

ADHD EVALUATION

Child's Name: _____ Age: _____ School: _____

Mother's Name: _____ Age: _____ Highest Grade Completed: _____

Home address: _____ Occupation: _____

Father's Name: _____ Age: _____ Highest Grade Completed: _____

Home address: _____ Occupation: _____

Is there a step-parent in the home? Yes or No If yes, step-parent's name: _____

Who is the legal guardian of this child? _____

The child lives with? Both parents: _____ Mother only: _____ Father only: _____

Others living in the home:

Name	Relationship	Age	Name	Relationship	Age
_____			_____		
_____			_____		
_____			_____		

Who referred you for this evaluation? _____

Please explain all answers where needed. You may use back if necessary.

A. BIRTH HISTORY

1. How was your health during this pregnancy? Good _____ Fair _____ Poor _____ DK _____

2. How old were you when this child was born? _____

3. Do you recall using any of the following substances during pregnancy?

Beer or Wine:

- (a) Never
- (b) Once or twice
- (c) 3-9 times
- (d) 10-19 times
- (e) 20-39 times
- (f) 40+ times

Hard Liquor:

- (a) Never
- (b) Once or twice
- (c) 3-9 times
- (d) 10-19 times
- (e) 20-39 times
- (f) 40+ times

Prescription Drugs:

Yes _____ No _____
Specify: _____

Street Drugs:

Yes _____ No _____
Specify: _____

Coffee or other caffeine (Cokes, etc.)

- (a) Never
- (b) Once or twice
- (c) 3-9 times
- (d) 10-19 times
- (e) 20-39 times
- (f) 40+ times

Cigarettes:

- (a) Never
- (b) Once or twice
- (c) 3-9 times
- (d) 10-19 times
- (e) 20-39 times
- (f) 40+ times

4. Was this child born on schedule?

- (a) 8 months or earlier
- (b) Term 8-10 months
- (c) 10 months
- (d) Don't know

5. Were there indication of fetal distress during labor or during birth?

Yes _____ No _____ Don't Know _____

6. Was delivery: Normal _____ Breech _____ Caesarian _____
Forceps _____ Induced _____

7. What was the child's birth weight? _____ Lbs. _____ Oz.

8. Were there any health complications following birth?

Yes _____ No _____ If yes, specify: _____

B. DEVELOPMENTAL HISTORY

1. Was your child colicky? Yes _____ No _____

2. Was the child an easy baby? By that, I mean did (s)he cry a lot? Did (s)he follow a schedule fairly?
well? _____
3. How would you rate the activity level of the child as an infant/toddler?
Very active _____ Active _____ Average _____
Not very insistent _____ Not at all insistent _____
4. At what age did (s)he crawl? _____
5. At what age did (s)he sit up? _____
6. At what age did (s)he walk? _____
7. At what age did (s)he speak single words?
(other than "mama" or "dada") _____
8. At what age was (s)he toilet trained?
(bladder & bowel control) _____

C. MEDICAL HISTORY

1. Describe any serious illnesses or injuries: _____

2. Has the child had any accidents resulting in the following?
- | | | | | | |
|--------------------|-----|----|----------------|-----|----|
| Broken Bones | yes | no | Stomach Pumped | yes | no |
| Severe Lacerations | yes | no | Eye Injury | yes | no |
| Head Injury | yes | no | Lost Teeth | yes | no |
| Severe Bruises | yes | no | Sutures | yes | no |
3. Does your child have problems with sleeping or excessive snoring at night? _____
4. Does your child have any chronic or ongoing medical problems? _____
5. Is he/she currently taking any medications regularly? _____
6. Has your child had any previous testing/evaluations for ADD/ADHD or other behavioral problems?

D. FAMILY HISTORY

(0) = Negative, (1) = Positive

	Mother	Father	Brother	Brother	Sister	Sister	Other Relatives
Problems with aggressiveness, defiance, & oppositional behavior as a child							
Problems with attention, activity, & impulse control as a child							
Learning disabilities or poor school performance							
Depression for greater than two weeks							
Alcohol/Substance Abuse							
Physical Abuse							
Sexual Abuse							
Psychiatric Conditions							
Attention Deficit Disorder							
Nervous Tics							
Seizures							
Mental Retardation							

E. SOCIAL HISTORY

1. How does the child get along with his brother's/sister's? _____

2. How does the child get along with his/her parent's/guardian's? _____

3. Have there been any recent changes in the household? (births, deaths, divorce, move, etc.) _____

4. How easily does the child make friends? _____

5. How well does the child keep friendships? _____

E. BEHAVIOR HISTORY

1. Did your child have a difficult temperament during infancy? _____

2. Does your child play well with others? _____

3. Does your child have any sleeping problems? _____

4. Describe your child's behavior from age 2 until he/she entered kindergarten (e.g. activity level, attention span, impulsivity...) _____

5. Explain any current behavioral concerns or inappropriate behaviors exhibited by your child? _____

6. What strategies have been successfully implemented to address problems? _____

7. On the average, what percentage of the time does your child comply with initial commands?
0-20% _____ 20-40% _____ 40-60% _____ 60-80% _____ 80-100% _____
8. On the average, what percentage of the time does your child eventually comply with commands?

0-20% _____ 20-40% _____ 40-60% _____ 60-80% _____ 80-100% _____

9. To what extent are you and your spouse consistent with respect to disciplinary strategies?
Most of the time _____ Some of the time _____ None of the time _____

10. Have any of the following stress events occurred within the past 12 months?

Parents divorced or separated	yes _____	no _____
Family accident or illness	yes _____	no _____
Death in the family	yes _____	no _____
Family moved	yes _____	no _____
Parent changed job	yes _____	no _____
Family financial problems	yes _____	no _____
Other	yes _____	no _____

(Specify _____)

F. ACADEMIC HISTORY

1. Child's current grade in school. _____ Has she/he ever repeated a grade? _____

2. Does your child receive any special services at school? (resource, speech therapy, etc.) _____

3. What situation causes the most stress for the child at school? _____

4. What has been done so far to help your child at school by the teachers and/or yourself? _____