



Behavior or School Performance Consultation Basics



Patient Name: _____ **DOB:** _____

Account #: _____

Dear Parent or Guardian:

You have expressed concerns about your child's behavior or school performance. We would like to help identify your child's problems and develop a treatment plan. Please submit the materials listed below for one of our clinicians to review. Since our clinicians cannot provide quality care until they review the information, we will not schedule a consultation visit until we receive and review all requested information. After the doctor has reviewed the materials (this usually takes one business week) we will contact you to set up a consultation. If your child has not had a recent well child physical we will likely ask you to schedule two separate appointments: one for a checkup and one for a consultation. This is very important because some children with behavioral problems have treatable medical conditions that could be detected during a physical.

List of Materials:

- Vanderbilt Teacher Rating Scale to be completed by all teachers
- Vanderbilt Parent Rating Scale for each parent
- Copy of recent report cards
- Copy of standardized test scores
- Sudden Cardiac Death Risk Assessment
- ADHD Questionnaire
- A summary, written by the parent(s) that describes the child's behavior or learning problems along with the efforts taken to help address the problems.
- Psycho-educational testing (done through school, or privately) if available. We do not require this testing for the initial consult. However, we may require that this testing be done after the initial consultation.

We appreciate your time and attention. We look forward to working with you and your child in a rewarding relationship to achieve your goals.

FOR OFFICE USE ONLY

CMPC Staff Signature: _____

Mailed: _____

CHILDREN'S MEDICINE P.C.'s ADHD POLICY & TREATMENT AGREEMENT

You have completed the required paperwork and have met with your child's clinician regarding his/her ADHD. You have made the decision to treat your child's ADHD with medication (stimulants).

To move forward with the prescribing of this medication, you must adhere to Children's Medicine, P.C.'s ADHD treatment policy.



Initial Year of Treatment:

1. Follow up with their clinician within 1 month after their initial ADHD visit;
2. Follow up with their clinician within 3 months after the 1 month visit; and,
3. Follow up with their clinician within 3 months after the first 3 month visit.

On-going Treatment (Year 2 & forward):

1. Follow up with clinician every 3 to 4 months (1 of these visits will be the Well Child Check)
2. Required to be up to date with Well Child Check
3. Required to be up to date with Immunizations
4. Complete rating scales annually
5. Complete Sudden Cardiac Death Risk Assessment annually

It is helpful to bring your child's report cards, standardized testing results, notes from teachers and copies of individual education plans to these visits. Your child's clinician may also require rating scales.

ADHD refill prescriptions are only written by the clinician who is treating the child. Refill requests to our office must be made 7 days prior to needing the refill. The refill request must include the child's name, date of birth, name of medication and dose prescribed.

Refills are not available to patients that are not current on their 4-6month exam/follow up schedule. It is your responsibility to schedule these exams in a timely manner.

Please Note: ADHD medications are prohibited by law from being called into your pharmacy. The refill prescription must be picked up from one of our offices by an approved person. Identification will be checked each time.

Failure to adhere to Children's Medicine, P.C.'s ADHD policy will result in the discontinuation of your child's clinician prescribing his/her ADHD medication.

I have read the ADHD policy and agree to abide by same as long as my child, _____

DOB _____ is being treated for ADHD by Children's Medicine, P.C.

Signed and dated this _____ day of _____, 201____.

Parent Signature

Clinician Signature

Parent Printed Name

Provider Printed Name



TO BE COMPLETED BY PATIENT/PARENT

School History

Name of school: _____

Homeroom teacher: _____

Grade: _____ Special Ed. Classes: _____

What grade did academic problems start? _____

Has he/she ever been retained? ----- ☐ Yes ☐ No

Does he/she receive tutoring now? ----- ☐ Yes ☐ No

Has he/she had L.D. or psychological testing? ----- ☐ Yes ☐ No

Check areas of concern:

- | | | |
|---------------------------------------|--|--|
| <input type="radio"/> Health problems | <input type="radio"/> Inappropriate sounds | <input type="radio"/> Mathematics |
| <input type="radio"/> Absenteeism | <input type="radio"/> Lack of attention | <input type="radio"/> Retaining information |
| <input type="radio"/> Motivation | <input type="radio"/> Speech | <input type="radio"/> Homework |
| <input type="radio"/> Behavior | <input type="radio"/> Reading | <input type="radio"/> Copying from the board |
| <input type="radio"/> Motor skills | <input type="radio"/> Writing | <input type="radio"/> Taking tests |
| <input type="radio"/> Hyperactivity | <input type="radio"/> Spelling | <input type="radio"/> Getting along with peers |

Past Medical/Family History

Check yes or no and circle specific concerns:

- | | Yes | No |
|--|-----------------------|-----------------------|
| 1. Does the patient have any ongoing medical problems? ----- | <input type="radio"/> | <input type="radio"/> |
| 2. Do you have concerns about diet, sleep, exercise? ----- | <input type="radio"/> | <input type="radio"/> |
| 3. Has the patient had any of the following conditions: surgical procedures, significant allergies or allergic reactions to meds., head injury, seizures, facial tics or other body movements, meningitis, encephalitis, or poisoning of any type? ----- | <input type="radio"/> | <input type="radio"/> |
| 4. Has the patient had any of the following problems: bed wetting, stool soiling, temper outbursts, mood changes, anxiety, depression, lying, stealing, fire setting, destructiveness, cruelty to animals, or self-injury? ----- | <input type="radio"/> | <input type="radio"/> |
| 5. Do you have concerns about his/her overall development? ----- | <input type="radio"/> | <input type="radio"/> |
| 6. Is the patient taking any medications at the present? -----
If yes, list medication _____ | <input type="radio"/> | <input type="radio"/> |
| 7. Did the mother have any medical problems during pregnancy, labor, delivery, or post-delivery period? ----- | <input type="radio"/> | <input type="radio"/> |
| 8. Did the patient breathe and cry normally after delivery, have a good color, suck well, grow and develop normally? ----- | <input type="radio"/> | <input type="radio"/> |
| 9. Was the patient full term? Birth Weight? ----- | <input type="radio"/> | <input type="radio"/> |
| 10. Did the mother use alcohol, recreational drugs, tobacco, seem depressed, or have other mental problems during pregnancy? ----- | <input type="radio"/> | <input type="radio"/> |
| 11. Has anyone in the immediate family had any of the following: AD/HD, school difficulties, depression, bipolar disorder, Tourette's syndrome, alcoholism, or drug problems? ----- | <input type="radio"/> | <input type="radio"/> |
| Do you have any other concerns you wish to discuss? ----- | <input type="radio"/> | <input type="radio"/> |

Patient/Parent's Signature

Date

Pediatric Cardiac Risk Assessment Form



Please complete this form for all children (athletic participant or not) starting at the age of 6, when the American Academy of Pediatrics recommends starting preparticipation examinations (PPE). It should be completed a minimum of every 3 years, including on entry into middle school and high school. Depending on family and primary care provider concerns, more frequent or earlier screening may be appropriate.

Patient Name: _____

Age: _____

Person Completing Form: _____

Date: _____

Symptom Questions:	Yes	No	Unsure
Have you (patient) ever fainted, passed out, or had an unexplained seizure suddenly and without warning?			
If so, was it during exercise or in response to sudden loud noises, such as doorbells, alarm clocks, or ringing telephones?			
Have you (patient) ever had either of the following during <u>exercise</u> : 1. Exercise-related chest pain, particularly pressure-like and not occurring at rest? 2. Unusual or extreme shortness of breath during exercise, not explained by asthma?			
Family History:	Yes	No	Unsure
Are there any immediate family members (include patient's parents or siblings) who have died before age 50 from heart problems or had an unexpected sudden death? <i>Including drownings, passing away in their sleep, sudden infant death syndrome (SIDS), or unexplained automobile crashes in which the relative was driving.</i>			
Are there any immediate relatives (patient's parents or siblings) with the following conditions?			
<input type="checkbox"/> Hypertrophic cardiomyopathy or hypertrophic obstructive cardiomyopathy (HCM/HOCM) <input type="checkbox"/> Long QT syndrome (LQTS) or short QT syndrome <input type="checkbox"/> Marfan syndrome or Loeys-Dietz syndrome <input type="checkbox"/> Arrhythmogenic right ventricular cardiomyopathy (ACM) <input type="checkbox"/> Catecholaminergic polymorphic ventricular tachycardia (CPVT) <input type="checkbox"/> Brugada syndrome (BrS) <input type="checkbox"/> Anyone younger than 50 years old with a pacemaker or implantable defibrillator? <input type="checkbox"/> <i>I have no known immediate family members with the above conditions.</i>			
Please explain more about any "yes" answers here:			

VANDERBILT ADHD DIAGNOSTIC TEACHER RATING SCALE

Patient Name: _____

Today's Date: _____

Date of Birth: _____

Age: _____

Grade: _____

Each rating should be considered in the context of what is appropriate for the age of the children you are rating.

Frequency Code: 0 = Never; 1 = Occasionally; 2 = Often; 3 = Very Often

1. Fails to give attention to details or makes careless mistakes in schoolwork	0	1	2	3
2. Has difficulty sustaining attention to tasks or activities	0	1	2	3
3. Does not seem to listen when spoken to directly	0	1	2	3
4. Does not follow through on instruction and fails to finish schoolwork (not due to oppositional behavior or failure to understand)	0	1	2	3
5. Has difficulty organizing tasks and activities	0	1	2	3
6. Avoids, dislikes, or is reluctant to engage in tasks that require sustaining mental effort	0	1	2	3
7. Loses things necessary for tasks or activities (school assignments, pencils, or books)	0	1	2	3
8. Is easily distracted by extraneous 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 in classroom or in other situations in which remaining seated is expected	0	1	2	3
12. Runs about or climbs excessively in situations in which remaining seated is expected	0	1	2	3
13. Has difficulty playing or engaging in leisure activities quietly	0	1	2	3
14. Is "on the go" or often acts as if "driven by a motor"	0	1	2	3
15. Talks excessively	0	1	2	3
16. Blurts out answers before questions have been completed	0	1	2	3
17. Has difficulty waiting in line	0	1	2	3
18. Interrupts or intrudes on others (eg, butts into conversations or games)	0	1	2	3
19. Loses temper	0	1	2	3
20. Actively defies or refuses to comply with adults' requests or rules	0	1	2	3
21. Is angry or resentful	0	1	2	3

VANDERBILT ADHD DIAGNOSTIC TEACHER RATING SCALE

Each rating should be considered in the context of what is appropriate for the age of the children you are rating.

Frequency Code: 0 = Never; 1 = Occasionally; 2 = Often; 3 = Very Often

22. Is spiteful and vindictive	0	1	2	3
23. Bullies, threatens, or intimidates others	0	1	2	3
24. Initiates physical fights	0	1	2	3
25. Lies to obtain goods for favors or to avoid obligations (ie, "cons" others)	0	1	2	3
26. Is physically cruel to people	0	1	2	3
27. Has stolen items of nontrivial value	0	1	2	3
28. Deliberately destroys others' property	0	1	2	3
29. Is fearful, anxious, or worried	0	1	2	3
30. Is self-conscious or easily embarrassed	0	1	2	3
31. Is afraid to try new things for fear of making mistakes	0	1	2	3
32. Feels worthless or inferior	0	1	2	3
33. Blames self for problems, feels guilty	0	1	2	3
34. Feels lonely, unwanted, or unloved; complains that "no one loves" him or her	0	1	2	3
35. Is sad, unhappy, or depressed	0	1	2	3

PERFORMANCE

		Problematic		Average	Above Average	
Academic Performance						
1.	Reading	1	2	3	4	5
2.	Mathematics	1	2	3	4	5
3.	Writtenexpression	1	2	3	4	5
Classroom Behavioral Performance						
1.	Relationships with peers	1	2	3	4	5
2.	Following directions/rules	1	2	3	4	5
3.	Disrupting class	1	2	3	4	5
4.	Assignment completion	1	2	3	4	5
5.	Organizational skills	1	2	3	4	5

VANDERBILT ADHD DIAGNOSTIC PARENT RATING SCALE

Patient Name: _____

Today's Date: _____

Date of Birth: _____

Age: _____

Grade: _____

Each rating should be considered in the context of what is appropriate for the age of your child.

Frequency Code: 0 = Never; 1 = Occasionally; 2 = Often; 3 = Very Often

1. Does not pay attention to details or makes careless mistakes, such as in homework	0	1	2	3
2. Has difficulty sustaining attention to tasks or activities	0	1	2	3
3. Does not seem to listen when spoken to directly	0	1	2	3
4. Does not follow through on instruction and fails to finish schoolwork (not due to oppositional behavior or failure to understand)	0	1	2	3
5. Has difficulty organizing tasks and activities	0	1	2	3
6. Avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort	0	1	2	3
7. Loses things necessary for tasks or activities (school assignments, pencils, or books)	0	1	2	3
8. Is easily distracted by extraneous 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 excessively in situations when remaining seated is expected	0	1	2	3
13. Has difficulty playing or engaging in leisure activities quietly	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 on others (butts into conversations or games)	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 comply with adults' requests or rules	0	1	2	3

VANDERBILT ADHD DIAGNOSTIC PARENT RATING SCALE

Each rating should be considered in the context of what is appropriate for the age of your child.

Frequency Code: 0 = Never; 1 = Occasionally; 2 = Often; 3 = Very Often

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 vindictive	0	1	2	3
27. Bullies, threatens, or intimidates others	0	1	2	3
28. Initiates physical fights	0	1	2	3
29. Lies to obtain goods for favors or to avoid obligations ("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 items of nontrivial value	0	1	2	3
33. Deliberately destroys others' 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 else'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

VANDERBILT ADHD DIAGNOSTIC PARENT RATING SCALE

Each rating should be considered in the context of what is appropriate for the age of your child.

Frequency Code: 0 = Never; 1 = Occasionally; 2 = Often; 3 = Very Often

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

		Problematic		Average	Above Average	
Academic Performance						
1.	Reading	1	2	3	4	5
2.	Mathematics	1	2	3	4	5
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Classroom Behavior						
1.	Relationships with peers	1	2	3	4	5
2.	Following directions/rules	1	2	3	4	5
3.	Disrupting class	1	2	3	4	5
4.	Assignment completion	1	2	3	4	5
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