

*South East Bay Pediatrics 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.)

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.

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.

# 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 |                                 |

