

ADHD INTAKE FORM

PATIENT NAME: _____

Date: _____ Likes to be called: _____

Date of Birth: _____ Current Age: _____ Sex: F M

PURPOSE OF THE VISIT:

Main Symptoms: _____

Length of Time Present: _____

Present in both home and school: Yes No

Severity: Mild Moderate Severe

PRIOR EVALUATIONS:

MEDICAL HISTORY:

Complications of pregnancy:

- Excessive vomiting
- Excessive bleeding
- Alcohol Use
- Infection/Toxemia
- Cigarette use
- Drug use
- Other _____

Perinatal History:

Labor: Spontaneous Induced Duration _____

Delivery: Vaginal C-section

Birth Weight: _____

- Nuchal cord
- Hemorrhage
- Injury
- Jaundice
- Cyanosis
- Oxygen

Other _____

Current Medical Problems:

Prior Medical Problems:

Prior Medications:

Hospitalizations:

Surgeries:

Med Allergies:

History of:

- Seizures
- Head injury
- Eye problems
- Tics
- Ear problems
- Asthma
- Bed-wetting
- Eating disorder
- Allergies
- Sleep onset
- Middle Insomnia
- Early Awake
- Nightmares
- Night terrors
- Sleepwalking
- Car sickness
- Headaches
- Fainting
- Rheumatic fever
- Chest pain with exercise
- Palpitations
- High blood pressure
- Exercise intolerance
- Heart murmur

FAMILY HISTORY:

Any family history of the following:

- Sudden or unexplained death in someone young
- "Heart attack" in members <35 years of age
- Sudden death during exercise
- Abnormal heart rhythms
- Hypertrophic cardiomyopathy
- Dilated cardiomyopathy
- Long Q-T syndrome or short Q-T syndrome
- Wolf-Parkinson-White syndrome
- Resuscitation of family member <35 years old
- Marfan syndrome

Child is currently living with:

- Natural Mother
- Stepmother
- Adoptive mother
- Foster Mother
- Natural Father
- Stepfather
- Adoptive Father
- Foster Father

Other Household Members: _____

Non-residential adults involved with the child on a regular basis: _____

FAMILY HISTORY CONTINUED:

NATURAL MOTHER:

Age: _____ Occupation: _____

School: Highest grade completed _____

Any personal history of the following:

- Learning problems
- Attention problems
- Alcohol/Drug use
- Behavior problems
- Psychiatric treatment

Medical Problems: _____

Any of the following in mother's family history:

- Mental Illness
- Bipolar Disorder
- Anxiety
- Depression
- ADHD
- Schizophrenia
- Substance Abuse
- Suicide

NATURAL FATHER:

Age: _____ Occupation: _____

School: Highest grade completed _____

Any personal history of the following:

- Learning problems
- Attention problems
- Alcohol/Drug use
- Behavior problems
- Psychiatric treatment

Medical Problems: _____

Any of the following in father's family history:

- Mental Illness
- Bipolar Disorder
- Anxiety
- Depression
- ADHD
- Schizophrenia
- Substance Abuse
- Suicide

SIBLINGS:

| Name | Age | Medical/School/Social Problems |
|------|-----|--------------------------------|
| | | |
| | | |
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| | | |
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FAMILY STRESSES:

Any recent stresses in the family, such as the following:

- Marriages
- Separations
- Divorces
- Deaths
- Traumas, abuse
- Illnesses

DEVELOPMENTAL HISTORY:

As an infant, did the child have any of the following:

- Did not enjoy cuddling
- Colic/Excessive irritability
- Frequent head banging
- Difficult to soothe
- Excessive restlessness
- Difficulty feeding

Milestones:

Any significant delays in the following areas:

- Motor (rolling over, crawling, walking, etc.)
- Social (interpersonal interactions, friendships, etc.)
- Language (talking, reading, writing)

SCHOOL HISTORY:

Current School: _____

Current Grade: _____

Grades Repeated: _____

Current Certification:

- EMI
- POHI
- TMI
- SLI
- EI/AI
- PPI/ECD

Current Placement:

Regular Education: _____

Special Education: _____

Resource Room/Learning Center: _____

Tutor/Mentor/Consultant: _____

- Occupational Therapy
- Speech Therapy
- Physical Therapy

Specific Learning Disability: _____

Counseling: _____

Academic Performance/Grades: _____

Behavior/Social Problems: _____

Attitude Toward School: _____

HOBBIES/INTERESTS: _____

Time spent watching TV: _____

Time spent on computer: _____

Time spent on video games: _____

ADHD INTAKE FORM

ADHD SUBTYPE BEHAVIOR CHECKLIST:

1 2 3 4 5
 Never Rarely Occasionally Frequently Very Frequently

GROUP A

- 1 2 3 4 5 Has trouble sleeping
- 1 2 3 4 5 Has poor appetite
- 1 2 3 4 5 Seems sad or unhappy
- 1 2 3 4 5 Talks about feeling stupid or worthless
- 1 2 3 4 5 Loses interest in having fun
- 1 2 3 4 5 Seems irritable
- 1 2 3 4 5 Moody
- 1 2 3 4 5 Plays alone
- 1 2 3 4 5 Cries easily
- 1 2 3 4 5 Seems tired

GROUP B

- 1 2 3 4 5 Complains of physical problems
- 1 2 3 4 5 Worries
- 1 2 3 4 5 Lacks confidence in their abilities
- 1 2 3 4 5 Needs lots of reassurance
- 1 2 3 4 5 Needs to be perfect
- 1 2 3 4 5 Seems fearful and anxious
- 1 2 3 4 5 Seems shy or timid
- 1 2 3 4 5 Easily embarrassed
- 1 2 3 4 5 Sensitive to criticism
- 1 2 3 4 5 Bites fingernails

GROUP C

- 1 2 3 4 5 Refuses to follow rules or do chores
- 1 2 3 4 5 Loses temper
- 1 2 3 4 5 Argues with parents or teachers
- 1 2 3 4 5 Blames others for their mistakes
- 1 2 3 4 5 Swears
- 1 2 3 4 5 Deliberately does things to annoy others
- 1 2 3 4 5 Is angry or resentful
- 1 2 3 4 5 Carries a grudge, a chip on their shoulder
- 1 2 3 4 5 Touchy, easily annoyed by others

GROUP D

- 1 2 3 4 5 Always on the go
- 1 2 3 4 5 Can't sit still
- 1 2 3 4 5 Doesn't seem to listen
- 1 2 3 4 5 Often fails to finish things
- 1 2 3 4 5 Has poor concentration and attention for school work
- 1 2 3 4 5 Blurts out answers to questions
- 1 2 3 4 5 Often fidgets with hands/feet or squirms in seat
- 1 2 3 4 5 Easily distracted
- 1 2 3 4 5 Has a hard time playing quietly
- 1 2 3 4 5 Talks excessively
- 1 2 3 4 5 Often interrupts or intrudes into others' games
- 1 2 3 4 5 Seems disorganized, loses things they need
- 1 2 3 4 5 Takes risks without considering danger

GROUP E

- 1 2 3 4 5 Has broken into someone else's house or car
- 1 2 3 4 5 Steals
- 1 2 3 4 5 Runs away overnight
- 1 2 3 4 5 Lies
- 1 2 3 4 5 Cuts school
- 1 2 3 4 5 Is cruel to animals
- 1 2 3 4 5 Destroys property
- 1 2 3 4 5 Gets into fights
- 1 2 3 4 5 Has been physically cruel to other people
- 1 2 3 4 5 Doesn't seem sorry for hurting others
- 1 2 3 4 5 Sets fires

- A = Depression (5) _____
- B = Overanxious Disorder (5) _____
- C = Oppositional Defiant Disorder (5) _____
- D = Attention Deficit Hyperactivity Disorder (8) _____
- E = Conduct Disorder (5) _____

DSM IV CHECKLIST:

Inattention (6 or more)

- Rushes, makes careless mistakes
- Difficulty sustaining attention
- Does not appear to listen
- Avoids sustained mental effort
- Poor organization
- Cannot follow complex instructions, fails to finish
- Loses things
- Easily distracted by extraneous stimuli
- Forgetful in daily activities

Total: _____

Hyperactivity/Impulsivity (6 or more)

- Restless, fidgety, squirmy
- Driven by a motor
- Unable to stay seated
- Runs around or climbs excessively
- Unable to play quietly
- Talks excessively
- Blurts out answers
- Can't wait their turn, impatient
- Interrupts conversations

Total: _____

COMMENTS: _____

PHYSICAL EXAM:

Weight: _____ Height: _____ BMI: _____
Temp: _____ Pulse: _____ Resp: _____ BP: _____
Vision: OU 20/ _____ Hearing: R _____
OD 20/ _____ L _____
OS 20/ _____ 500 dB 1000 dB 2000 dB 4000 dB

| | NORMAL | FINDINGS |
|--------------------|---|----------|
| General Appearance | <input type="checkbox"/> | _____ |
| Skin/Rash | <input type="checkbox"/> | _____ |
| Head | <input type="checkbox"/> | _____ |
| Eyes | <input type="checkbox"/> | _____ |
| Ears | <input type="checkbox"/> | _____ |
| Nose | <input type="checkbox"/> | _____ |
| Mouth/Pharynx | <input type="checkbox"/> | _____ |
| Neck | <input type="checkbox"/> | _____ |
| Chest | <input type="checkbox"/> | _____ |
| Heart | <input type="checkbox"/> | _____ |
| Lungs | <input type="checkbox"/> | _____ |
| Abdomen | <input type="checkbox"/> | _____ |
| Genitalia | <input type="checkbox"/> | _____ |
| | <input type="checkbox"/> Male/Testes Down | _____ |
| | <input type="checkbox"/> Female | _____ |
| | <input type="checkbox"/> Tanner Stage | _____ |
| Hips | <input type="checkbox"/> | _____ |
| Extremities | <input type="checkbox"/> | _____ |
| Spine | <input type="checkbox"/> | _____ |
| Neurological | <input type="checkbox"/> | _____ |

ASSESSMENT:

POTENTIAL CO-MORBIDITIES:

- Depression
- Anxiety Disorder
- Sleep Disorder
- Eating Disorder
- Mental Impairment
- Learning Disability
- Family Stress
- Other _____
- Oppositional Defiant Behavior
- Over-focus Issues
- Temporal Lobe Disorder
- Seizure Disorder
- Visual Impairment
- Hearing Impairment
- Autism Spectrum Disorder

INFORMATION REVIEWED BY PHYSICIAN:

- Parent History Questionnaire
- Connors Scales
- ADHD Subtype Behavior Checklist
- DSM IV Checklist
- Other _____

PLAN:

- Detailed discussion was held with patient and parents about treatment options, medication side effects, treatment course, etc. Informational handouts were given.
- Greater than 50% of the office visit was dominated by counseling and education.

Medications:

- Progress report in 1-2 weeks

Labs:

- CBC
- UA
- EEG
- Chem20
- FreeT4, TSH
- Other _____
- Lead
- EKG

Referrals Made:

- STEP/parenting Classes
- Psychiatry
- Psychology/Counseling
- Neurology

Follow Up: 1 month 6 months
 Other _____

COMMENTS: _____

Signature of Clinical Staff _____ Date _____

Signature of Provider _____ Date _____

PATIENT
NAME:

DATE OF
BIRTH: