

NAME

CHART NUMBER

BIRTHDATE

PERSON ACCOMPANYING CHILD

RELATIONSHIP

**BEHAVIOR/SCHOOL PERFORMANCE EVALUATION**

Date of visit \_\_\_\_\_

(S) CC: \_\_\_\_\_  
\_\_\_\_\_

**Sources of Information**

- School reports, grades, transcripts \_\_\_\_\_
- Review of medical records \_\_\_\_\_
- Interview with parents, patient, others \_\_\_\_\_
- Parent ADHD checklist, rating scale \_\_\_\_\_
- Teacher ADHD checklist, rating scale \_\_\_\_\_
- Psychoeducational testing \_\_\_\_\_

**School Performance**

School: \_\_\_\_\_ Grades \_\_\_\_\_

Relationship with Teachers: \_\_\_\_\_

Peers: \_\_\_\_\_

Behavior: \_\_\_\_\_

Homework: \_\_\_\_\_

**Family Interaction/History**

Parents: \_\_\_\_\_

Siblings: \_\_\_\_\_

Long OT Syndrome, unexplained sudden death? \_\_\_\_\_

Extracurricular activities: \_\_\_\_\_

Behavior during shopping: \_\_\_\_\_

TV Viewing: \_\_\_\_\_

Significant PMH: \_\_\_\_\_

Palpitations, syncope, near-syncope? \_\_\_\_\_

Medications? \_\_\_\_\_

**Nutrition**

Basic diet/Appetite: \_\_\_\_\_

Breakfast: Time \_\_\_\_\_

Lunch: Time \_\_\_\_\_

Dinner: Time \_\_\_\_\_

Sleep: \_\_\_\_\_ PM to \_\_\_\_\_ AM  WNL  Delayed onset

Excessive sleepiness / Fatigue/ Parasomnias: \_\_\_\_\_

**(O) Physical Examination**

(check if normal; describe if abnormal)

Height \_\_\_\_\_ % Weight \_\_\_\_\_ %  Gen. Appearance \_\_\_\_\_

Temp \_\_\_\_\_ B/P \_\_\_\_\_ / \_\_\_\_\_ Pulse \_\_\_\_\_ RR \_\_\_\_\_  Skin \_\_\_\_\_

Head \_\_\_\_\_  Eyes \_\_\_\_\_

Ears/Nose/Throat \_\_\_\_\_  Neck/Nodes \_\_\_\_\_

Chest/Lungs \_\_\_\_\_  Cardiovascular/Pulses \_\_\_\_\_

Abdomen \_\_\_\_\_  Genitalia \_\_\_\_\_

Musculoskeletal/Hips \_\_\_\_\_  Tanner stage \_\_\_\_\_

Neuro/Reflexes \_\_\_\_\_

Vision (formal) R \_\_\_\_\_ L \_\_\_\_\_  Hearing (formal) R \_\_\_\_\_ L \_\_\_\_\_

(A) Impression: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_