PARK VIEW PEDIATRICS

Date: _____

Child's Name: _____

Date of Birth: _____

Dear Parent:

Enclosed is the ADHD packet you requested for your child. Included in the packet are questionnaires for you, as well as for your child's teacher. In order to score and evaluate the information we will need the questionnaires and school evaluations returned before an appointment is made. When the packet is returned, we will schedule an initial ADHD appointment with the provider that sees your child most often for well-care exams.

Please do not hesitate to call, (303)972-2000, with any questions or concerns.

Sincerely,

The Park View Pediatrics Team

Enclosures

ADHD Initial Parent Questionnaire

Date: _____

Child's Name: _____ DOB: _____

Current School: _____ Grade: _____

In your own words, what is the reason for this consultation?

_____
_____
_____
_____
_____
_____

When was the problem first noticed: _____

Has your child been receiving special classes or resources in school:

_____
_____
_____

Has an Individual Education Plan (IEP) been completed for your child?

_____
_____
_____

Family History:

Please check any of the following conditions that any close blood relative of your child currently has or has had in the past:

___Hyperactivity / ADHD Who? _____

___Emotional / Psychiatric Problems Who? _____

___Alcoholism / Drug addiction Who? _____

___Learning / School Problems Who? _____

___Intellectual Disability Who? _____

Pregnancy History:

During the pregnancy with this child:

1. Did you experience any problems or complications? If so, explain.
   _____
   _____
   _____
2. Was the child exposed to any of the following (circle if yes): Cigarettes, Alcohol, Non-prescription medication, Prescription medications, Street drugs (marijuana included)
   _____
   _____
   _____
3. Labor / Delivery Information (please check all that apply):

___ premature by ___ weeks ___baby needed oxygen (how long?)_____

___ forceps delivery ___fetal distress

___baby required resuscitation

What was the birth weight? _____

4. Medical History (please give approximate date and a brief explanation for any below):

Hospitalizations:_____

Heart conditions / syncope (fainting) or seizures:

Surgeries:

Concussions / Head Injuries:

Serious Illness:

Allergies (food, medicine, other):

Medications taken regularly (include dose):

Social Skills Assessment- Parent's Form

Please check in the most appropriate box the degree to which the following statements accurately describe your child.

	N/A	Mild	Moderate	Severe
Seems to be a social isolate, e.g., Spends a large portion of time in solitary activities and may be judged independent and capable of taking care of him/herself.				
Seems to interact less with classmates and appears shy and timid. May be described as somewhat anxious with others.				
Seems to spend less time involved in activities with others due to a lack of social skills and/or appropriate social judgement.				
Seems to have fewer friends than most due to negative, bossy or annoying behaviors which "turn off" others.				
Seems to spend less time with classmates than most due to awkward or bizarre behaviors.				
Disturbs other children "teases, provokes, fights, interrupts others."				
Openly strikes back with angry behavior to teasing of other children.				
Argues and must have the last word in verbal exchange.				
Displays physical aggression towards objects or persons.				
Use coercive tactics to force the submission of peers; manipulates or threatens.				
Speaks to others in an impatient or cranky tone of voice.				
Says uncomplimentary or unpleasant things to other children, e.g., engages in name calling, ridicule, verbal degradation.				

NICHQ Vanderbilt Assessment Scale:
Parent Informant

Today's Date:

Child's Name:

Child's Date of Birth:

Parent's Name:

Directions: Each rating should be considered in the context of what is appropriate for the age of your child.
When conpleting 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 (0)	Occasionally (1)	Often (2)	Very Often (3)	
1	Does not pay attention to details or makes careless mistakes with, for example, homework	○	○	○	○	
2	Has difficulty keeping attention to what needs to be done	○	○	○	○	
3	Does not seem to listen when spoken to directly	○	○	○	○	
4	Does not follow through when given directions and fails to finish activities (not due to refusal or failure to understand)	○	○	○	○	
5	Has difficulty organizing tasks and activities	○	○	○	○	
6	Avoids, dislikes, or does not want to start tasks that require ongoing mental effort	○	○	○	○	
7	Loses things necessary for tasks or activities (toys, assignments, pencils, books)	○	○	○	○	
8	Is easily distracted by noises or other stimuli	○	○	○	○	
9	Is forgetful in daily activities	○	○	○	○	
10	Fidgets with hands or feet or squirms in seat	○	○	○	○	
11	Leaves seat when remaining seated is expected	○	○	○	○	
12	Runs about or climbs too much when remaining seated is expected	○	○	○	○	
13	Has difficulty playing or beginning quiet play activities	○	○	○	○	
14	Is "on the go" or often acts as if "driven by a motor"	○	○	○	○	
15	Talks too much	○	○	○	○	
16	Blurts out answers before questions have been completed	○	○	○	○	
17	Has difficulty waiting his or her turn	○	○	○	○	
18	Interrupts or intrudes in on others' conversations and/or activities	○	○	○	○	
19	Argues with adults	○	○	○	○	
20	Loses temper	○	○	○	○	
21	actively defies or refuses to go along with adults' requests or rules	○	○	○	○	
22	Deliberately annoys people	○	○	○	○	
23	Blames others for his or her mistakes or misbehaviors	○	○	○	○	
24	Is touchy or easily annoyed by others	○	○	○	○	
25	Is angry or resentful	○	○	○	○	
26	Is spiteful and wants to get even	○	○	○	○	

Symptoms (cont.)		Never (0)	Occasionally (1)	Often (2)	Very Often (3)
27	Bullies, threatens, or intimidates others	○	○	○	○
28	Starts physical fights	○	○	○	○
29	Lies to get out of trouble or to avoid obligations (ie. "cons" others)	○	○	○	○
30	Is truant from school (skips school) without permission	○	○	○	○
31	Is physically cruel to people	○	○	○	○
32	Has stolen things that have value	○	○	○	○
33	Deliberately destroys others' property	○	○	○	○
34	Has used a weapon that can cause serious harm (bat, knife, brick, gun)	○	○	○	○
35	Is physically cruel to animals	○	○	○	○
36	Has deliberately set fires to cause damage	○	○	○	○
37	Has broken into someone's home, business, or car	○	○	○	○
38	Has stayed out at night without permission	○	○	○	○
39	Has run away from home overnight	○	○	○	○
40	Has forced someone into sexual activity	○	○	○	○
41	Is fearful, anxious, or worried	○	○	○	○
42	Is afraid to try new things for fear of making mistakes	○	○	○	○
43	Feels worthless or inferior	○	○	○	○
44	Blames self for problems, feels guilty	○	○	○	○
45	Feels lonely, unwanted, or unloved; complains "no one loves him/her"	○	○	○	○
46	Is sad, unhappy, or depressed	○	○	○	○
47	Is self-concious or easily embarrassed	○	○	○	○

Performance		Excellent (1)	Above Average (2)	Average (3)	Somewhat of a Problem (4)	Problematic (5)
48	Reading	○	○	○	○	○
49	Writing	○	○	○	○	○
50	Mathmatics	○	○	○	○	○
51	Relationship with parents	○	○	○	○	○
52	Relationship with siblings	○	○	○	○	○
53	Relationship with peers	○	○	○	○	○
54	Participation in organized activities (eg. teams)	○	○	○	○	○

Other Conditions

Tic Behaviors: To the best of your knowledge, please indicate if this child displays the following behaviors:

1 **Motor Tics:** Rapid, repetitive movements such as eye blinking, grimacing, nose twitching, head jerks, shoulder shrugs, arm jerks, body jerks, or rapid kicks.

○ No tics present ○ Yes, they occur nearly every day but go unnoticed ○ Yes, noticeable tics occur nearly every day

2 **Phonic (Vocal) Tics:** Repetitive noises including but not limited to throat clearing, coughing, whistling, sniffing, snorting, screeching, barking grunting, or repetition of words or short phrases.

○ No tics present ○ Yes, they occur nearly every day but go unnoticed ○ Yes, noticeable tics occur nearly every day

3 If YES to 1 or 2, do these tics interfere with the child's activities (like reading, writing, walking, talking, or eating)? ○ No ○ Yes

Previous Diagnosis and Treatment: To the best of your knowledge, please answer the following questions:

1	Has your child been diagnosed with a tic disorder or Tourette syndrome?	○ No	○ Yes
2	Is your child on medicitation for a tic disorder or Tourette syndrome?	○ No	○ Yes
3	Has your child been diagnosed with depression?	○ No	○ Yes
4	Is your child on medication for depression?	○ No	○ Yes
5	Has your child been diagnosed with any anxiety disorder?	○ No	○ Yes
6	Has your child been diagnosed with a learning or language disorder?	○ No	○ Yes

As both providers and parents, we understand that the choice to start ADHD medications can be very difficult. There are often concerns about how these medications work, how they might affect your child, and what side effects the medications may have. We have put together the following FAQ section to answer some of the most common questions parents have about these medications.

1. **What studies have been done on the effectiveness of ADHD medications?**

- The NIH Multimodal Treatment of ADHD (MTA) study evaluated the leading treatments for ADHD, including behavior therapy, medications and the combination of the two. The study included nearly 600 children, ages 7-9 who were randomly assigned to one of four treatment modes: intensive medication management alone, intensive behavioral treatment alone, a combination of both or routine community care (control group.) The MTA study showed that medication management and combination treatment for ADHD were both significantly superior to intensive behavioral treatment alone. Combination therapy proved most effective when patients had problems in other areas of functioning as well as ADHD (ie anxiety, parent-child relations, social skills and academic performance).

2. **Are there other scientifically proven treatments for ADHD?**

- No other treatments have been shown to be effective for the treatment of ADHD. Behavioral treatment alone (without medication) did not prove effective. No supplements have been shown to significantly reduce ADHD symptoms.

3. **How do these medications work to treat symptoms of ADHD?**

- Kids with ADHD are constantly *self*-stimulating. They wiggle, they talk out of turn, and their mind doesn't seem to turn off. Their thought processes are non-linear. They talk while brushing their teeth and wiggling their foot at the same time. They seem to do everything *except* follow directions. When you give a stimulant to such a child, they no longer have such an urgent need to *self*-stimulate. Stimulants are believed to work by increasing dopamine and norepinephrine levels in the brain. These neurotransmitters are associated with motivation, pleasure, attention, and movement. For many people with ADHD, stimulant medications boost concentration and focus while reducing hyperactive and impulsive behaviors.

4. **What are the risks of not treating ADHD?**

- Without treatment, children and adolescents with ADHD are at risk of falling behind in school. Children can struggle with making and keeping friendships and family relationships are often strained. Children with ADHD (who are often higher on the IQ scale than their peers!) start to take on a mentality of "not being able to do" school work. They have a mentality that school work "is too hard" and they begin to doubt their capabilities. We often see issues with self-esteem and motivation in this group. This doubt can also lead to self – medication with illegal drugs (particularly marijuana).

5. **What side effects do stimulant medications cause?**

- Side effects occur sometimes. They are usually mild and short lived. The most common side effect of stimulant medications is decreased appetite. This can sometimes lead to weight loss. We also notice sleep problems in some children. Parents sometimes report a rebound effect (increased activity or a bad mood as the medication wears off). Other side effects can occur on an individual basis. These symptoms are monitored closely through behavior rating scales, monitoring for side effects, and monitoring of your child's height, weight and blood pressure at scheduled ADHD follow up appointments.

6. **Are these medications addictive?**

- ADHD medications are not addictive, this is a misconception. There is a potential for abuse if medications are misused. Many drug manufacturers have tried to limit the potential for abuse by changing medication formulations. Parents should keep meds in a secure place and monitor their use.

7. **Will my child always need to take ADHD medications?**

- It was once thought that most children would outgrow their ADHD symptoms. We now know that this is not true. For some children the symptoms diminish over time and they can "outgrow" or learn to manage their symptoms in their adult life. For some, ADHD is a lifelong disorder, requiring medication treatment into adulthood. Studies show about 50% of children diagnosed with ADHD will need medication as adults.

For more information: *www.**parentsmedguide**.org/**parentguide**_english.pdf*

PARK VIEW PEDIATRICS

Date: _____

Child's Name: _____

Date of Birth: _____

Dear Teacher:

The parent (s) of the above child have requested an evaluation by our office for a health concern. As part of the evaluation process, we ask that both the child's parent(s) and teacher(s) complete a set of behavioral rating scales.

Enclosed please find a set of teacher rating scales and questionnaires for your attention. These forms include: 1. Teacher Questionnaire; 2. NICHQ Vanderbilt Teacher Assessment; and 3. Social Skills Assessment Teacher's Form.

Generally, the teacher who spends the most time with the child should complete these forms. However, if the child has more than one primary teacher, or a special education teacher, it would be useful us to obtain a **separate set of forms** from each teacher. Please feel free to make the necessary copies.

Please fill out the forms as completely as possible. After the forms are completed, please return them to the child's parent(s) for forwarding to our office.

Thank you for your help in this matter. Please do not hesitate to contact our office with questions or concerns.

Sincerely,

Park View Pediatrics

Enclosures

Teacher's Questionnaire

Child's Name _____ Date Completed _____

School Name _____ Child's Grade _____

Teacher's Name _____ Subject Taught _____

Hours with child (daily average) _____ Number of Students _____

How long have you know this child? _____

In your words briefly describe this child's classroom challenges:

_____

_____

_____

_____

List subjects into the appropriate category:

Above Grade Level Grade Level Nearing Grade Level Below Grade Level

Please list or describe any special help or services this child is receiving in your class:_____

_____

_____

_____

Outside your class:

_____

_____

_____

_____

How does this child's behavior compare to the behavior of their classroom peers?:

_____

_____

_____

_____

Social Skills Assessment- Teacher's Form

Student's Name_____Date_____

Teacher's Name_____

Please check in the most appropriate box the degree to which the following statements accurately describe your student.

	Mild	Moderate	Severe	N/A
Seems to be a social isolate, e.g., spends a large portion of time in solitary activities and may be judged independent and capable of taking care of him/herself.				
Seems to interact less with classmates and appears shy and timid. May be described as somewhat anxious with others.				
Seems to spend less time involved in activities with others due to a lack of social skills and/or appropriate social judgement.				
Seems to have fewer friends than most due to negative, bossy or annoying behaviors which "turn off" others.				
Seems to spend less time with classmates than most due to awkward or bizarre behaviors.				
Disturbs other children: teases, provokes, fights, interrupts others.				
Openly strikes back with angry behavior to teasing of other children.				
Argues and must have the last word in verbal exchange.				
Displays physical aggression towards objects or persons.				
Use coercive tactics to force the submission of peers; manipulates or threatens.				
Speaks to others in an impatient or cranky tone of voice.				
Says uncomplimentary or unpleasant things to other children, e.g., engages in name calling, ridicule, verbal degradation.				

NICHQ Vanderbilt Assessment Scale:
Teacher Informant

Today's Date: Child's Name: Date of Birth:

Teacher's Name: Class Name: Period:

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: _____.

	Symptoms	Never	Occasionally	Often	Very Often	
1	Fails to give attention to details or makes careless mistakes in schoolwork.	O	O	O	O	
2	Has difficulty sustaining attention to tasks or activities	O	O	O	O	
3	Does not seem to listen when spoken to directly	O	O	O	O	
4	Does not follow through when given directions and fails to finish schoolwork (not due to opositional behavior or failure to understand)	O	O	O	O	
5	Has difficulty organizing tasks and activities	O	O	O	O	
6	Avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort	O	O	O	O	
7	Loses things necessary for tasks or activities (school assignments, pencils, books)	O	O	O	O	
8	Is easily distracted by extraneous stimuli	O	O	O	O	
9	Is forgetful in daily activities	O	O	O	O	For office use only: 2 & 3s: /9
10	Fidgets with hands or feet or squirms in seat	O	O	O	O	
11	Leaves seat in classroom or in other situations in which remaining seated is expected	O	O	O	O	
12	Runs about or climbs excessively in situations in which remaining seated is expected	O	O	O	O	
13	Has difficulty playing or engaging in leisure activities quietly	O	O	O	O	
14	Is "on the go" or often acts as if "driven by a motor"	O	O	O	O	
15	Talks excessively	O	O	O	O	
16	Blurts out answers before questions have been completed	O	O	O	O	
17	Has difficulty waiting in line	O	O	O	O	
18	Interrupts or intrudes in on others' conversations and/or activities (eg, butts into conversations/games)	O	O	O	O	For office use only: 2 & 3s: /9
19	Loses temper	O	O	O	O	
20	Actively defies or refuses to go along with adults' requests or rules	O	O	O	O	
21	Is angry or resentful	O	O	O	O	
22	Is spiteful and vindictive	O	O	O	O	
23	Bullies, threatens, or intimidates others	O	O	O	O	
24	Initiates physical fights	O	O	O	O	
25	Lies to obtain goods for favors or to avoid obligations (ie. "cons" others)	O	O	O	O	
26	Is physically cruel to people	O	O	O	O	
27	Has stolen items of nontrivial value	O	O	O	O	
28	Deliberately destroys others' property	O	O	O	O	For office use only: 2 & 3s:

Symptoms	Never	Occasionally	Often	Very Often	
29 Is fearful, anxious, or worried	O	O	O	O	
30 Is self-concious or easily embarrassed	O	O	O	O	
31 Is afraid to try new things for fear of making mistakes	O	O	O	O	
32 Feels worthless or inferior	O	O	O	O	
33 Blames self for problems; feels guilty	O	O	O	O	
34 Feels lonely, unwanted, or unloved; complains "no one loves him/her"	O	O	O	O	
35 Is sad, unhappy, or depressed	O	O	O	O	For office use only: 2 & 3s: /7

Academic Performance	Excellent	Above Average	Average	Somewhat of a Problem	Problematic	
36 Reading	O	O	O	O	O	
37 Mathmatics	O	O	O	O	O	For office use only: 4s: /3
38 Written expression	O	O	O	O	O	For office use only: 5s: /3

Classroom Behavioral Performance						
39 Relationship with peers	O	O	O	O	O	
40 Following directions	O	O	O	O	O	
41 Disrupting class	O	O	O	O	O	
42 Assignment completion	O	O	O	O	O	For office use only: 4s: /5
43 Organizational skills	O	O	O	O	O	For office use only: 5s: /5

Other Conditions

Tic Behaviors: To the best of your knowledge, please indicate if this child displays the following behaviors:

1 **Motor Tics:** Rapid, repetitive movements such as eye blinking, grimacing, nose twitching, head jerks, shoulder shrugs, arm jerks, body jerks, or rapid kicks.

O No tics present O Yes, they occur nearly every day but go unnoticed O Yes, noticeable tics occur nearly every day

2 **Phonic (Vocal) Tics:** Repetitive noises including but not limited to throat clearing, coughing, whistling, sniffing, snorting, screeching, barking grunting, or repetition of words or short phrases.

O No tics present O Yes, they occur nearly every day but go unnoticed O Yes, noticeable tics occur nearly every day

3 If **YES** to 1 or 2, do these tics interfere with the child's activities (like reading, writing, walking, talking, or eating)? O No O Yes

Comments