

# New Patient Intake Form

In order to schedule an ADHD evaluation it is required for a parent/caregiver to fill out this form and for a teacher to fill out the teacher report form. This information is necessary for a thorough evaluation.

Today's date:

Relationship between child and person filling out this form:

## Child details

First Name:	Gender:	ID# (Teudat zehut):
Last Name:	Date of birth:	Country of birth:
Home address:		Age at immigration:
Name of current school:		Type of class:
Health insurance (Kupat cholim):		

## Health and Developmental History

	No	Yes (specify)
Were there any complications during the pregnancy?	<input type="checkbox"/>	
Were any medications/alcohol/narcotics used during the pregnancy?	<input type="checkbox"/>	
Were there any birth complications? (including preterm birth)	<input type="checkbox"/>	
Were there any delays in early development? (ie walking or talking late)	<input type="checkbox"/>	
Were any early intervention services provided?	<input type="checkbox"/>	
Does your child have any medical condition?	<input type="checkbox"/>	
Does your child receive any medication?	<input type="checkbox"/>	
Has your child ever had a seizure?	<input type="checkbox"/>	
Has your child ever received psychological/emotional treatment?	<input type="checkbox"/>	



What are your child's strengths?

What are your child's main challenges?

Please specify any significant events that have happened in your child's life:

## Performance

Please rate your child's performance in the following categories:

	Excellent	Very good	Good	Somewhat of a problem	Problematic
<b>Overall school performance</b>	<input type="radio"/>				
<b>Reading</b>	<input type="radio"/>				
<b>Writing</b>	<input type="radio"/>				
<b>Mathematics</b>	<input type="radio"/>				
<b>Relationship with parents</b>	<input type="radio"/>				
<b>Relationship with siblings</b>	<input type="radio"/>				
<b>Relationships with peers</b>	<input type="radio"/>				
<b>Participation in organized activities (eg teams)</b>	<input type="radio"/>				



### Vanderbilt Assessment Scale

**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.

Symptoms	Never	Occasionally	Often	Very Often
1 Does not pay attention to details or makes careless mistakes with, for example, homework	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2 Has difficulty keeping attention to what needs to be done	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3 Does not seem to listen when spoken to directly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4 Does not follow through when given directions and fails to finish activities (not due to refusal or failure to understand)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5 Has difficulty organizing tasks and activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6 Avoids, dislikes, or does not want to start tasks that require ongoing mental effort	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7 Loses things necessary for tasks or activities (toys, assignments, pencils, or books)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8 Is easily distracted by noises or other stimuli	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9 Is forgetful in daily activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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10 Fidgets with hands or feet or squirms in seat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11 Leaves seat when remaining seated is expected	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12 Runs about or climbs too much when remaining seated is expected	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13 Has difficulty playing or beginning quiet play activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14 Is "on the go" or often acts as if "driven by a motor"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15 Talks too much	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16 Blurs out answers before questions have been completed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17 Has difficulty waiting his or her turn	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18 Interrupts or intrudes in on others' conversations and/or activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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19 Argues with adults	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20 Loses temper	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21 Actively defies or refuses to go along with adults' requests or rules	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22 Deliberately annoys people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23 Blames others for his or her mistakes or misbehaviors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24 Is touchy or easily annoyed by others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25 Is angry or resentful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26 Is spiteful and wants to get even	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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41 Is fearful, anxious, or worried	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
42 Is afraid to try new things for fear of making mistakes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
43 Feels worthless or inferior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
44 Blames self for problems, feels guilty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
45 Feels lonely, unwanted, or unloved; complains that "no one loves him or her"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
46 Is sad, unhappy, or depressed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
47 Is self-conscious or easily embarrassed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



## Prior evaluations

Has your child undergone any of the following evaluations?

	No	Yes
Didactic/psycho-didactic	<input type="radio"/>	<input type="radio"/>
Occupation therapy	<input type="radio"/>	<input type="radio"/>
Speech therapy	<input type="radio"/>	<input type="radio"/>
Psychological	<input type="radio"/>	<input type="radio"/>
Psychiatric	<input type="radio"/>	<input type="radio"/>
Prior ADHD evaluation	<input type="radio"/>	<input type="radio"/>
ADHD computerized test (ie MOXO, TOVA)	<input type="radio"/>	<input type="radio"/>

If anything was marked **yes**, please attach the report

## Family history

### *Mother/Parent 1*

Name:	Age:	Country of birth:
Occupation:	Years of school:	Age at immigration:
Phone number:	Email:	

### *Father /Parent 2*

Name:	Age:	Country of birth:
Occupation:	Years of school:	Age at immigration:
Phone number:	Email:	

Are both parents currently married to each other?

(If **no** both parents are required to sign the parental consent form)

**Siblings**

Name	Age	Gender

**Other household members**

If relevant, please list any other adults living in the child's house(s):

**Does/did anyone in the family have the following conditions?**

	No	Yes	<i>If yes, who? (can be left blank if an in-person discussion is preferred)</i>
ADHD	<input type="radio"/>	<input type="radio"/>	
ADHD medication treatment	<input type="radio"/>	<input type="radio"/>	
Developmental delays	<input type="radio"/>	<input type="radio"/>	
Learning disabilities	<input type="radio"/>	<input type="radio"/>	
Autism	<input type="radio"/>	<input type="radio"/>	
Epilepsy/seizures	<input type="radio"/>	<input type="radio"/>	
Anxiety	<input type="radio"/>	<input type="radio"/>	
Depression	<input type="radio"/>	<input type="radio"/>	
Psychotic episodes	<input type="radio"/>	<input type="radio"/>	
Substance abuse	<input type="radio"/>	<input type="radio"/>	
Heart issues (under age 55) or unexpected sudden death	<input type="radio"/>	<input type="radio"/>	



## Evaluation Format

There are two possible evaluation formats:

1. Regular – the child and parents come to an evaluation together.

As part of a regular evaluation the child will be expected to sit in the waiting room by themselves for ~20 min to allow an unfiltered discussion with the parents

2. Split – A preliminary visit with the parents followed by an evaluation with the child. A split evaluation is recommended for most younger children (under 9) or when the parents expect that there will be a need for a longer discussion.

In your opinion, what format is most fitting for your child?

Is there anything else that you would like to add?

**Thank you for completing this form!**

**Please send this form, the completed teacher form and any prior evaluations to: [ADHD@arnonakids.co.il](mailto:ADHD@arnonakids.co.il)**

**We will be in contact to schedule an evaluation**

