities?	Never	Sometimes	Often	Always
10. Seems driven by a motor or always on the go?	Never	Sometimes	Often	Always
11. Avoids, dislikes, or seems reluctant to engage in tasks that require sustained mental effort such as schoolwork or home work?	Never	Sometimes	Often	Always
12. Talks excessively?	Never	Sometimes	Often	Always
13. Loses things necessary for tasks or activities (toys, school assignments, pencils, books, tools)?	Never	Sometimes	Often	Always
14. Blurts out answers before the question is completed?	Never	Sometimes	Often	Always
15. Is easily distracted by things that go on around him?	Never	Sometimes	Often	Always
16. Has difficulty waiting turns?	Never	Sometimes	Often	Always
17. Is forgetful in daily activities?	Never	Sometimes	Often	Always
18. Interrupts or intrudes on others (butt into conversations or games)?	Never	Sometimes	Often	Always

Inattention = _____ 2 Std Dev = _____ Hyp-Imp = _____ 2 Std Dev = _____

ODD		4 / 6 months		
19. Loses temper?	Rarely	Sometimes	Always	
20. Argues with adults?	Rarely	Sometimes	Always	
21. Actively defies or refuses to comply with adult requests or rules?	Rarely	Sometimes	Always	
22. Deliberately annoys people?	Rarely	Sometimes	Always	
23. Blames others for his/her own mistakes or misbehavior?	Rarely	Sometimes	Always	
24. Is touchy or easily annoyed by others?	Rarely	Sometimes	Always	
25. Angry or resentful?	Rarely	Sometimes	Always	
26. Spiteful or vindictive?	Rarely	Sometimes	Always	
CD		3 / 12 months		
27. Does not seem to listen when spoken to directly?	Never	Rarely	Often	
28. Initiates physical fights?	Never	Rarely	Often	
29. Has used a weapon in a fight that can cause serious physical harm to others (e.g. bat, brick, broken bottle, knife, gun)?	Never		Once	
30. Has been physically cruel to people?	Never	Once	More than once	
31. Has been physically cruel to animals?	Never	Once	More than once	
32. Has stolen while confronting a victim (e.g. mugging, purse snatching, extortion, robbery)?	Never		Once	
33. Has forced someone into sexual activity?	Never		Once	
34. Has deliberately engaged in fire setting with the intention of causing serious damage?	Never		Once	
35. Has deliberately destroyed others' property (other than by fire setting)?	Never		Once	
36. Has broken into someone else's house, building or car?	Once		Once	
37. Lies to obtain goods or favors or to avoid obligations (i.e. cons)?	Never	Rarely	Often	
38. Has stolen items of nontrivial value without confronting a victim (e.g. shoplifting without breaking and entering, forgery)?	Never		Once	
39. Stays out at night despite parents prohibiting, beginning before age 13 years?	Never	Rarely	Often	
40. Has run away from home overnight while living in home?	Never	Once	More than once	
41. Is truant from school, beginning before age 13 years?	Never	Rarely	Often	
Anxiety				
42. Shows excessive anxiety and worry about events and activities?	Rarely	Sometimes	Often	
43. Anxiety or worry on more days than not, for at least 6 months?	Rarely	Sometimes	Often	
44. Finds it difficult to control worry?	Rarely	Sometimes	Often	
45. Restless or feeling keyed up or on edge?	Rarely	Sometimes	Often	
46. Easily fatigued or tired?	Rarely	Sometimes	Often	
47. Difficulty concentrating or mind goes blank?	Rarely	Sometimes	Often	
48. Irritability?	Rarely	Sometimes	Often	
49. Muscle tension?	Rarely	Sometimes	Often	
50. Sleep problems such as difficulty falling asleep, staying asleep, or restless and unsatisfying sleep?	Rarely	Sometimes	Often	
Depression				
51. Depressed or irritable mood most of the day, nearly every day?	Never	Rarely	Often	
52. Diminished pleasure in activities?	Never	Rarely	Often	
53. Poor appetite or overeating?	Never	Rarely	Often	
54. Problems getting to sleep, staying asleep or sleeping excessively?	Never	Rarely	Often	
55. Low energy or fatigue?	Never	Rarely	Often	
56. Low self-esteem?	Never	Rarely	Often	
57. Poor concentration or difficulty making decisions?	Never	Rarely	Often	
58. Feelings of hopelessness?	Never	Rarely	Often	
59. Has thought about suicide or made an attempt?	Never		Once	

Lang			
60. Trouble expressing thoughts?	Rarely	Sometimes	Always
61. Difficult to understand/follow directions?	Rarely	Sometimes	Always
62. Tends to express himself through gestures rather than verbally?	Rarely	Sometimes	Always
63. Trouble finding the correct word?	Rarely	Sometimes	Always
64. Confuse words that sound alike (eg, tornado for volcano)?	Rarely	Sometimes	Always
LD			
65. Problems with naming letters of the alphabet?	Never	Rarely	Often
66. Problems with identifying words that begin with the same letter?	Never	Rarely	Often
67. Problems recalling a sentence or story that was just told?	Never	Rarely	Often
AD (2/1)			
68. Problems with making eye contact or other nonverbal behaviors such as facial expressions, body postures, and gestures that help interacting with others?	Never	Rarely	Often
69. Difficulty developing relationships with others his/her age?	Never	Rarely	Often
70. Difficulty sharing enjoyment, interests with other people (e.g. by a lack of showing, bringing, or pointing out objects of interest to other people?)	Never	Rarely	Often
71. Difficulty responding to others when they show a social interest?	Never	Rarely	Often
72. Seems very pre-occupied with certain interests to the exclusion of other things?	Never	Rarely	Often
73. Seems inflexible to certain routines, gets upset when they are changed?	Never	Rarely	Often
74. Seems to have a pre-occupation with parts of objects?	Never	Rarely	Often

**PERMISSION TO EXCHANGE MEDICAL AND SCHOOL INFORMATION
(FOR PATIENT'S MEDICAL RECORD)**

I, _____ authorize Four Seasons Pediatrics to exchange information with
_____ (name of school) regarding _____ DOB ___/___/___
(Patient name and date of birth)

In order to facilitate communication between my child's school and my doctor, I hereby give permission for sharing of medical, social, personal, and educational information relevant to the care and treatment of my child's learning difficulties.

I understand that my permission is required to release any information related to psychiatric and emotional health, sexual abuse, and/or drug and alcohol use, and I do grant permission for including such information if relevant in the care and treatment of my child's medical condition.

I understand that the confidentiality of these records will be protected. These records cannot be disclosed without written consent, except as provided for under Federal or State of New York laws. I also understand that this consent can be revoked at any time, except to the extent that action has been taken. I further acknowledge that I understand the purpose of this release and consent is given of my own free will.

Signature and relationship of individual authorizing release

Date

Thank you for completing these forms. Please do not forget to sign the release on the school packet (B) and give this to the school. We need one for our records and the second is for the school!