

Lake Pointe Pediatric Associates, P.A.

6900 Scenic Drive Suite 103 Rowlett Texas 75088
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PARENT QUESTIONNAIRE FOR EVALUATION OF ATTENTION DEFICIT/HYPERACTIVITY DISORDER

Child's Name: _____ Age: _____ Date: _____

Please fill out the following information in as much detail possible to help us evaluate your child thoroughly.

Medical History:

- Please list any serious or chronic medical conditions for which your child has or is currently receiving treatment:

- Please list any medication your child is receiving:

- Did your child seem to reach developmental milestones more slowly than other children (i.e. Was your child slow to walk/talk/etc. compared to other children?) If yes, please give details.

- Has your child ever had any "tics" (repetitive movements like smacking or eye blinking or repetitive noises such as throat clearing)?

- Has your child ever been diagnosed with a hearing or speech problem?

- Is there any family history of Attention Deficit/Hyperactivity Disorder or behavioral disorders? Please list.

- Is there any family history of psychiatric disorders (e.g. Depression/anxiety?) Please list.

- Is there any family history of "tics", thyroid problems, seizures, and hearing or vision problems?

PARENT QUESTIONNAIRE FOR EVALUATION OF ATTENTION DEFICIT/HYPERACTIVITY DISORDER- Continued

Child's Name: _____

School History:

- Has your child required special attention in the classroom, been placed in special education classes, or been retained in the same grade level for learning difficulties?

- How are your child's grades (i.e. is your child a "C" student, etc.)? What are your child's best and worst subjects?

- Have any teachers requested that you have your child evaluated for possible ADHD? If so, what were their reasons for requesting an evaluation?

Psychosocial History:

- How would you describe your child's personality (i.e. Quiet/loud, easily upset/aggressive)?

- How does your child interact with other adults?

- How does your child interact with other children?

- Has there been any recent change in your child's life that may be affecting his/her attitude, performance, etc.?

Please fill free to use the remainder of this page to write any additional comments you may have.

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Child's Name: _____ DOB _____ Date: _____

We have compiled some information and suggestions to make the treatment of your child efficient and uninterrupted.

Dear Parent:

Prior to your child's evaluation, we suggest you contact your health insurance to confirm coverage and benefits for Attention Deficit Disorder and Attention Deficit Hyperactivity Disorder. We are providing you the International Classification of Diseases codes (ICD-9). For ADD the ICD-9 code is 314.00 and for ADHD the ICD-9 code is 314.01. We suggest you know which are the specific medications covered by your group plan. Here is a list of medications used to treat this syndrome: Adderall, Adderall XR, Concerta, Focalin, Focalin XR, Metadate CD, Ritalin, Ritalin LA and Strattera. If you change insurance provider, do not forget to re-confirm coverage. Some insurance plans exclude or have specific providers to treat patients with these disorders and will not pay for this treatment.

Appointments: If you need to schedule an ADD or ADHD recheck or follow up, please call 4 to 6 weeks prior to your needed appointment. Please keep in mind that your child will need to see the doctor *every six months* for as long as he/she is treated with medication/s.

Refills: We will not mail or fax controlled substance prescriptions. We require the parent or legal guardian signature on pick up. CONTROLLED SUBSTANCE prescriptions expire 21 days from the date signed. Your pharmacist WILL NOT process an expired prescription. Your doctor charges \$10.00 to reprocess an expired prescription. You must bring the expired prescription(s) back before a replacement prescription can be issued. The *Texas Department of Public Safety (DPS)* and *US Department of Justice, Drug Enforcement Administration (DEA)*, require for us to maintain a strict record of all controlled substance prescriptions.

Helpful Numbers:

Appointment Desk: 972-412-1034 ext. 22

Prescription Refill Desk: 972-412-1034 ext. 25

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Patient Name: _____ Chart No. _____

I have received a copy of the **compiled information and suggestions** and understand Lake Pointe Pediatric Associates' policy regarding ADD prescriptions, insurance coverage and appointments.

Parent name

Parent Signature

Date

Keep in patient's chart

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SYMPTOM CHECKLIST FOR EVALUATION OF ATTENTION DEFICIT/HYPERACTIVITY DISORDER

Child's Name: _____ Age: _____ Date: _____

Person Completing Form: _____ Relationship to Child: _____

If teacher, what subject(s) and what time of day do you interact with the child? _____

Check the box that best describes this child compared with other children of the same gender and age.	Never	Sometimes	Often	Very Often
1. Fails to pay close attention to details/makes careless mistakes in work/tasks				
2. Has difficulty sustaining attention to task/chores/activities				
3. Does not seem to listen when spoken to directly				
4. Does not follow through on instructions and fails to finish work/chores (not due to oppositional behavior or failure to understand instructions)				
5. Has difficulty organizing task and activities				
6. Avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (such as schoolwork)				
7. Loses things necessary for tasks or activities (eg. books/tools)				
8. Is easily distracted by unimportant stimuli (eg. noises)				
9. Is forgetful in daily activities				
10. Fidgets with hands or feet or squirms in seat				
11. Leaves seat when expected to remain seated				
12. Runs about or climbs excessively in inappropriate situations				
13. Has difficulty playing or engaging quietly in leisure activities				
14. Is "on the go" or often acts as if "driven by a motor"				
15. Talks excessively				
16. Blurts out answers before the questions have been completed				
17. Has difficulty awaiting turn				
18. Interrupts or intrudes on others' conversations/games/etc.				
19. Is uncooperative or defiant or argues with adults				
20. Has difficulty getting along with other children				
21. Is often angry, irritable, or easily upset				
22. Has excessive anxiety, worry, or fearfulness				
23. Seems sad, moody, depressed, or discouraged				
24. Has problems with academic progress (skill level or learning)				
25. Has problems with academic performance (productivity)				

