



Date

Dear Parent/Guardian:

We have received your request to make an appointment for your child to be evaluated for behavioral problems.

In order to facilitate this exam, it is necessary for us to have you fill out some forms prior to scheduling an appointment. The forms included are as follows:

- 1) *Parent form* – to be filled out by a parent or guardian
- 2) *Release of Information form* – fill out the school/teachers name, sign and return to us so that we can send a Teacher form to be filled out. (Please note that the Teacher Form will be sent directly to the teacher after we receive your release of information.)
- 3) *Past Medical History form* – to be filled out by a parent or guardian

When all of these forms are filled out, please return them to the attention of your child's physician, either by mail or in person to our office. After your physician reviews this information, we will contact you to set up a consultation appointment to see your child.

Sincerely,

Beacon Medical Group

YOUR CHILD'S HISTORY

Child's Name: _____ Nickname: _____ Date of Birth: _____

Parent's Last Name(s) _____

Adopted Foster Child

Names and ages of other household members: _____

BIRTH HISTORY

During pregnancy, did mother have: Bleeding? Toxemia? Take medication?

What medication? _____ Illness or Infections? _____

Drink much alcohol? Smoke? Use drugs? _____

Previous miscarriages? Difficult delivery? Cesarean Section?

Length of pregnancy: _____

NEWBORN HISTORY

Mother's blood type _____ Baby's _____ Birth weight _____

Needed oxygen? Had infection? Jaundice treated?

Stayed in hospital more than 7 days? Born with congenital defects?

Please list other problems: _____

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FAMILY HISTORY

Parents: Single Married Divorced Stepfamily

Language spoken at home _____

Father's occupation _____ Mother's occupation _____

Child's racial origins _____ Lives mainly with _____

	Father	Mother	Sisters	Brothers	Other
Heart Problems					
Diabetes					
Asthma/Allergies					
Seizures/Neurological					
Blood Diseases					
HIV/AIDS					
Birth Defects					
Developmental/Learning Problems					
Drug Addiction					
Alcoholism					
Depression/Anxiety					
Behavior Problems					
Other Psychiatric Problems					

CHILD'S MEDICAL HISTORY

List any illnesses, injuries, hospitalizations, operations, poisonings

ALLERGIES

Asthma Eczema Hayfever Food: _____ Other: _____

Reactions to medicine (list medicines) _____

Pets at home: _____ Smokers at home: _____

DEVELOPMENT Advanced Average Slower than other children

Concerns with: Speech Coordination Movement

Relating to other people Learning Repeated grade _____

Receives therapy Receives special education

School _____ Grade _____

BEHAVIOR

Normal Problems with: Sleep Discipline Bowels or bladder

Problems at different ages: Preschool Grade school Middle school High school

Please explain the problem: _____

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 other's 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 (i.e. "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
Symptoms (continued)	Never	Occasionally	Often	Very Often
33. Deliberately destroys other's 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'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: _____