Lansing Pediatric Associates
Caring through the Years

Laurie W. Hult, M.D., F.A.A.P.
Joshua K. Takagishi, M.D., F.A.A.P.
Camy C. Chapin, M.D., F.A.A.P.
Sarah D. Loznak, D.O., F.A.A.P.
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ADHD Packet:

This packet contains information that is needed at least (10) days prior to your

appointment on: _____.

Parent Checklist (please complete and return ALL documents on the list):

☐ Completed Vanderbilt form for each parent – 2 total (includes step-parents)

☐ Completed Vanderbilt form from child's teacher(s) – may be more than 1

☐ Signed ***Attention Deficit Disorder Information*** sheet

☐ Completed ***School Problem Data Form*** (2 sides)

Please note, in order for the physician to provide timely and accurate treatment, we will enforce the following policies for this appointment type:

- If your forms are not ready 10 days prior to appointment, we will ask that you call to reschedule your child's appointment
- If your child's forms are not on file prior to the appointment, our staff will reach out to reschedule the appointment.

If you have any questions, please call the Lansing Pediatrics office at 517-371-4712.

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Dear Parent:

In order to make the best use of our assessment of your child for learning problems or possible Attention Deficit Hyperactivity Disorder, it is very helpful to have an opportunity to review materials in advance.

Please complete all the enclosed information and be sure it is back to our office at least 10 days prior to your visit. This will make our use of time more efficient and productive.

In addition, if any educational, psychological, or medical evaluations have been done in the past that may be relevant to the current school behavior problems, copies of those evaluations would be very helpful.

Included in this packet is a Vanderbilt Assessment Form for both parent(s) and teacher(s) to complete to assist with the diagnosis. The parent questionnaires should be completed without consulting each other. To find additional resources for understanding ADHD, we encourage parents to visit the Medical Library section of our website at:

https://lansingpediatrics.com/Resources/Medical-Library/Behavior

Scan the QR code below to be automatically connected to our website and navigate to the Resources tab.

Visit our Website

Thank you for your cooperation.

Lansing Pediatric Associates

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2414 Lake Lansing Road • Lansing, Michigan 48912 • (517) 371-4712 • FAX (517) 371-3116

NICHQ Vanderbilt Assessment Scale—PARENT Informant

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

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

Revised - 1102

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NICHQ National Initiative for Children's Health Quality

McNeil Consumer & Specialty Pharmaceuticals

NICHQ Vanderbilt Assessment Scale—PARENT Informant

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
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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D4 NICHQ Vanderbilt Assessment Scale—TEACHER Informant

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

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

Revised - 0303

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HE0351

D4 NICHQ Vanderbilt Assessment Scale—TEACHER Informant, continued

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 *Academic Performance*	Excellent	Above Average	Average	Somewhat of a Problem	Problematic
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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11-20/rev0303

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ATTENTION DEFICIT DISORDER INFORMATION

Parents ~
We ask that you read and follow the policy below pertaining to attention deficit disorder medications, appointments and prescriptions.

1. While on this medication, your child needs an appointment every 6 months. These 6-month visits will rotate between a complete physical exam and a 6-month medication check (med check). These visits are mandatory. We will not be able to refill your prescription if your child does not have these visits.
2. Appointments for these visits are scheduled in advance. Complete physical exams are scheduled 2-3 months in advance. 6-month med checks are scheduled 1-2 months in advance. Please make sure you schedule early enough to allow their medication to last until the appointment.
3. If your child has not had the above appointments and does not have enough medication to last until that appointment, your physician will determine if a script can be written.
4. If you feel your child's medication needs adjustment, please call and ask to speak with a nurse or his/her physician prior to seeking a medication refill.
5. **If no dosage change is needed, use the prescription phone mailbox to request refills.**
6. Forty-eight (48) business hours is needed to prepare this prescription, as your child's physician must review his/her chart before each refill.

I agree to utilize this medication only as prescribed for the intended patient, the intended dosage and the intended diagnosis only. I have read, understand and will follow the above policy.

Child's name _____ Date of Birth _____

Parent's Signature _____ Relationship to patient _____

Today's Date _____

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2414 Lake Lansing Road • Lansing, Michigan 48912 • (517) 371-4712 • FAX (517) 371-3116

SCHOOL PROBLEM DATA FORM

LAST NAME_____FIRST_____MIDDLE_____

DATE OF BIRTH_____ BIRTH LOCATION_____

PERINATAL HISTORY:

BIRTH WEIGHT:_____ LENGTH OF BIRTH:_____ HEAD CIRCUMFERENCE:_____

GESTATIONAL AGE(LENGTH OF PREGNANCY) _____ TYPE OF DELIVERY(CAESARIAN OR VAGINAL)_____

COMPLICATIONS: WERE THERE ANY OF THE FOLLOWING PROBLEMS?

____INFECTION _____BREATHING DIFFICULTY _____JAUNDICE ____FEEDING PROBLEMS ____ LOW BIRTH WEIGHT

____LOW BLOOD SUGAR _____OTHER:(EXPLAIN)_____

_____

DID THE BABY GO TO THE: _____REGULAR NURSERY OR _____INTENSIVE CARE NURSERY?

IF IN INTENSIVE CARE NURSERY-WHAT SPECIAL CARE DID BABY RECEIVE? (Ventilator, IV Fluids, Medications, Chest Tube, Surgery, Etc.)

_____

INFANCY:

PLEASE NOTE IF YOUR CHILD HAD ANY EARLY PROBLEMS WITH THE FOLLOWING:

FEEDING:_____

BOWEL MOVEMENTS:_____

SLEEPING:_____

BEHAVIOR:_____

EARLY DEVELOPMENT:

AT WHAT AGE DID YOUR CHILD FIRST: SMILE____ ROLL OVER_____ SIT UP _____ CRAWL _____ WALK ALONE_____

SAY SINGLE WORDS_____ MAKE 2 WORD COMBINATIONS_____ RIDE A TRICYCLE _____ RIDE A BICYCLE_____

EDUCATIONAL HISTORY:

PLEASE OUTLINE YOUR CHILD'S CURRENT PROBLEMS IN SCHOOL:_____

_____

_____

_____

_____

WHAT STRENGTHS DO YOU SEE IN YOUR CHILD?_____

_____

_____

ANY PROBLEMS NOTED IN:

PRESCHOOL:_____

_____

KINDERGARTEN:_____

_____

ELEMENTARY GRADES:_____

_____

MIDDLE SCHOOL:_____

WHAT OUT OF SCHOOL ACTIVITIES IS YOUR CHILD INVOLVED IN: _____

ILLNESSES: PLEASE NOTE ANY FREQUENT OR SEVERE ILLNESSES IN YOUR CHILD'S HISTORY AND, IF POSSIBLE, INCLUDE DATES AND TREATMENT: (FOR EXAMPLE: EAR INFECTIONS, SINUS INFECTIONS, PNEUMONIA, URINARY TRACT INFECTIONS, DIABETES, ASTHMA, SEIZURES, ETC.) _____

_____

_____

HOSPITALIZATION:

DATE	PROBLEM	HOSPITAL

SURGERIES:

DATE	PROBLEM	SURGEON	HOSPITAL

MEDICATIONS: PLEASE LIST ANY REGULAR MEDICATIONS.

NAME	DOSE	FREQUENCY	SINCE WHEN	REASON

NAME	DOSE	FREQUENCY	SINCE WHEN	REASON

ALLERGIES TO MEDICATIONS, FOODS, OR OTHER SUBSTANCES: _____

_____

LAST HEARING TEST:_____ LAST VISION TEST:_____

CURRENT FUNCTION:

WHAT ARE YOUR CHILD'S RELATIONSHIPS WITH PEERS LIKE? _____

_____

DOES YOUR CHILD HAVE A BEHAVIOR PROBLEM:

AT HOME: _____

_____

AT SCHOOL: _____

_____

WHAT SORT OF HELP HAS HE/SHE RECEIVED FOR THESE PROBLEMS: _____

_____

FAMILY MEDICAL HISTORY:

IS THERE A FAMILY HISTORY OF: SEIZURES, TIC DISORDERS, TOURETTE'S SYNDROME, DEPRESSION, ATTENTION PROBLEMS, SCHOOL PROBLEMS, NEUROLOGIC DISEASE, OR OTHER SERIOUS ILLNESS? _____

_____

IF ANY FORMAL PSYCHOLOGICAL OR EDUCATIONAL EVALUATIONS HAVE BEEN DONE, PLEASE SEND COPIES OF THESE REPORTS PRIOR TO YOUR VISIT.

SOCIAL HISTORY:

WHO LIVES IN YOUR HOME: _____

ARE ANY OF YOUR CHILDREN IN A DAYCARE BEFORE/AFTER SCHOOL PROGRAM: _____

ARE THERE ANY CONCERNS ABOUT FAMILY STRESSES? (DIVORCES/SEPARATIONS, ILLNESS/DEATHS, SUBSTANCE ABUSE, FINANCIAL, SCHOOL, ETC.): _____

_____