

Lantana Pediatrics

ADHD Developmental/Historical Intake

Patients Name: _____

DOB: _____

Gender: _____

Grade: _____

Family History Risk Factors

Has anyone in the immediate family (parents or siblings) been diagnosed or treated for ADHD?

Relationship to Patient	Diagnosed?			Treated?		
	YES	NO	NA	YES	NO	NA
	YES	NO	NA	YES	NO	NA
	YES	NO	NA	YES	NO	NA
	YES	NO	NA	YES	NO	NA
	YES	NO	NA	YES	NO	NA

Do any family members have any psychological or psychiatric disorders including the following?

Relationship to Patient				
	ADHD	YES	NO	NA
	Alcohol or substance abuse	YES	NO	NA
	Anxiety	YES	NO	NA
	Bipolar (manic-depression)	YES	NO	NA
	Conduct problems	YES	NO	NA
	Depression	YES	NO	NA
	Learning problems			
	Other	YES	NO	NA

Pregnancy/Labor/Delivery Risk Factors

Did any of the following occur during pregnancy, labor or after delivery?

Infections during pregnancy?	YES	NO	NA
Mother took medication?	YES	NO	NA
Mother drank alcohol?	YES	NO	NA
Mother used illegal drugs?	YES	NO	NA
Premature birth?	YES	NO	NA
Low birth weight (under 5 pounds)?	YES	NO	NA
Lack of oxygen at birth/blue baby?	YES	NO	NA
Other	YES	NO	NA

Developmental Behavior

From the current time, did your child exhibit or experience any of the following behaviors?

Clumsy/accident prone	YES	NO	NA
Colic/fussiness	YES	NO	NA
Delayed talking	YES	NO	NA
Delayed walking	YES	NO	NA
Difficulty potty training	YES	NO	NA
Eating problems	YES	NO	NA
Fearful	YES	NO	NA
Fearless	YES	NO	NA
Food or shelter insecurity	YES	NO	NA
Head Injury	YES	NO	NA
Hearing problems	YES	NO	NA
High activity level	YES	NO	NA
Lead poisoning	YES	NO	NA
Neglect	YES	NO	NA

Behavioral/Psychiatric History

Has the patient ever been diagnosed with any of the following?

ADD or ADHD	YES	NO	NA
Anorexia/Bulimia	YES	NO	NA
Anxiety	YES	NO	NA
Autism	YES	NO	NA
Bedwetting (Enuresis)	YES	NO	NA
Bipolar	YES	NO	NA
Conduct Disorder	YES	NO	NA
Feeding Problems	YES	NO	NA
Global developmental delay	YES	NO	NA
Language/communication disorders	YES	NO	NA
Learning disabilities	YES	NO	NA
Obsessive-compulsive disorder	YES	NO	NA
Oppositional defiant disorder	YES	NO	NA
Post-traumatic stress disorder	YES	NO	NA
Soiling (encopresis)	YES	NO	NA
Has the patient ever seen a counselor/ Psychiatrist/Psychologist for any reason?	YES	NO	NA
Does your child take medication for a Psychiatric/psychological problem?	YES	NO	NA

	Medication	Medication
Medication Name		
Prescribed by whom		
For what diagnosis		
Dose		
Currently taking?		
Age started		
Age stopped		
Benefits		
Side effects		