

South East Bay Pediatric Medical Group, Inc.

FELLOWS OF AMERICAN ACADEMY OF PEDIATRICS
INFANTS CHILDREN TEENAGERS



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ADHD Parent Packet Overview

Dear Parents,

Enclosed is information on ADHD and the evaluation process at South East Bay Pediatrics. The diagnosis of ADHD takes time, and the evaluation process usually takes at least 2-3 visits before the diagnosis can be made. Occasionally the process can take longer if referrals to psychologists or psychiatrists are warranted. Blood tests may or may not be indicated, and this will be discussed during your visit.

After setting up your appointment we would like you to carefully examine all the information provided. We ask that you individually complete all forms to the best of your knowledge, and that you obtain any prior records pertaining to the diagnosis (e.g. teacher/school counselor reports, report cards in the past year, previous evaluations, educational assessments/tests, psychological assessments, IEP, or 504 plans.) Parent(s) should fill out the following questionnaires:

1. Health History Questionnaire
2. ADHD Parent Questionnaire – each parent should fill this out individually
3. ADHD Connors and Vanderbilt Parent Questionnaires – each parent should fill this out individually.

A teacher packet is also provided and should be given to 2-3 teachers and/or school counselors as soon as possible in order for the questionnaires to be returned in a timely manner. The teacher packet includes questionnaires on how your child behaves in the school setting, which is crucial in making the diagnosis of ADHD. Teacher(s) should fill out the following questionnaires:

1. ADHD Teacher/Counselor Packet – given to the main teacher, principal, counselor, or other administrator who can provide the requested information
2. ADHD Teacher Questionnaire – given to 1-3 teachers who have direct observation of and/or supervision over your child
3. ADHD Connors and Vanderbilt Teacher Questionnaires – given to 1-3 teachers who have direct observation of and/or supervision over your child

We also ask that you sign the release of information form that will enable us to share information with teachers, counselors, psychologists, or psychiatrists who may be involved. Our goal is to gather as much information as possible in order to make the appropriate diagnosis and treat your child appropriately that he/she may become a more successful student in school and a happier individual at home.

Finally, some insurance companies will not pay for ADHD evaluation or follow up. Please contact your insurance company before your visit to determine if this is the case. If your

insurance company does not cover ADHD evaluations or follow up, please contact us immediately that we can make appropriate arrangements.

All information, including this signed form, is required prior to your appointment in order to make best use of the appointment. If you have any questions or need additional information, please do not hesitate to contact us.

Sincerely,
South East Bay Pediatrics

Check the applicable symptoms in each section:

Inattention:

- Often fails to give close attention to detail or makes careless mistakes in schoolwork, work, or other activities.
- Often has difficulty sustaining attention in tasks or play activities.
- Often does not listen when spoken to directly.
- Often does not follow through on instruction and fails to finish schoolwork, chores, or in work.
- Often has difficulty organizing tasks and activities.
- Often avoids tasks that require sustained mental effort such as homework or schoolwork.
- Often loses things necessary for tasks or activities (e.g. toys, homework, pencil, books, tools).
- Is often easily distracted by extraneous stimuli.
- Is often forgetful in daily activities.

Hyperactivity:

- Often fidgets with hands/feet or squirms in seat.
- Often leaves seat in classroom or in other situations where remaining seated is expected.
- Often runs or climbs excessively in inappropriate situations (adolescents or adults may have subjective feelings of restlessness).
- Often has difficulty playing or engaging in leisure activities quietly.
- Is often “on the go” or often acts as if “driven by a motor.”
- Often talks excessively.

Impulsivity:

- Often blurts out answers before questions completed.
- Often has difficulty awaiting turn.
- Often interrupts or intrudes on others.

PARENTS: Please fill out, sign, and date this form. The first copy is to be returned to South East Bay Pediatrics along with the Parent Packet. The second copy is to be given to the school to keep for their records. You may give the second copy to the school along with the Teacher/Counselor Packet.

Parental Consent Form (SEBP copy)

I hereby give my permission to my child's school to release information regarding my child's grades, achievement test scores, psychology reports, and other pertinent educational information for clinical use to South East Bay Pediatrics Medical Group. I also understand that the appropriate teachers and/or counselors will be asked to complete questionnaires regarding my child's academic performance, limitations (if any), behavioral problems (if any), and placement in special programs (if applicable.)

South East Bay Pediatrics also has my permission to share their diagnostic information and treatment recommendations with the designated school personnel.

I am aware that this information will be kept highly confidential and reviewed only by the necessary professionals involved in my child's care. I understand that releasing individual identifiable information about my child requires my written consent, except as otherwise required by law.

I have been informed that I may withdraw this consent at any time.

Child's Name: _____

Child's Birthdate: _____

Address _____

City _____ State _____ Zip Code _____

Tel. No.: (_____) _____ - _____

School _____ School District _____

Parent(s) Signature: _____ Date _____

Parent(s) Name: _____

Parent(s) Signature: _____ Date _____

Parent(s) Name: _____

PARENTS: Please fill out, sign, and date this form. The first copy is to be returned to South East Bay Pediatrics along with the Parent Packet. The second copy is to be given to the school to keep for their records. You may give the second copy to the school along with the Teacher/Counselor Packet.

Parental Consent Form
(school copy to be kept on file at the child's school)

I hereby give my permission to my child's school to release information regarding my child's grades, achievement test scores, psychology reports, and other pertinent educational information for clinical use to South East Bay Pediatrics Medical Group. I also understand that the appropriate teachers and/or counselors will be asked to complete questionnaires regarding my child's academic performance, limitations (if any), behavioral problems (if any), and placement in special programs (if applicable.)

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I have been informed that I may withdraw this consent at any time.

Child's Name: _____

Child's Birthdate: _____

Address _____

City _____ State _____ Zip Code _____

Tel. No.: (_____) _____ - _____

School _____ School District _____

Parent(s) Signature: _____ Date _____

Parent(s) Name: _____

Parent(s) Signature: _____ Date _____

Parent(s) Name: _____

Health History Questionnaire

Date: _____

Child's Name: _____

DOB: _____ Age: _____

School: _____

Grade Level: _____

Mother's Name: _____ Occupation: _____

Marital Status (circle one:) single married divorced

Father's Name: _____ Occupation: _____

Marital Status (circle one:) single married divorced

Other children in the family:

Name:

Age:

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

When did you first notice a possible problem? _____

Has your child been receiving any special education or resources within the school? If so, what type of program is he/she receiving?

Has an Individualized Education Program (IEP) been completed by the school? _____

Birth History:

(if your child is adopted, complete this section based on whatever information you have)

Was your child full term or premature? (circle one) term premature

If premature, how early? _____

Birth weight? _____

Please explain any problems or complications during the pregnancy:

Was your child unusually active inside your womb? _____

During the pregnancy, were any of the following used?

_____ cigarettes how many? _____

_____ alcohol how much? _____

_____ non-prescription drugs which medications? _____

_____ prescription drugs which medications? _____

_____ street drugs which ones? _____

Family History:

(please check all that apply, and identify which relative)

___ birth defects

___ mental retardation

___ developmental delay

___ learning or school problems

___ hearing loss/deafness

___ seizures

___ thyroid disorders

___ tics/involuntary movements

___ psychiatric problems

___ emotional problems

___ alcoholism

___ drug dependency

___ depression

___ bipolar disorder

___ anxiety disorder

___ dyslexia

___ attention deficit or hyperactivity disorder

Developmental History:

As best you remember, please give the approximate age your child:

- | | |
|--------------------------------------|-------------------------------|
| _____ rolled over | _____ spoke first word |
| _____ sat without support | _____ said 4-6 words |
| _____ crawled | _____ put 2-3 words together |
| _____ walked with support (cruising) | _____ name a body part |
| _____ walked without support | _____ was toilet trained |
| _____ dressed without help | _____ was dry at night |
| _____ could ride a tricycle | _____ could name colors |
| _____ slept in his/her own room | _____ could count numbers |
| | _____ could identify letters |
| | _____ could read simple words |
| | _____ could write name |

Please check any of the following that apply to your child when he/she was younger:

- | | |
|--|--------------------------------------|
| ___ more active than other children | ___ always on the go |
| ___ dare-devil behavior/had no fear | ___ impulsive behavior |
| ___ aggressive towards other children | ___ timid or shy |
| ___ needed rigid schedule | ___ problems making friends |
| ___ problems adapting to a new situation | ___ gave up easily when frustrated |
| ___ not affected by discipline | ___ frequent temper tantrums |
| ___ unable to follow rules | ___ needed constant attention |
| ___ always testing limits | ___ rocking or head banging |
| ___ sleep problems | ___ problems with separation anxiety |
| ___ delayed speech | ___ feeding problems |

Medical History:

Medical Problems: _____

Hospitalizations: _____

Surgeries: _____

Allergies: _____

Serious accidents: _____

Medications taken regularly: _____

Form completed by (circle one:) mother father both

Signature

Signature

Parent Name

Parent Name