

## Behavioral Intake Form

Please take some time to complete this form prior to consultation with the doctor. If you drop it off, mail it or fax it to us at 952-922-4301, your physician will plan to review it prior to your appointment.

Child's name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Form completed by \_\_\_\_\_  
Relationship to patient \_\_\_\_\_ Date completed \_\_\_\_\_

Please summarize your concerns:

When did these problems begin?

Have you been given a diagnosis or treatment for this problem?

What are your goals for this consultation?

### **SCHOOL:**

Name of School:

Teacher's name:

Grade:

Please describe your child's strengths and challenges in the classroom.

If applicable, please include any services or therapies that are provided and a copy of an IEP or any testing that has been completed.

What concerns have the teachers mentioned and how have they tried to address these concerns?

Behavior:

Work completion/homework:

Academic progress:

Handwriting/neatness:

Distraction/inattention:

Social concerns:

**HOME:**

Please describe concerns you have about your child at home:

Overall mood:

Homework:

Chores:

Listening:

Relationships with parents:

Relationships with siblings:

Discipline strategies you utilize:

With whom does your child live?

If there are siblings what are their ages?

Parents are  Married  Divorced  Single

If parents are divorced, what are custody arrangements?

Current after school arrangements:

After school activities/sports/music:

What are family stressors?

**SOCIAL:**

Describe any concerns you have about your child's ability to make and keep friends or any aspects of your child's relationships that concern you.

Describe any concerns you have about your child's confidence or self esteem.

What does your child do that he/she feels good about?

Do you have other concerns you would like to address?

**MEDICAL HISTORY:**

If you feel that some of the following information has already been reviewed recently with your physician and is available to the physician you are seeing for this visit, please make note to refer to the chart. Please note any additional information that you feel may be helpful, even if not specifically requested.

Do you or your child's physician have concerns about:

Growth:

Development:

Coordination:

Weight loss or gain:

Appetite:

Head size:

Speech:

Memory:

Sleep:

Headaches:

Stomachaches:

Tics:

Chest pain:

Toileting problems:

Excessive temper tantrums:

Depression:

Anxiety:

List any chronic or serious current or past medical concerns and dates:

Hospitalizations or surgeries:

Any medical specialists or therapists your child sees:

Medications:

Allergies:

**FAMILY HISTORY:** (parents, siblings, grandparents, aunts, uncles and cousins)

Behavioral problems:

Mental health concerns:

Chemical dependency or abuse:

## ADHD Screening Questionnaire

Please check the boxes that apply

### Inattention

- a) often fails to give close attention to details or makes careless mistakes in homework, schoolwork, or other activities
- b) often has difficulties sustaining attention in tasks or play activities
- c) often does not seem to listen when spoken to directly
- d) often does not follow through instructions and fails to finish schoolwork, chores, or duties in the workplace (not due to oppositional behavior or failure to understand instructions)
- e) often has difficulties organizing tasks and activities
- f) often avoids, dislikes or is reluctant to engage in tasks that require sustained mental efforts (such as homework)
- g) often loses things necessary for tasks or activities (e.g. toys, school assignments, pencils, books)
- h) is often easily distracted by extraneous stimuli
- i) is often forgetful in daily activities

### Hyperactivity

- a) often fidgets with hands or feet or squirms in seat
- b) often leaves seat in classroom or in other situations in which remaining seated is expected
- c) often runs about or climbs excessively in situations in which it is inappropriate (in adolescents this may be subjective feelings of restlessness)
- d) often has difficulty playing or engaging in leisure activities quietly
- e) is often "on the go" or often acts as if "driven by a motor"
- f) often talks excessively

### Impulsivity

- a) often blurts out answers before questions have been completed
- b) often has difficulty awaiting turn
- c) often interrupts or intrudes on others (e.g. butts into conversations or games)

## Adolescent Intake Form

Dear Teen or Young Adult:

In anticipation of your upcoming appointment, we ask you to review the following questions. You may complete the form and bring it with you to your appointment or simply think about your answers. This information is kept confidential. At the time of your visit, your physician will review your concerns in more detail. He/she will also be interested in your past medical history and your family history for those with similar difficulties.

Please summarize your main concerns:

When did these difficulties begin?

How has this affected your schoolwork and/or job?

How has this affected your relationship with your family?

How has this affected your relationship with your friends, classmates, team members or coworkers?

Have you been given a diagnosis or treatment in the past? If yes, when and how treated?