**Sunflower Developmental Pediatrics**

**Patient Information**

*Please send these completed forms along with copies of pertinent information such as report cards, psychological reports or any counseling evaluations.* ***Do not send original copies****. Please complete all information.*

Child’s Name:

Date of Birth:

Age:

Sex:

Home Address:

Cell Phone: Home Phone: Best Number to Call:

Parent or Guardian Full Name(s):

Parent or Guardian Cell Phone:

Parent or Guardian Work Phone:

Parent or Guardian Occupations:

Child’s School:

School Address:

Current Grade:

Source of referral:

|  |  |  |
| --- | --- | --- |
| **Present placement of child** | **Adult with whom child is living** | **Non-residential adults involved with child** |
| Biological Mother |  |  |
| Biological Father |  |  |
| Stepmother |  |  |
| Stepfather |  |  |
| Adoptive Mother |  |  |
| Adoptive Father |  |  |
| Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |

School History

1. Please list schools attended in chronological order:

|  |  |  |
| --- | --- | --- |
| School | Grades Attended | Town |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

1. Please summarize the child’s progress (e.g. academic, social, etc.) within each of these grade levels:

Preschool:

Kindergarten:

Early Elementary School:

Late Elementary School:

Middle School:

High School:

1. To the best of your knowledge, at what grade level is your child functioning:

Reading: Writing: Math:

1. Has your child ever had to repeat a grade? If so, when?

Present class placement:

Regular Class:

Special Class (If so, specify):

1. Has your child ever been in any type of special education program?

|  |  |  |
| --- | --- | --- |
| **(Check all that apply)** |  | **Duration** |
| Learning Disabilities class |  |  |
| Behavioral Disorders class |  |  |
| Resource Room |  |  |
| Speech and Language Services |  |  |
| Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |

1. Has your child ever had any of the following?

|  |  |  |
| --- | --- | --- |
| **(Check all that apply)** |  | **When** |
| IEP |  |  |
| 504 Plan |  |  |

1. Have any additional instructional modifications been attempted?

|  |  |  |
| --- | --- | --- |
| **(Check all that apply)** |  | **When** |
| SRBI or Response to Intervention |  |  |
| Behavioral Modifications Program |  |  |
| Daily or Weekly Progress Report Cards |  |  |
| Modified tests and homework |  |  |
| Books-on-tape for School Text |  |  |
| Training and Usage of Computer |  |  |

1. Has your child ever experienced the following?

|  |  |  |
| --- | --- | --- |
| **(Check all that apply)** |  | **When** |
| Suspended from school |  |  |
| Expelled from school |  |  |

If so, please explain:

1. Please list any academic testing, psychological evaluations and medical evaluations previously done for your child’s learning problems (eg. WJ, WISC, CELF, etc.), if you have copies, please send:
2. Does your child have any speech and language delays?

If so, has the child had any speech therapy? (where and when)

1. How do you rate your child’s overall level of intelligence compared to peers?

**Current Behavioral Concerns**

Primary Concerns:

Other Related Concerns:

1. Rate your child’s *school experiences* related to behavior by putting an X in the appropriate box:

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Good** | **Average** | **Poor** |
| Pre-School |  |  |  |
| Kindergarten |  |  |  |
| Current Grade |  |  |  |

1. Does your child’s teacher describe any of the following as significant problems *in the classroom*?

|  |  |
| --- | --- |
| **(Check all that apply)** |  |
| Fails to give attention to details, makes careless mistakes |  |
| Difficulty sustaining attention (off-task daydreaming) |  |
| Often does not listen when spoke to directly |  |
| Does not follow through on instructions |  |
| Difficulty organizing tasks |  |
| Avoid, dislikes, hesitant to engage in activities requiring ongoing mental effort |  |
| Often loses things (belongings, schoolwork, etc.) |  |
| Easily distracted |  |
| Forgetful in daily activities |  |
| Fidgeting or hyperactivity |  |
| Difficulty remaining seated  Runs about or climbs excessively |  |
| Difficulty playing quietly  Is on the go, ‘driven by a motor’ |  |
| Often talks excessively  Often blurts out answers to questions before they have been completed |  |
| Difficulty awaiting turn or for their turn  Often interrupts or intrudes on others |  |

Do these symptoms or behaviors cause problems for your child in school?

When did these problems begin? Specify age:

1. Some ADHD children appear defiant. Which of the following are currently significant problems?

|  |  |
| --- | --- |
| **(Check all that apply)** |  |
| Often loses temper |  |
| Often argues with adults |  |
| Often actively defies or refuses adult requests or rules |  |
| Often does things that deliberately annoys other people |  |
| Often blames others for own mistakes |  |
| Is often touchy or easily annoyed by others |  |
| Is often angry or resentful |  |
| Is often spiteful or revengeful |  |
| Often swears or uses obscene language |  |
| Often lies |  |
| Often initiates physical fights |  |
| Physically cruel to people or animals |  |

Please comment briefly:

1. Some ADHD children have separation fears. Which of the following are currently significant problems?

|  |  |
| --- | --- |
| **(Check all that apply)** |  |
| Unrealistic and persistent worry about possible harm to family members |  |
| Unrealistic and persistent worry that calamitous events will separate child from family |  |
| Persistent refusal to go to school |  |
| Persistent refusal to sleep alone |  |
| Persistent avoidance of being alone |  |
| Repeated nightmares regarding separation |  |
| Frequent complaints of body aches and pains |  |
| Excessive distress in anticipation of separation |  |
| Excessive distress regarding separated from home |  |

When did these problems being? Specify age:

1. Some ADHD children appear overanxious. Which of the following are current significant problems?

|  |  |
| --- | --- |
| **(Check all that apply)** |  |
| Unrealistic worry about future |  |
| Unrealistic concern about appropriateness of past behavior |  |
| Unrealistic concern about competence |  |
| Frequent complaints of body aches and pains |  |
| Marked self-consciousness |  |
| Excessive need for reassurance |  |
| Marked inability to relax |  |

Please comment briefly:

When did these problems begin? Specify age:

1. Some ADHD children appear depressed. Which of the following are current significant problems?

|  |  |
| --- | --- |
| **(Check all that apply)** |  |
| Depressed or irritable mood most of the day, nearly every day |  |
| Diminished pleasure in activities |  |
| Decrease or increase in appetite associated with possible failure to achieve weight gain |  |
| Insomnia or excessive sleeping nearly every day |  |
| Marked agitation |  |
| Fatigue or loss of energy |  |
| Feeling of worthlessness or excessive guilt |  |
| Diminished ability to concentrate |  |
| Suicidal thoughts or attempts |  |

Please comment briefly:

When did these problems begin? Specify age:

1. Which of the following are current significant problems?

|  |  |
| --- | --- |
| **(Check all that apply)** |  |
| Compulsive mannerisms (hand washing, chewing clothes, picking, etc.) |  |
| Motor tics (blinking, squinting, facial jerks) |  |
| Vocal tic (sniffing, clearing throat, noises, humming) |  |
| Other nervous habits \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

Please comment briefly:

When did these problems begin? Specify age:

**Home Behavior**

1. To some degree, all children exhibit the behavior listed below. Which of the following do you believe your child exhibits at home to an *excessive* or *exaggerated* degree when compared to other children his/her own age?

|  |  |
| --- | --- |
| **(Check all that apply)** |  |
| Fails to give attention to details, makes careless mistakes |  |
| Difficulty sustaining attention (off-task daydreaming) |  |
| Often does not listen when spoke to directly |  |
| Does not follow through on instructions |  |
| Difficulty organizing tasks |  |
| Avoid, dislikes, hesitant to engage in activities requiring ongoing mental effort |  |
| Often loses things (belongings, schoolwork, etc.) |  |
| Easily distracted |  |
| Forgetful in daily activities |  |
| Fidgeting or hyperactivity |  |
| Difficulty remaining seated  Runs about or climbs excessively |  |
| Difficulty playing quietly  Is on the go, ‘driven by a motor’ |  |
| Often talks excessively  Often blurts out answers to questions before they have been completed |  |
| Difficulty awaiting turn or for their turn  Often interrupts or intrudes on others |  |

Do these symptoms or behaviors cause problems for your child at home?

Please comment briefly:

When did these problems begin? Specify age:

1. What types of discipline do you use with your child?

|  |  |
| --- | --- |
| **(Check all that apply)** |  |
| Verbal reprimands |  |
| Time out (isolation) |  |
| Removal of privileges |  |
| Rewards |  |
| Physical punishment |  |
| Give in to child |  |
| Avoidance of child |  |
| Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

1. On the average, what percentage of the time does your child comply with initial commands?
2. On the average, what percentage of the time does your child eventually comply with commands?
3. To what extent are you and your spouse consistent with respect to disciplinary strategies?
4. Have any of the following stress events occurred within the past 12 months?

|  |  |
| --- | --- |
| **(Check all that apply)** |  |
| Parents divorced or separated |  |
| Family accident or illness |  |
| Death in the family |  |
| Parent changed or lost job |  |
| Changed schools |  |
| Family moved |  |
| Family financial problems |  |
| Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

**Social History**

1. Please describe how your child gets along with siblings:
2. How easily does your child make friends?
3. How well does your child keep friendships?
4. Does your child primarily play with children?

Own age?  Older?  Younger?

Comments:

1. Please describe any problems your child may have with peers:

**Interests and Accomplishments**

1. What are your child’s main hobbies and interests?
2. What are your child’s areas of greatest accomplishments?
3. What does your child enjoy doing most?
4. What does your child dislike doing most?

**Developmental Factors**

**Pregnancy**

|  |  |
| --- | --- |
| **(Check any that apply)** |  |
| *Your* age when child was born |  |
| Duration of pregnancy (weeks) |  |
| Excessive vomiting |  |
| Excessive spotting or blood loss |  |
| Threatened miscarriage |  |
| Toxemia |  |
| Rh incompatibility |  |
| Hospitalization required | Specify: |
| Infection(s) | Specify |
| Operation(s) | Specify: |
| Other illnesses | Specify: |
| Smoking during pregnancy | Number of cigarettes per day: |
| X-ray studies during pregnancy | Specify: |
| Medications taken during pregnancy | List: |
| Alcohol consumption during pregnancy | Describe: |

Other pregnancy information:

**Delivery**

|  |  |
| --- | --- |
| **(Check any that apply)** |  |
| Birth Weight |  |
| Duration of Labor (Hours) |  |
| Type of Labor | Spontaneous  Induced |
| Type of Delivery | Normal  Breech  Cesarean |
| Complications | Hemorrhage  Cord around Neck |
| Indications of fetal distress during delivery? | Specify: |
| Infant injured during delivery? | Specify: |

Other delivery information:

**Post Delivery Period**

|  |  |
| --- | --- |
| **(Check all that apply)** |  |
| Jaundice |  |
| Cyanosis (turned blue) |  |
| Required Incubator Care |  |
| Number of days infant was in the hospital after delivery |  |

Infections: (Please specify)

Any health complications following birth?

**Infancy – Toddler Period**

|  |  |
| --- | --- |
| **(Check all that apply)** |  |
| Were there feeding problems during early infancy? |  |
| Was the baby difficult to cuddle? |  |
| Was the child colicky? |  |
| Were there sleep pattern difficulties during early infancy? |  |
| Were there problems with the infant’s alertness? |  |
| Did the child have any congenital problems? |  |
| Was the child a difficult baby (did not calm easily or follow a schedule, excessive crying)? |  |
| Was the baby excessively restless? |  |
| Did the toddler behave poorly with others? |  |
| Was the toddler insistent and demanding? |  |
| Was the toddler extremely active (into everything)? |  |
| Was the child accident prone (clumsy)? |  |

**Developmental Milestones**

*(If you cannot recall the age when the skill emerged, but believe it was normal range, put “NL” in the box)*

|  |  |
| --- | --- |
| At what age did the child smile? |  |
| At what age did the child sit up? |  |
| At what age did the child crawl? |  |
| At what age did the child walk? |  |
| At what age did the child speak single words? (other than “mama or dada”) |  |
| At what age did the child string two or more words together? |  |
| At what age did the child speak in sentences? |  |
| At what age did the child achieve bladder control? |  |
| At what age did the child achieve bowel control? |  |
| At what age did the child learn to ride a tricycle? |  |
| At what age did the child ride a bicycle (without training wheels)? |  |
| At what age did the child button clothing? |  |
| At what age did the child tie shoelaces? |  |
| At what age did the child name colors? |  |
| At what age did the child name coins? |  |
| At what age did the child say the alphabet? |  |
| At what age did the child begin to reach? |  |

**Medical History**

1. Rate your child on the following:

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Good** | **Average** | **Poor** |
| General Health |  |  |  |
| Hearing |  |  |  |
| Vision |  |  |  |
| Walking |  |  |  |
| Running |  |  |  |
| Throwing |  |  |  |
| Catching |  |  |  |
| Shoelace tying |  |  |  |
| Self-care |  |  |  |
| Handwriting |  |  |  |
| Athletic ability |  |  |  |

1. Has your child had any chronic health problems (e.g. asthma, diabetes, heart condition)?

If so, please specify:

1. When was the onset of any chronic illness?
2. List any medications that your child takes: List supplements, vitamins or other?
3. List any medication allergies that your child has: Other allergies?
4. Has your child had any of the following illnesses?

|  |  |
| --- | --- |
| **(Check all that apply)** |  |
| Cardiac Disease |  |
| Meningitis |  |
| Pneumonia |  |
| Encephalitis (Brain Infection) |  |
| Ear Infections |  |
| Lead Poisoning |  |
| Seizures (convulsion) |  |

1. Has your child had any accidents resulting in the following?

|  |  |
| --- | --- |
| **(Check all that apply)** |  |
| Broken bones |  |
| Severe lacerations |  |
| Head injury, Concussions/Head trauma |  |
| Severe bruises |  |
| Stomach pumped (poisoning) |  |
| Eye injury |  |
| Lost teeth |  |
| Sutures |  |

1. Has your child ever been hospitalized? Please explain:
2. Has your child had surgery for any reason?

|  |  |
| --- | --- |
| **(Check all that apply)** |  |
| Tonsillitis |  |
| Adenoids |  |
| Eye, ear, nose, throat |  |
| Appendicitis |  |
| Hernia |  |
| Digestive disorder |  |
| Brain or spine |  |
| Cardiac |  |
| Burns |  |
| Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

1. Is there any suspicion of alcohol or drug use?
2. Is there any history of physical or sexual abuse?
3. Does the child have any problems sleeping?
4. Does the child have bladder or bowel control problems?
5. Does the child have any significant problems with eating or with food?

**Medical Care and Treatment History**

1. Please list your child’s current primary care provider and their address:

**Medical Care and Treatment History**

1. Has your child ever received any of the following drugs for ADHD or ADHD related issues?

|  |  |  |
| --- | --- | --- |
|  |  | **Duration** |
| Methylphenidate (Ritalin, Concerta, Daytrana, Metadate) |  |  |
| Dexmethylphenidate (Focalin) |  |  |
| Dexedrine or Mixed Salts of Amphetamine (Adderall) |  |  |
| Lisamphetamine (Vyvanse) |  |  |
| Guanfacine (Intuniv, Tenex) |  |  |
| Clonidine (Kapvay) |  |  |
| Atomoxefine HCI (Strattera) |  |  |
| Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |

1. Has the child ever had any of the following forms of psychological treatment?

|  |  |  |
| --- | --- | --- |
|  |  | **Duration** |
| Individual psychotherapy |  |  |
| Group psychotherapy |  |  |
| Family therapy with child |  |  |
| Inpatient evaluation and treatment |  |  |
| Residential treatment (including drug and alcohol) |  |  |

**Family History**

1. How long have you and the child’s other parent been married?
2. Please note whether the child was the product of 1st, 2nd, etc. marriage:
3. Please list all Siblings:

|  |  |
| --- | --- |
| **Name** | **Age** |
| 1. Click here to enter text. |  |
| 1. Click here to enter text. |  |
| 1. Click here to enter text. |  |
| 1. Click here to enter text. |  |

**Family History - Paternal Relatives**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **CHILD’S** | Father | Paternal Grandmother | Paternal  Grandfather | Paternal Aunt | Paternal Uncle |
| Problems with aggressiveness, defiance, and oppositional behavior as a child |  |  |  |  |  |
| Problems with attention, activity, and impulse control as a child |  |  |  |  |  |
| Learning disabilities |  |  |  |  |  |
| Failed to graduate from high school |  |  |  |  |  |
| Mental retardation |  |  |  |  |  |
| Psychosis or schizophrenia |  |  |  |  |  |
| Depression for greater than two weeks |  |  |  |  |  |
| Anxiety disorder that impaired judgment |  |  |  |  |  |
| Tics or Tourette’s |  |  |  |  |  |
| Alcohol abuse |  |  |  |  |  |
| Substance abuse |  |  |  |  |  |
| Antisocial behavior (assaults, thefts, etc.) |  |  |  |  |  |
| Arrests |  |  |  |  |  |
| Physical abuse or Sexual Abuse |  |  |  |  |  |
| Sudden Cardiac death under the age of 50 |  |  |  |  |  |

**Family History - Maternal Relatives**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **CHILD’S** | Mother | Maternal Grandmother | Maternal  Grandfather | Maternal Aunt | Maternal Uncle |
| Problems with aggressiveness, defiance, and oppositional behavior as a child |  |  |  |  |  |
| Problems with attention, activity, and impulse control as a child |  |  |  |  |  |
| Learning disabilities |  |  |  |  |  |
| Failed to graduate from high school |  |  |  |  |  |
| Mental retardation |  |  |  |  |  |
| Psychosis or schizophrenia |  |  |  |  |  |
| Depression for greater than two weeks |  |  |  |  |  |
| Anxiety disorder that impaired judgment |  |  |  |  |  |
| Tics or Tourette’s |  |  |  |  |  |
| Alcohol abuse |  |  |  |  |  |
| Substance abuse |  |  |  |  |  |
| Antisocial behavior (assaults, thefts, etc.) |  |  |  |  |  |
| Arrests |  |  |  |  |  |
| Physical abuse or Sexual Abuse |  |  |  |  |  |
| Sudden Cardiac death under the age of 50 |  |  |  |  |  |

Have any of the patients’ siblings had any of the above diagnoses?

If so when were they diagnosed and how?

Any other diseases or conditions run in the family?