forest lane PEDIATRICS
Dallas • Plano

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Initial Evaluation Questionnaire for ADHD Assessment

Thank you for allowing us to participate in assessing your child's educational needs. We know that your child's emotional and educational well-being is important to you as a family. In order to make your visit with the doctor productive, please provide us with the items below and complete the questionnaire fully. The providers also will need to examine your child prior to prescribing any medication. If you wish to meet with the doctor privately, please discuss with the scheduler when making this appointment.

Requested documents for ADHD Diagnosis and Treatment

Please submit paper work within 2 business days prior to your child's appointment. This allows for the doctor to review the information before the appointment.

1. Initial Evaluation Questionnaire for ADHD Assessment
2. ADHD Policy
3. Vanderbilt Forms from one or more teachers
4. Vanderbilt Forms from at least one parent
5. Recent report card
6. Any previous evaluations of your child's learning (school IEP, psycho-educational testing, IQ testing, standardized test)

ADHD Web Resources Recommended by Forest Lane Pediatrics

Concerns: (Please tell us what brings in for evaluation):

_____
_____
_____
_____
_____
_____

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School
Grade:
Name of school:
When does school start and end? AM_____ PM_____
Which subjects are difficult for you?
1. _____
2. _____
3. _____

How many years have you had trouble with school? _____

Have you ever had to repeat a grade and which grade? No___ Yes____
Which grade?_____

Have you had any previous educational evaluation at school or with a psychologist?
When: _____
Who: _____
*Please provide any documentation from this visit

Does she or he receive any special tutoring or accommodations at the school?
No___ Yes___
If Yes: _____
_____

Appetite
Who you classify your child as a __good eater /___picky eater?
Does he or she take a daily vitamin? No___ Yes___
What if any special diets have you tried?_____
_____

Sleep
What time is bedtime? _____
What time do you wake up each morning? _____
Problems with sleep (falling asleep, waking up, snoring):_____
Explain:_____
_____

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Development
Was your child premature infant? No____ Yes____
If yes: How many weeks?
Problems during the pregnancy? _____
_____
Problems in the nursery or first month of life? _____
_____
Were there any concerns with development before kindergarten? No___ Yes____
If yes: _____
_____
_____

Family
Any major changes at home during the past year (i.e. death in the family, changing schools, etc)? No___ Yes___
If yes: _____
_____
_____

Past Heart History
Any history of passing out, racing heart beat, skipped heartbeats, or heart problems?
No___ Yes____
Explain:
_____
_____

Any family history of sudden unexplained death, heart problems at a young age, or irregular heart beats (arrhythmias)?
If yes, who and what condition?
_____
_____
_____

Is there any other information or questions for the doctor?
_____
_____
_____
_____
_____
_____
_____