



Forest Park Pediatrics

Washington University Clinical Associates

Dear Parents/ Guardians,

Because you have expressed a concern regarding your child's focus, behavior or school performance, we are asking for your help in gathering information. This packet includes questionnaires for Attention Deficit Hyperactivity Disorder. Your provider may have added additional questionnaires if he or she thought other mental health issues were also a possibility. Your cooperation in completing this packet will help us do a thorough evaluation of your child.

If you are interested in pursuing an evaluation, we ask you do the following:

- 1.) Schedule a well child check up if your child has not had one within the last year (this appointment is not the same as the ADHD consultation visit).
- 2.) Call our office at 314-535-7855 to see if your provider would like to see you prior to your completion of this packet and when the packet should be returned. *(Varies by provider)*
- 3.) When instructed to do so, complete all the questionnaires in this packet.
- 4.) Make copies of any previous evaluations, as well as copies of pertinent school records (see parent checklist).
- 5.) Once packet is completed, please return it to our office at the time requested by your provider for review. *(This may be prior to your scheduled consultation appointment).*

Once the packet is in our office, your provider will be able to evaluate and interpret the data prior to this appointment and we can let you know if any additional information is needed.

This consultation appointment will usually last 30-45 minutes *(varies by provider)*, and your child should attend this appointment.

Additional information and documents regarding ADHD appear on our website under the **Resources** tab. You will find the following:

- 1.) General information about ADHD
- 2.) ADHD Fact sheet
- 3.) Evaluating your child for ADHD
- 4.) ADHD evaluation timeline
- 5.) Working with your child's school
- 6.) Educational rights for children with ADHD
- 7.) Request for assessment for educational services under section 504 sample letter
- 8.) Request for assessment for Special Education sample letter
- 9.) ADHD medication fact sheet and consent form.

Please take time to review the ADHD Medication Fact Sheet and Consent Form. You will need to sign this form if you and your provider agree to start medication therapy.

Thank you for taking the time to gather this information which is essential to a thorough evaluation for ADHD.

Sincerely,

Forest Park Pediatrics Physicians



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Washington University Clinical Associates

Evaluation Packet Checklist

Please use this checklist as a reminder to complete all your forms and to return them to our office. Once we receive all the forms, the provider will review them and will have someone from our staff contact you to schedule the appointment.

- Patient Educational History form**
- 1 or 2 Parent Vanderbilt Rating Scales** (*Each parent/ guardian should complete separately*).
- 2 Teacher Vanderbilt Rating Scales** (*Has a cover letter to use when you give it to the school*).
Please request 1 AM teacher and 1 PM teacher- even if it is the same teacher for completing the scales.
- 1 classroom observation report** (*Completed by someone other than the classroom teacher*).
- Stimulant Medication Fact Sheet and Consent form** (*Will need to sign if medication is started*).

Optional Mental Health Forms

(If your provider requested them to be completed)

- SCARED scale** (*For 8-11 year olds: you may help them complete the CHILD version. If your child doesn't understand, please complete the Parent Version. No need to do both. Children **over 12** should complete their own CHILD version*).
- GAD-7 scale (For children **8 years and above**).
- PHQ-9 scale (For children **12 years old and above**).

School or Other Evaluations

(If any of these have been completed previously)

- Copies of psychoeducational testing or other private evaluations (ADHD, Learning disability, Neuropsychological, etc.)
- Copies of pertinent school records (standardized testing, testing for gifted program, recent report card, IEP plans, notes from teachers, 504 plans, etc.)



Date: _____

Child's Name: _____

DOB: _____

Educational History Form

School Information:

School Name: _____

Current Grade level: _____

What grade did school problems start? _____

Is your child currently receiving any of the following supports in school?

- RTI IEP 504 Plan Special Education from Special School District

Other: _____

Has your child had educational or psychological testing? _____ If yes, by whom? _____
(Please bring your physician a copy of this testing to place in your child's medical record)

Results of the test? _____

Areas of concern:

- absenteeism peer relations memory written expression classwork completion
- anger control risk taking motor skills attention homework disobedience
- self-esteem reading distractibility health problems disruptive behaviors
- unhappy receptive language math spelling motivation test taking
- inconsistent performance immaturity anxious expressive language retaining information

Comments: _____

Social/ Family History:

Mother's Name: _____ Occupation: _____

Father's Name: _____ Occupation: _____

Married Divorced Separated Patient lives with: _____

Siblings (names and ages): _____

Is there a family history of attention or learning difficulties, anxiety, depression, substance abuse, other psychiatric health problems? _____

If yes please explain: _____

PARENT #1

Initial Form

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?

office USE

Table with 5 columns: Symptoms, Never, Occasionally, Often, Very Often. Rows 1-32 describing various behavioral symptoms.

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The information contained in this publication should not be used as a substitute for the medical care and advice of your pediatrician.

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Adapted from the Vanderbilt Rating Scales developed by Mark L. Wolraich, MD.

Revised - 1102

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PARENT #1 (cont.)

NICHQ Vanderbilt Assessment Scale—PARENT Informant

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

Parent's Name: _____ Parent's Phone Number: _____

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Symptoms (continued)	Never	Occasionally	Often	Very Often
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
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

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Performance	Excellent	Above Average	Somewhat of a Problem		
			Average	Problematic	Very 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

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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: _____

WUCA – Forest Park Pediatrics, LLC
 4488 Forest Park Ave, Suite 230
 St. Louis, MO 63108
 Ph#: 314-535-7855

PARENT # 2 (if present)

Initial Form

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?

Table with 5 columns: Symptoms, Never, Occasionally, Often, Very Often. Rows 1-32 listing various behavioral symptoms.

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PARENT # 2 (cont.)

NICHQ Vanderbilt Assessment Scale—PARENT Informant

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

Parent's Name: _____ Parent's Phone Number: _____

Symptoms (continued)	Never	Occasionally	Often	Very Often
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
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

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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

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Comments:

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Stimulant Medication Fact Sheet and Consent

Prescription Policy and Consent Form

Stimulant Medications are considered a very safe and effective way to treat ADD/ADHD. Methylphenidate (the original stimulant) has been prescribed since 1955 and its use in children for ADHD started in the 1960s. Stimulants have a relatively short half-life: the effects typically last 4 to 12 hours depending on which preparation is used. The most common side effect is decreased appetite. Less common side effects include headache, stomachache, irritability, behavioral and mood changes, and difficulty falling asleep. The behavior, mood and sleep changes are usually as the result of the medication wearing off. Many of these side effects are temporary and can be managed by dosage adjustments. On rare occasions, stimulants may lessen the threshold for tics- fortunately they usually disappear when the medication is discontinued. Concerns about delayed growth have been raised but studies into adult life show no significant growth delay.

Some studies show that stimulants might increase the risk of irregular heart rate, increased blood pressure and possibly sudden death (a “black box” warning for stimulants). These events are extremely rare (less than one in a million in the case of sudden death). If your child has a heart condition or there is a serious heart condition in a close family member, please inform your provider prior to starting this type of medication.

If your child is experiencing a potential side effect, call our office or schedule an appointment to discuss the concern. If at any time you think your child needs a medication adjustment or change, please make an appointment to discuss it. Although stimulants are the most effective individual treatment for ADHD, there is greater benefit when used in combination with other interventions such as counseling, behavioral modification programs, and classroom modifications. The American Academy of Pediatrics doesn’t recommend monitoring of blood tests or electrocardiograms (ECG) for patients taking stimulant medications.

Forest Park Pediatrics Policy on Stimulant Refills and ADHD Follow up Visits.

Stimulant medications are considered controlled substances and cannot be called to pharmacies. Please call or send a message through MyChart a few days before your child’s prescription runs out. Your doctor will write/ refill a prescription that will be sent electronically to your chosen pharmacy. Depending on when your last ADHD follow up visit occurred, your provider may require an office visit prior to renewing the prescription.

Follow up visits are important to monitor for effectiveness and possible side effects of the treatment. Follow-up visit schedules will vary depending on your provider, but you should be prepared to see your provider as follows:

- 1.) A follow up visit within 30 days of starting a medication or changing a medication.
- 2.) Routine follow-ups every 3, 6 or 12 months (varies by provider and your child’s symptoms).
- 3.) Some providers may count your annual physical as one of the follow-up visits. If this happens you will be charged a “sick visit” charge in addition to the “well visit” charge.
- 4.) If you do not keep a scheduled follow-up appointment, your provider may choose not to refill your prescription until the appointment is completed. *Please remember these medications are **controlled substances** and we are required to monitor benefits and side effects of these medications for your child’s health.*

I have read the above and agree that my child _____ can be treated with stimulant medication. I also understand and agree with the policy on refills and follow-up visits.

Parent Signature _____ Date: _____

Witness: _____ Date: _____