

#### www.forestlanepediatrics.com

### **Initial Evaluation Questionnaire for ADHD Assessment**

Thank you for allowing us to participate in assessing your child's educational needs. We know that your child's emotional and educational well-being is important to you. Please complete this document as thoroughly and accurately as possible. Once this and the other requested documents have been received, your child can be scheduled for an initial ADHD assessment where the doctor will review the available information and discuss whether or not your child has ADHD and potential interventions.

#### Requested documents for ADHD Diagnosis and Treatment

- 1. Initial Evaluation Questionnaire for ADHD Assessment
- 2. ADHD Policy
- 3. Vanderbilt Forms from one or more teachers (prefer 2 teachers)
- 4. Vanderbilt Forms from at least one parent or caregiver (prefer 2 caregivers)
- 5. Recent report card
- 6. Any previous evaluations of your child's learning (school IEP, psychoeducational testing, IQ testing, standardized test)

#### ADHD Web Resources Recommended by Forest Lane Pediatrics

Concerns: (Why do you suspect your child might have ADHD):

## School Grade: Name of school: When does school start and end? AM PM Which subjects are difficult for your child? How many years has your child had trouble with school? Has your child ever had to repeat a grade and which grade? No Yes Which grade? Has your child had any previous educational evaluation at school or with a psychologist? When: \*Please provide any documentation from this visit Does she or he receive any special tutoring or accommodations at the school? No Yes If Yes: **Appetite** Would you classify your child as a good eater / picky eater? Does he or she take a daily vitamin? No \_\_\_Yes \_\_\_ What if any special diets have you tried? Sleep What time is bedtime? \_\_\_\_\_ What time does your child wake up each morning? Problems with sleep (falling asleep, waking up, snoring): Elaborate: \_\_\_\_

# **Development** Was your child born prematurely? No \_\_\_ Yes \_\_\_ If yes: How many weeks? Problems during the pregnancy? Problems in the nursery or first month of life? Were there any concerns with development before kindergarten? No Yes Elaborate: \_\_\_\_ **Family** Any major changes at home during the past year (i.e. death in the family, changing schools, etc)? No \_\_\_ Yes \_\_\_ Elaborate: \_\_\_\_\_ **Past Heart History** Any history of passing out, racing heart beat, skipped heartbeats, or heart problems? No Yes Elaborate: Any family history of sudden unexplained death, heart problems at a young age, or irregular heart beats (arrhythmias)? No Yes If yes, who and what condition? Any additional information or questions for the doctor?