

McLaren Print System Order

Order No: 50125 Reprint Previous Order No: 5253
 Order Date: 2019-11-06
 User: Dawn Caspers
 Phone: 248-674-0388

Ship Location: Attn Dawn Caspers
 4000 Highland Rd Suite 114
 Waterford , MI 48328

Forms

Quantity: 500
 Paragon Dept No: 73650
 Dept Name:
 Company Number: 810

Order Total Price: 43.80

Item Number: MM-26
 Item Description: ADHD Intake Form
 Revision Date: 6/2009
 Print: 2 sided black and white
 Paper: 20# White Text
 Size: 8.5 x 11
 Fold:
 Finish: None
 Drill: None
 Misc Info:

McLaren Ambulatory Care Center

ADHD INTAKE FORM

PATIENT NAME: _____
 Date: _____ Likes to be called: _____
 Date of Birth: _____ Current Age: _____ Sex: F M

PURPOSE OF THE VISIT:
 Main Symptom: _____

 Length of Time Present: _____
 Present in both home and school: Yes No
 Severity: Mild Moderate Severe

PHYSICIAN EVALUATIONS:

MEDICAL HISTORY:
 Complications of pregnancy: Excessive vomiting Excessive bleeding
 Gestational Diabetes Infection/Torment
 Cigarette use Drug use
 Other: _____
 Perinatal History:
 Labor: Spontaneous Induced Duration: _____
 Delivery: Vaginal C-section
 Birth Weight: _____
 Normal cord Dismembered Injury
 Headset Cyanosis Oxygen
 Other: _____
 Current Medical Problems: _____
 Medications: _____
 Prior Medical Problems: _____

Prior Medications: _____
Hospitalizations: _____
Surgeries: _____
Med Allergies: _____
History of:
 Seizures Head Injury Eye problems
 Tics Ear problems Asthma
 Bed-wetting Eating disorder Alcohol
 Sleep issue Middle insomnia Early Ankle
 Nightmares Night terrors Sleep-walking
 Car sickness Headaches Fainting
 Rheumatic fever Chest pain with exercise
 Polydactyls High blood pressure
 Exercise intolerance Heart murmur

FAMILY HISTORY:
 Any family history of the following:
 Sudden or unexpected death in someone young
 "Heart attack" in someone < 35 years of age
 Sudden death during exercise
 Abnormal heart rhythm
 Hypertrophic cardiomyopathy
 Dilated cardiomyopathy
 Long QT syndrome or short QT syndrome
 Wolf-Parkinson-White syndrome
 Resuscitation of family member < 35 years old
 Marfan syndrome
 Child is currently living with:
 Natural Mother Step-mother
 Adoptive mother Foster Mother
 Natural Father Step-father
 Adoptive Father Foster Father
 Other Household Members: _____
 Non-residential adults involved with the child on a regular basis: _____
