

BELLI ACRES PEDIATRICS

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The attached surveys are provided to help us evaluate your child's academic and/or behavioral challenges. Please complete these forms and return them to our office for evaluation. Make sure to have your child's teachers complete the provided surveys, as well. If the information that we receive is consistent with possible ADHD with or without one of the many co-morbid complications, further evaluation will be indicated. Here at BelliAcres Pediatrics we have expertise in diagnosing and treating many of these disorders. In many pediatric offices these problems are, simply, referred to mental health professionals. Insurance carriers, frequently, do not recognize the time and effort necessary to adequately diagnose, educate and treat these problems. In addition to the time spent reviewing reports from parents and teachers your child's physician will spend 1 to 2 hours discussing the issues and the many treatment options. Insurance carriers may reimburse the services at a much lower rate. We cannot provide these consultative services at that reduced rate. If you choose to proceed with the consultation in our office you should understand that you are responsible for the difference between the charged rate and the insurance payment. The out of pocket cost to you may be between \$350-400. If you cannot agree to this, then we will be happy to provide you with a list of mental health professionals who can perform a comprehensive assessment. When that assessment is complete you may return to the office for discussion of treatment, only.

If consultation is indicated I prefer to proceed with it at BelliAcres Pediatrics. Please, schedule an appointment. I understand that I will be responsible for the difference between the charge and the insurance payment.

Parent name _____ Sig _____

OR

If consultation is indicated and I prefer to proceed with it at a mental health professionals office I will meet with BelliAcres Pediatrics to review the data and receive a list of providers.

Parent name _____ Sig _____

TEACHER BEHAVIORAL RATING SCALE

Teacher _____ Subject _____

Date _____

Child's Name: _____ Age: _____

Grade: _____

		Not at	Just a	Pretty	Very
		all	little	much	much
1.	Fails to pay attention to details or makes careless mistakes.	0	1	2	3
2.	Has difficulty sustaining attention to tasks or play.	0	1	2	3
3.	Often does not seem to listen.	0	1	2	3
4.	Has difficulty following instructions.	0	1	2	3
5.	Has difficulty organizing tasks and activities.	0	1	2	3
6.	Avoids or strongly dislikes tasks (schoolwork or homework) that requires mental effort.	0	1	2	3
7.	Often loses things necessary for tasks.	0	1	2	3
8.	Is easily distracted.	0	1	2	3
9.	Often is forgetful in daily activities.	0	1	2	3
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10.	Often fidgets or squirms in seat.	0	1	2	3
11.	Has difficulty remaining seated.	0	1	2	3
12.	Often runs and climbs excessively when not appropriate.	0	1	2	3
13.	Has difficulty playing quietly.	0	1	2	3
14.	Is "on the go" or acts as driven by a motor.	0	1	2	3
15.	Often talks excessively.	0	1	2	3
16.	Often blurts out answers.	0	1	2	3
17.	Has difficulty waiting turn.	0	1	2	3
18.	Often interrupts or intrudes.	0	1	2	3

Please give a brief narrative on this child's learning style. (Use other side). _____

Note: The Teacher Behavioral Rating Scales on the previous page or available as a download from our website (www.belliacrespeditrics.com) is for your child's teacher. If your child has more than 1 teacher you can make copies and distribute. We need scales only from teachers of primary subjects.

Behavioral Evaluation Screening Questionnaire

1. Developmental Factors

A. Prenatal factors

How was your health during pregnancy? Good _____
Fair _____
Poor _____

How old were you when your child was born _____

Did you use any of the following substances during pregnancy?

Beer or wine Y N Liquor Y N Marijuana Y N Other illicit drugs Y N
Coffee Y N Tobacco products Y N

B. Perinatal History

Did you have toxemia? Y N

Was your child premature Y N

If so, how many weeks _____

Was delivery Vaginal? Caesarian section? Breech? Forceps? Induced?

What was your child birth weight _____ lbs _____ oz

Do you know the APGAR score? _____ 1min _____ 5min

Was your child jaundiced? Y N Did (s) he require phototherapy Y N

C. Postnatal and Infancy

Were there feeding problems in infancy? Y N

Was your child colicky? Y N

Were there early infancy sleep problems? Y N

Were there problems with your infant's responsiveness (alertness)? Y N

Was your child an easy baby? Y N

How would you rate your baby's activity level? Active Average Less active Not active

D. Developmental Milestones

At what age did (s) he sit up?	3-6m _____
	7-12m _____
	>12m _____
At what age did (s)he walk	6-12m _____
	13-18m _____
	>18m _____
At what age did (s)he speak single words?	9-13m _____
	14-18m _____
	19-24m _____
	25-36m _____
	37-48m _____
At what age did he string 2 or more words together?	9-13m _____
	14-18m _____
	19-24m _____
	25-36m _____
	37-48m _____
At what age was (s)he toilet trained?	1-2y _____
	2-3y _____
	3-4y _____
	>5y _____

E. Family History

Is there a family history of ADHD? If so, who? _____	Y	N
Is there a family history of learning disabilities?	Y	N
Is there a family history of anxiety disorder?	Y	N
Is there a family history of depression?	Y	N
Is there a family history of bipolar or manic/depressive disorder?	Y	N
Is there a family history of sudden unexplained death?	Y	N
Does either parent think they exhibit(ed) symptoms of ADHD?	Y	N
Did either parent struggle with learning or behavior in school?	Y	N

F. Medical History

Is there a problem with hearing?	Y	N	Don't know
Is there a problem with Vision?	Y	N	DK
Is your child clumsy?	Y	N	
Is there a problem with fine motor coordination?	Y	N	
Is there a problem with speech?	Y	N	
Is your child accident prone?	Y	N	
Broken bones or Stitches	Y	N	
Are there any chronic health conditions? If Yes, specify _____	Y	N	

Which of the following conditions has your child had?

Seizures _____
Celiac disease _____
Thyroid disease _____
Asthma _____
Diabetes _____
Autism _____
Cerebral Palsy _____
Tonsillitis _____
Sleep Apnea _____

Is there any suspicion of alcohol or drug use? Y N
Is there suspicion or history of physical/sexual abuse? Y N
Does your child have difficulty falling asleep? Y N
Is your child a restless sleeper? Y N
Does your child snore? Y N
Does your child have difficulty with bladder control? Y N
If yes..... day? Y N night? Y N
Is there a problem with bowel control? Y N
Is there a problem with appetite control? Y N

G. Treatment History

Has the child ever been treated with medication for this problem? Y N

If so, which medications?

Has your child ever had any of the following therapies for this problem?

Individual psychotherapy Y N
Group therapy Y N
Family Therapy Y N
Residential Therapy Y N
Natural Supplements Y N
Occupational therapy Y N
Sensory integration therapy Y N
Optometric therapy Y N
Chiropractic therapy Y N

H. School History

Please summarize your child's progress (academic, behavioral, social) within each of these grade levels.

Preschool

Kindergarten

Grades 1-3

Grades 4-5

Grades 6-8

Grades 9-12

Has your child ever been:	Suspended from school	Y	N
	Expelled	Y	N
	Retained in a grade	Y	N
Have there been any other interventions?	Behavior modification program	Y	N
	Daily/weekly reports	Y	N
	Tutoring	Y	N

I. Current Behavioral Concerns

What strategies have been utilized to deal with behavioral problems?	Verbal reprimands	Y	N
	Time out	Y	N
	Loss of privilege	Y	N
	Rewards	Y	N
	Physical punishment	Y	N

Have any of the following stress events occurred in the last 2 years?	Parents divorce/separation	Y	N
	Family illness	Y	N
	Death in family	Y	N
	Parent changed/lost jobs	Y	N
	Changed schools	Y	N
	Family moved	Y	N
	Financial problems	Y	N

Which of the following are considered to be significant?

Fidgets	Y	N
Can't remain seated	Y	N
Inappropriately runs or climbs	Y	N
Trouble playing quietly	Y	N
Always on the "go"	Y	N
Talks excessively	Y	N
Interrupts or intrudes on others	Y	N
Can't wait turn	Y	N
Blurts out answers to questions	Y	N
HA/Imp Total	_____	

Difficulty sustaining attention	Y	N
Can't stay on task	Y	N
Doesn't appear to listen	Y	N
Does not complete work or chores	Y	N
Disorganized	Y	N
Forgetful	Y	N
Distracted easily	Y	N
Loses things	Y	N
Avoids tasks requiring sustained attention	Y	N
Inattention Total	_____	

When did these problems begin (specify age)? _____

Which of the following are considered significant?

Loses temper easily	Y	N
Often argues with adults	Y	N
Actively defies or refuses adult requests or rules	Y	N
Deliberately does things to annoy other people	Y	N
Blames others for own mistakes	Y	N
Often touchy or easily annoyed	Y	N
Often angry or resentful	Y	N
Spiteful or vindictive	Y	N
Uses foul language	Y	N

ODD total _____

Which of the following are considered to be significant?

Stolen	Y	N
Run away from home at least twice	Y	N
Lies often	Y	N
Deliberate fire-setting	Y	N
Often truant (skips school)	Y	N
Breaking and entering	Y	N
Destruction of others property	Y	N
Cruel to animals	Y	N
Forced someone to have sex	Y	N
Used a weapon	Y	N
Physical fights	Y	N
Cruel to people	Y	N

Conduct disorder total _____

Which of the following are considered to be significant?

Unrealistic or persistent worry about possible harm to family member	Y	N
Unrealistic or persistent worry that a calamitous event will separate child from family	Y	N
Persistent or frequent school refusal	Y	N
Refusal to sleep alone	Y	N
Refusal to be alone	Y	N
Nightmares	Y	N
Unreal complaints about aches or pains	Y	N
Distress in anticipation of separation	Y	N
Distress after separated from family member	Y	N

Separation Anxiety Total _____

Which of the following are considered to be significant?

Unrealistic worry about future events	Y	N
Unrealistic concern about appropriateness of past behaviors	Y	N
Unrealistic concerns about competence	Y	N
Somatic complaints (physical complaints..aches,pains)	Y	N
Marked self-consciousness	Y	N
Excessive need for reassurance	Y	N
Inability to relax	Y	N

Anxiety Total _____

Which of the following are considered to be significant?

Depressed or irritable mood most of day, nearly every day	Y	N
Diminished pleasure in activities	Y	N
Decrease or increase in appetite with weight loss/gain	Y	N
Insomnia or hypersomnia (sleep too much) most days	Y	N
Agitated or lethargic	Y	N
Fatigue or low energy	Y	N
Feelings of worthlessness or excessive inappropriate guilt	Y	N
Diminished ability to concentrate	Y	N
Suicidal thoughts or attempts	Y	N

Depressive episode Total _____

Which of the following are considered to be significant?

Depressed or irritable mood most of the day >1 year	Y	N
Poor appetite or overeating	Y	N
Insomnia or hypersomnia	Y	N
Low energy or fatigue	Y	N
Low self esteem	Y	N
Difficulty making decisions	Y	N
Feeling hopeless	Y	N
Never without symptoms for >2months over past year	Y	N

Dysthymia Total _____

Has the child exhibited any of the following symptoms?

Stereotyped mannerisms or repetitive movements	Y	N
Odd postures	Y	N
Excessive reaction to noise	Y	N
Fails to react to loud noise	Y	N
Overreacts to touch	Y	N
Sensitive to the feel of clothes, tags or jewelry	Y	N
Compulsive rituals	Y	N
Motor tics	Y	N
Vocal tics or noises	Y	N

NICHQ Vanderbilt Assessment Scale-Parent Informant

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 behavior in the last 6 months.

Is this evaluation base on a time when child was on medication not on medication unsure?

Symptoms	Never	Occasionally	Often	Very Often
1. Does not pay attention to detail or makes careless mistakes, for example, homework	0	1	2	3
2. Has difficulty keeping attention to what needs to be done	0	1	2	3
3. Does not seem to listen when spoken to directly	0	1	2	3
4. Does not follow through when given directions and fails to finish activities. (not due lack of understanding)	0	1	2	3
5. Has difficulty organizing tasks and activities	0	1	2	3
6. Avoids, dislikes or does not want to start tasks that require ongoing mental effort	0	1	2	3
7. Loses things necessary for tasks or activities (toys, assignments, pencils, books, etc.)	0	1	2	3
8. Is easily distracted by noise or other 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 around or climbs too much	0	1	2	3
13 Has difficulty playing quietly	0	1	2	3
14 Is "on the go" or 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 own turn	0	1	2	3
18 Interrupts or intrudes on others	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 go along with adults' requests or rules	0	1	2	3
22 Deliberately annoys people	0	1	2	3
23 Blames others for his or her mistakes or misbehavior	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 wants to get even	0	1	2	3
27 Bullies, threatens or intimidates others	0	1	2	3
28 Starts physical fights	0	1	2	3
29 Lies to get out of trouble or to avoid obligations	0	1	2	3
30 Is truant from school (skips school)	0	1	2	3
31 Is physically cruel to people	0	1	2	3
32 Has stolen things of value	0	1	2	3
33 Deliberately destroys others' property	0	1	2	3
34 Has used a weapon for harm	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 to someone else's home, car or business	0	1	2	3
38 Has stayed out all 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

Symptoms (continued)	Never	Occasionally	Often	Very Often
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 or 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	Excellent	Above Avg	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 Math	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	1	2	3	4	5

Children's Atypical Development Scale (CADS)

0 = not true

1 = sometimes true

2 = often true

0	1	2	
0	1	2	Misses the point or main idea in conversation
0	1	2	Rambling speech—one idea is not connected to the next
0	1	2	Refers to self in third person (uses own name rather than "I" or "me")
0	1	2	Makes odd noises or talks in odd voices
0	1	2	Obsessive interest in narrow or atypical topic (e.g. death, anatomy, fantasy characters)
0	1	2	Makes irrelevant comments
0	1	2	Insists on sticking to unusual routines
0	1	2	Lacks interest in toys or uses toys in an unusual manner
0	1	2	Strong attachment to inanimate objects
0	1	2	Unusual aversion to objects or situations (e.g. will not wear certain materials or walk up certain stairways)
0	1	2	Engages in repetitive or stereotypical behaviors (e.g. shakes or flaps hands)
0	1	2	Extreme reactions to minor inconveniences or irritations
0	1	2	Difficulty with dealing with change in daily schedule or routine
0	1	2	Marked lack of concern for appearance
0	1	2	Lacks social discretion (e.g. comments on others behavior in public without concern for their reaction or feelings)
0	1	2	Acts as if people were not in the same room
0	1	2	Poor judge of other people's reactions or feelings
0	1	2	Reveals overly personal detail to strangers or acquaintances
0	1	2	Lacks interest in peers
0	1	2	Makes poor eye contact with others
0	1	2	Does not appreciate personal space (e.g. stands too close)
0	1	2	Mood changes quickly without apparent reason
0	1	2	Describes the details of an event yet misses the meaning or importance of it
0	1	2	Sits, stands or walks in odd postures
0	1	2	Attributes meaning to events that are simply a coincidence
0	1	2	Believes others are talking about him/her when others are speaking softly among themselves