Florida Functional Neurology Group

Submit by Email | Print Form

AUTISM SPECTRUM DISORDER/ADD/ADHD/HYPERACTIVITY DISORDER/DYSLEXIA
CONFIDENTIAL PATIENT INFORMATION
(Please Print)

Date: _____ E-Mail Address _____
Full Name: _____
Name of Parent or Guardian: _____
Address: _____
City_____ State _____ Zip Code _____

Telephone Number ( )_____ Cell Phone Number ( ) _____ _____
Social Security No.____--____--____
Birthdate: _____
Name and address of Nearest Relative: _____
(Not living with you)

How did you hear about our office? _____

List Chiropractors you have seen before:

1. Name: _____
   When: _____
2. Name: _____
   When _____

List Medical Doctors consulted within the past year:

1. Name: _____ Address: _____
   When: _____ Reason for visit? _____
2. Name: _____Address: _____
   When: _____ Reason for visit? _____

All Current Medications _____
_____

List your child's developmental disorder according to severity	Date parent 1st noticed symptom	Date Diagnosed	Is disorder getting better or worse?
1.			
2.			
3.			

What is the main porblem that led to the child being brought to the FFNG? (circle all that apply)

Child has no problems Autism ADHD ADD Dyslexia Tics Tourtette's Autimmunity Allergies Academic Performance Scholastic Performance Depression Anxiety Sucidial Thoughts Sucicidal Actions Developmental Delay Sport Injury Adjustment to Divorce Violent Behavior Physcial Abuse Coordination issues Academic Problems Problems w/ clear thoughts Fears Defiant Behavior Bed-Wetting Sexual Abuse Stealing Anti-Social Behavior

What is their stauts in school? ■Not in school ■Fulll-time ■Part-time ■Regular ■Special Ed ■Suspended ■Expelled ■Home School ■Other_____

Who does the child live with now?_____

How many children live in the household in total?_____

Of the other children, How many are step?_____non-biologcial_____

What is the child's position in the famiily (ie oldest, third of six)_____

Does this child sleep in their own room? Y N' YES_____

Is this a problem?_____

How much educaiton has the current male caretaker received?_____
Female caretaker? Male_____

What type of work does the male caretaker perforrm?_____
Femlale caretaker?_____

How much educaiton has the current female caretaker received?_____
Female caretaker? Male_____

What type of work does the female caretaker perforrm?_____
Femlale caretaker?_____

Age of Natural Father at child's birth?_____Age of Natural Mother?_____

Was the pregnancy planned? Y N YES_____

Did the mother recieve prenatal care? Y N YES_____

What was the mother's mood during pregnancy (happy, sad etc)?_____
Any Depression duing pregnanacy? N Y YES_____

What was the child's physical conditon immediatley after birth?
Normal Jaundice Don't Know low birth weight high birth weight
Placed in incubator _____wks premature
Fever Problems w: heart lungs digestion seizures bones other_____

How many household has the child lived in since birth?_____

Has the child ever lived outside the home? N Y YES_____

Does you child have a history of headaches? N Y, describe_____
_____

Does you child have a history of nosebleeds? N Y, describe_____
_____

How many stuffed animals does your child have on their bed?_____

Does your child sound "nasal" when they speak?_____

4. Mom's Health During Pregnancy

Was mom overweight? Yes ☐ No ☐ If yes, weight _____
Was mom sick? Yes ☐ No ☐ Name illness _____
How many births has the mother had? _____
How many miscarriages? _____
Did mom use fertility drugs? Yes ☐ No ☐
Health of siblings _____

Maternal stress during pregnancy: divorce? Yes ☐ No ☐; car accident? Yes ☐ No ☐;
physical trauma? Yes ☐ No ☐; broken bones? Yes ☐ No ☐; if yes, explain

_____

death in family? Yes ☐ No ☐; job loss? Yes ☐ No ☐
Mom's exposure to toxins (example: mold, pesticides) Yes ☐ No ☐ if yes, explain

_____

Known infection(s) mom had during pregnancy
Yeast? YES; bacterial? YES; viral? YES
Did mom drink alcohol during pregnancy? Yes ☐ No ☐; smoke? Yes ☐ No ☐; drink
coffee? Yes ☐ No ☐; excessive bleeding? Yes ☐ No ☐; vomiting? Yes ☐ No ☐

5. Birthing Process

What type of delivery? _____
Any birth trauma? Yes ☐ No ☐ if yes, explain

_____

_____

Was delivery induced? Yes ☐ No ☐ Natural? Yes ☐ No ☐ Epidural? Yes ☐ No ☐
APGAR score _____ at one minute _____ at 5 minutes

6. Infant toxic exposure

Mold in house? Yes ☐ No ☐; pesticide? Yes ☐ No ☐; other _____
Professional Testing? NESY, Compnay:_____Results?_____

7. Infections

Name all infections first two years of child's life:
_____Age of onset _____; _____ Age of onset ____
_____ Age of onset _____; _____ Age of onset ____
_____ Age of onset _____; _____ Age of onset ____
Is child on antibiotics now? Yes ☐ No ☐
At what age did child first start antibiotics? _____ What age was the first illness? _____
Any history of strep infection? N Y, YES

8. Please list **ALL** surgeries and child's age at time of surgery:

_____

_____

_____

9. Motor Development

Child's age when first held head up ____; rolled over ____; sat up ____; crawled ____; walked _____
Did child display any "cute" or out of the ordinary behavior when learning to crawl or walk?
Yes ☐ No ☐ if yes, explain

_____

_____

Age potty trained: _____ age stopped wetting bed: _____ age of first words "mama", "dada" _____
Age child spoke 2 to 3 words together _____

Has child lost language? Yes ☐ No ☐; if yes, what age and how far did they regress?

How many words was your child using in a sentence before regression? _____
Has child lost eye contact? Yes ☐ No ☐; if yes, at what age: _____
How long did mother breast feed? Months _____ Never ☐
Age child started bottle-feeding? ☐; formula? Yes ☐ No ☐; soy based? Yes ☐ No ☐
casein based? Yes ☐ No ☐
Age cow's milk was introduced _____; age wheat & grains were introduced? _____

10. Vaccine Response
Seizures? Yes ☐ No ☐ When did seizures start? _____ How long did they last? _____
Bowel symptoms? Yes ☐ No ☐, if yes, explain _____
Swelling at injection site? Yes ☐ No ☐ Fever? Yes ☐ No ☐

11. Current Diet
What is your child eating now? Look back over past 3 days and be as accurate as possible.

Does your child refuse to eat certain foods? Yes ☐ No ☐; which foods? _____
List all sweets that your child eats: _____
How many glasses of milk does your child drink per day? _____
How much cheese consumption per day? _____ Slices of bread per day? _____
How many sodas per day? _____ How many glasses of sweet tea? _____
How many glasses of fruit juice? _____ How many sports drinks per day? _____
Does your child eat salty food or crave salty food? Yes ☐ No ☐
Fast food meals per day? _____ Meat intake per day? _____ ounces; What type? _____
Veggies per day? _____

12. GI Tract
How many bowel movements per day? _____ Is your child constipated? Yes ☐ No ☐
Bloating? Yes ☐ No ☐ Dark circles under eyes? Yes ☐ No ☐
Is your child's behavioral symptoms worse during ☐ damp; ☐ hot; ☐ misty; ☐ moldy; ☐ other weather?
Does your child wake up at night laughing or giggling? Yes ☐ No ☐
Does your child put pressure on stomach? Yes ☐ No ☐

Allergies YES Y: SCRATCH BLOOD URINE SALIVA OTHER ☐

Has your child had any of more of the following:

Food Sensiitivity Test☐N, if yes ☐ BLOOD ☐ STOOL ☐ SALIVA ☐ SCRATCH

Heavy Metals:☐ N, if yes ☐ BLOOD ☐ STOOL ☐ SALIVA ☐ URINE

Intestinal Health/Barrier: No☐, if yes ☐ BLOOD ☐ STOOL ☐ SALIVA ☐ URINE

Adrenal Stress Index: No☐, if yes ☐ BLOOD ☐ STOOL ☐ SALIVA ☐ SCRATCH

Complete Blood Count w/ Differntial,
Metabolic Panel, ☐ No ☐ Yes, if yes when_____where_____
Lipid Panel Physician:_____Diagnosis_____

P.A.N.D.A.S ☐ No ☐ Yes, if yes when_____where_____
Physician:_____Diagnosis_____

Audiometry ☐ No ☐ Yes, if yes when_____where_____
Physician:_____Diagnosis_____

Opthamalogy ☐ No ☐ Yes, if yes when_____where_____
Physician:_____Diagnosis_____

Spinal X-ray(s) ☐ No ☐ Yes, if yes when_____where_____
Physician:_____Diagnosis_____

Other ☐ No ☐ Yes, if yes when_____where_____
Physician:_____Diagnosis_____

CT SCAN ☐ No ☐ Yes, if yes when_____where_____
Physician:_____Diagnosis_____

MRI ☐ No ☐ Yes, if yes when_____where_____
Physician:_____Diagnosis_____

MRA ☐ No ☐ Yes, if yes when_____where_____
Physician:_____Diagnosis_____

Psychological ☐ No ☐ Yes, if yes when_____where_____
No Physician:_____Diagnosis_____

Stomach/GastroIntestinal ☐ No ☐ Yes, if yes when_____where_____
Physician:_____Diagnosis_____

PATIENT NAME: _____ **DATE:** _____

MASTER HEMISPHERIC CHECKLIST

- ☐ Clumsiness and an odd posture
- ☐ Poor coordination
- ☐ Not athletically inclined and has no interest in popular childhood participation sports
- ☐ Low muscle tone – muscles seem kind of floppy
- ☐ Poor gross motor skills, such as difficulty learning to ride a bike and/or runs and/or walks oddly
- ☐ Repetitive/stereotyped motor mannerisms (spins in circles, flaps arms)
- ☐ Fidgets excessively
- ☐ Poor eye contact
- ☐ Walks or walked on toes when younger

_____ TOTAL

- ☐ Fine motor problems (poor or slow handwriting)
- ☐ Difficulty with fine motor skills, such as buttoning a shirt
- ☐ Poor or immature hand grip when writing
- ☐ Tends to write very large for age or grade level
- ☐ Stumbles over words when fatigued
- ☐ Exhibited delay in crawling, standing and/or walking
- ☐ Loves sports and is good at them
- ☐ Good muscle tone
- ☐ Poor drawing skills
- ☐ Difficulty learning to play music
- ☐ Likes to fix things with the hands and is interested in anything mechanical
- ☐ Difficulty planning and coordinating body movements

_____ TOTAL

- ☐ Poor spatial orientation – bumps into things often
- ☐ Sensitivity to sound
- ☐ Confusion when asked to point to different body parts
- ☐ Poor sense of balance
- ☐ High threshold for pain – doesn't cry when gets a cut
- ☐ Likes to spin, go on rides, swing, etc – anything with motion
- ☐ Touches things compulsively
- ☐ A girl uninterested in makeup or jewelry
- ☐ Does not like the feel of clothing on arms or legs; pulls off clothes
- ☐ Doesn't like being touched and doesn't like to touch things
- ☐ Incessantly smells everything
- ☐ Prefers bland foods
- ☐ Does not notice strong smells, such as burning wood, popcorn, or cookies baking in the oven
- ☐ Avoids food because of the way it looks
- ☐ Hates having to eat and is not even interested in sweets
- ☐ Extremely picky eater

____Total

- ☐ Doesn't seem to have many sensory issues or problems, such as a sensitivity to sound
- ☐ Has good spatial awareness (aware of surroundings)
- ☐ Has good sense of balance
- ☐ Eats just about anything
- ☐ Has a normal to above-average sense of taste and smell
- ☐ Likes to be hugged and held
- ☐ Does not have any oddities concerning clothing
- ☐ Has auditory processing problems
- ☐ Seems not to hear well, although hearing tests normal
- ☐ Delay in speaking was attributed to ear infections
- ☐ Gets motion sick and has other motion sickness issues
- ☐ Is not undersensitive or oversensitive to pain

_____ TOTAL

- ☐ Spontaneously cries and/or laughs and has sudden outbursts of anger or fear
- ☐ Worries a lot and has several phobias
- ☐ Holds on to past "hurts"
- ☐ Has sudden emotional outbursts that appear overreactive and inappropriate to the situation
- ☐ Experiences panic and/or anxiety attacks
- ☐ Sometimes displays dark or violent thoughts
- ☐ Face lacks expression; doesn't exhibit much body language
- ☐ Too uptight, cannot seem to loosen up
- ☐ Lacks empathy and feelings for others
- ☐ Lacks emotional reciprocity
- ☐ Often seems fearless and is a risk taker

_____ TOTAL

- ☐ Overly happy and affectionate; loves to hug and kiss
- ☐ Frequently moody and irritable
- ☐ Loves doing new or different things but gets bored easily
- ☐ Lacks motivation
- ☐ Withdrawn and shy
- ☐ Excessively cautious, pessimistic, or negative
- ☐ Doesn't seem to get any pleasure out of life
- ☐ Socially withdrawn
- ☐ Cries easily, feelings get hurt easily
- ☐ Seems to be in touch with own feelings
- ☐ Empathetic to other people's feelings; reads people's emotions well
- ☐ Gets embarrassed easily
- ☐ Very sensitive to what others think about him or her

_____ TOTAL

- ☐ Logical thinker
- ☐ Often misses the gist of a story
- ☐ Always the last to get a joke
- ☐ Gets stuck in set behavior; can't let it go
- ☐ Lacks social tact and/or is antisocial and/or socially isolated
- ☐ Poor time management; is always late
- ☐ Disorganized
- ☐ Has a problem paying attention

- ☐ Is hyperactive and/or impulsive
- ☐ Has obsessive thoughts or behaviors
- ☐ Argues all the time and is generally uncooperative
- ☐ Exhibits signs of an eating disorder
- ☐ Failed to thrive as an infant
- ☐ Mimics sounds or words repeatedly without really understanding the meaning
- ☐ Appears bored, aloof, and abrupt
- ☐ Considered strange by other children
- ☐ Inability to form friendships
- ☐ Has difficulty sharing enjoyment, interests, or achievements with other people
- ☐ Inappropriately giddy or silly
- ☐ Acts inappropriately in social situations
- ☐ Talks incessantly and asks the same question repetitively
- ☐ Has no or little joint attention, such as the need to point to an object to get your attention
- ☐ Didn't look at self in mirror as a toddler

_____ TOTAL

- ☐ Procrastinates
- ☐ Is extremely shy, especially around strangers
- ☐ Is very good at nonverbal communication
- ☐ Is well liked by other children and teachers
- ☐ Does not have any behavioral problems in school
- ☐ Understands social rules
- ☐ Has poor self-esteem
- ☐ Hates doing homework
- ☐ Is very good at social interaction
- ☐ Makes good eye contact
- ☐ Likes to be around people and enjoys social activities, such as going to parties
- ☐ Doesn't like to go to sleepovers
- ☐ Is not good at following routines
- ☐ Can't follow multiple-step directions
- ☐ Is in touch with own feelings
- ☐ Jumps to conclusions

_____ TOTAL

- ☐ Poor math reasoning (word problems, geometry, algebra)
- ☐ Poor reading comprehension and pragmatic skills
- ☐ Misses the big picture
- ☐ Very analytical
- ☐ Likes "slapstick" or obvious physical humor
- ☐ Is very good at finding mistakes (spelling)
- ☐ Takes everything literally
- ☐ Doesn't always reach a conclusion when speaking
- ☐ Started speaking early
- ☐ Has tested for a high IQ, but scores run the whole spectrum; or IQ is above normal in verbal abilities and below average in performance abilities
- ☐ Was an early word reader
- ☐ Is interested in unusual topics

- ☐ Learns in a rote (memorizing) manner
- ☐ Learns extraordinary amounts of specific facts about a subject
- ☐ Is impatient
- ☐ Speaks in a monotone; has little voice inflection
- ☐ Is a poor nonverbal communicator
- ☐ Doesn't like loud noises (like fireworks)
- ☐ Speaks out loud regarding what he or she is thinking
- ☐ Talks "in your face" – is a space invader
- ☐ Good reader but does not enjoy reading
- ☐ Analytical; led by logic
- ☐ Follows rules without questioning them
- ☐ Good at keeping track of time
- ☐ Easily memorizes spelling and mathematical formulas
- ☐ Enjoys observing rather than participating
- ☐ Would rather read an instruction manual before trying something new
- ☐ Math was often the first academic subject that became a problem

_____ TOTAL

- ☐ Very good at big picture skills
- ☐ Is an intuitive thinker and is led by feelings
- ☐ Good at abstract "free" association
- ☐ Poor analytical skills
- ☐ Very visual; loves images and patterns
- ☐ Constantly questions why you're doing something or why rules exist
- ☐ Has poor sense of time
- ☐ Enjoys touching and feeling actual objects
- ☐ Has trouble prioritizing
- ☐ Is unlikely to read instructions before tying something new
- ☐ Is naturally creative, but needs to work hard to develop full potential
- ☐ Would rather do things instead of observe
- ☐ Uses good voice inflection when speaking
- ☐ Misreads or omits common small words
- ☐ Has difficulty saying long words
- ☐ Reads very slowly and laboriously
- ☐ Had difficulty naming colors, objects, and letters as a toddler
- ☐ Needs to hear or see concepts many times in order to learn them
- ☐ Has shown a downward trend in achievement test scores or school performance
- ☐ Schoolwork is inconsistent
- ☐ Was a late talker
- ☐ Has difficulty pronouncing words (poor with phonics)
- ☐ Had difficulty learning the alphabet, nursery rhymes, or songs when young
- ☐ Has difficulty finishing homework or finishing a conversation
- ☐ Acts before thinking and makes careless mistakes
- ☐ Daydreams a lot
- ☐ Has difficulty sequencing events in the proper order
- ☐ Often writes letters backward
- ☐ Is poor at basic math skills
- ☐ Has poor memorization skills
- ☐ Has poor academic ability
- ☐ Has an IQ lower than expected and verbal scores are lower than nonverbal scores
- ☐ Performs poorly on verbal tests
- ☐ Needs to be told to do something several times before acting on it
- ☐ Stutters or stuttered when younger
- ☐ Is a poor speller
- ☐ Doesn't read directions well

_____ TOTAL

- ☐ Has a lot of allergies
- ☐ Rarely gets colds and infections
- ☐ Has had or has eczema or asthma
- ☐ Skin has little white bumps, especially on the back of the arms
- ☐ Displays erratic behavior -- good one day, bad the next
- ☐ Craves certain foods, especially dairy and wheat products

_____ TOTAL

- ☐ Gets chronic ear infections
- ☐ Prone to benign tumors or cysts
- ☐ Has taken antibiotics more than ten to fifteen times before the age of ten
- ☐ Has had tubes put in the ears
- ☐ Catches colds frequently
- ☐ No allergies

_____ TOTAL

- ☐ Problems with bowels, such as constipation and diarrhea
- ☐ Has a rapid heart rate and/or high blood pressure for age
- ☐ Appears bloated, especially after meals, and often complains of stomach pains
- ☐ Has body odor
- ☐ Sweats a lot
- ☐ Hands are always moist and clammy

_____ TOTAL

- ☐ Has a bedwetting problem
- ☐ Has or had an irregular heartbeat, such as an arrhythmia or a heart murmur

_____ TOTAL

Child Neurotransmitter & Nutrition Questionnaire (CNNQ)

Name: _____ **Age:** _____ **Sex:** M _____ **Date:** _____

* Please circle the appropriate number "0 - 3" on all questions below. **0 as the least/never to 3 as the most/always.**

SECTION: GENERAL

- Does your child have any food sensitivities or allergies? (please list)

  _____

  _____
- List your child's 4 healthiest foods eaten regularly.

  _____, _____,

  _____, _____
- List your child's 4 unhealthiest foods eaten regularly.

  _____, _____,

  _____, _____
- How many times a week does your child eat candy? _____
- How many times a week does your child drink soda pop? _____
- Please list the top 4 foods your child craves regularly?

  _____, _____,

  _____, _____
- List the medication(s) your child is currently prescribed and over the counter.

  _____

  _____
- Do you find it difficult as a parent to have your child on a special diet?

  _____

SECTION: A (K52)

- Does your child eat pasta, breads, and breaded foods? ☐ 0 1 2 3
- Does your child have symptoms (fatigue, hyperactivity, etc.) after eating wheat foods? ☐ 0 1 2 3
- Does your child eat dairy products? ☐ 0 1 2 3
- Does your child have symptoms (fatigue, hyperactivity, etc.) after eating dairy products? ☐ 0 1 2 3

SECTION: B (K53)

- Does your child eat fried fish? ☐ 0 1 2 3
- Does your child eat roasted nuts or seeds? ☐ 0 1 2 3
- Is your child **missing** essential fatty acid rich foods in his/her diet? (for example: avocadoes, flax seeds, olives) *(mark "0" if present, "3" if missing)* ☐ 0 1 2 3
- Does your child eat *fried* foods? ☐ 0 1 2 3

SECTION: C (K34)

- Is your child's mental speed slow? ☐ 0 1 2 3
- Does your child have difficulty with learning or memory? ☐ 0 1 2 3
- Does your child have difficulty with balance and coordination? 0 1 2 3 ☐

SECTION: D (K16)

- Does your child have stress? ☐ 0 1 2 3
- Does your child **not** have enough sleep and rest? *(mark "3" if not enough)* ☐ 0 1 2 3
- Does your child **not** have regular exercise? *(mark "3" if no exercise)* ☐ 0 1 2 3
- Does your child feel overly worried and scared? ☐ 0 1 2 3

SECTION: E (K16, K51)

- Does your child have temper tantrums? ☐ 0 1 2 3
- Does your child exhibit wild behavior? ☐ 0 1 2 3
- Does your child frequently yell or scream for unnecessary reasons? ☐ 0 1 2 3
- Does your child have an **inability** to nap or sleep when physically exhausted? *(mark "3" if unable)* 0 1 2 3 ☐
- Is your child overly talkative? 0 1 2 3 ☐
- Does your child fidget and squirm when seated? 0 1 2 3 ☐
- Does your child run and climb excessively when it is inappropriate? 0 1 2 3 ☐
- Does your child have difficulty playing quietly or engaging in leisure activities? 0 1 2 3 ☐

SECTION: F (K51)

- Does your child get excited easily? 0 1 2 3 ☐
- Does your child have anxiousness and panic for minor reasons? 0 1 2 3 ☐
- Does your child feel overwhelmed for minor reasons? 0 1 2 3 ☐
- Does your child find it difficult to relax when she/he is awake? 0 1 2 3 ☐
- Does your child have disorganized attention? 0 1 2 3 ☐

SECTION: G (K50)

- Does your child seem depressed? 0 1 2 3 ☐
- Does your child have mood changes with overcast weather? 0 1 2 3 ☐
- Does your child have symptoms of inner rage? 0 1 2 3 ☐
- Does your child seem uninterested in games or hobbies? 0 1 2 3 ☐
- Does your child have difficulty falling into deep restful sleep? 0 1 2 3 ☐
- Does your child seem uninterested in friendships? 0 1 2 3 ☐
- Does your child have symptoms of unprovoked anger? 0 1 2 3 ☐
- Does your child seem uninterested in eating? 0 1 2 3 ☐

SECTION: H (K49)

- Does your child have difficulty handling stress? 0 1 2 3 ☐
- Does your child have anger and aggression while being challenged? 0 1 2 3 ☐
- Does your child feel tired even after long sleeps? 0 1 2 3 ☐
- Does your child tend to isolate from others? 0 1 2 3 ☐
- Does your child get distracted easily? 0 1 2 3 ☐
- Does your child have constant need and desire for candy and sugar? 0 1 2 3 ☐
- Does your child have disorganized attention? 0 1 2 3 ☐

SECTION: I (K48)

- Does your child have difficulty with visual memory? 0 1 2 3 ☐
- Does your child have difficulty remembering locations? 0 1 2 3 ☐
- Does your child have fatigue or low endurance for learning activities? 0 1 2 3 ☐
- Does your child have difficulty with attention or low attention span or endurance? 0 1 2 3 ☐
- Does your child have slow or difficult speech? 0 1 2 3 ☐
- Does your child have uncoordinated or slow movement? 0 1 2 3 ☐

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For nutritional purposes only

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Approximatel weight of child at birth? _____lbs____ozs

How many dys did the child spend in the hospital after birth?_____

Who was the primary caretaker before the age of two?
Natural Mother ☐ Natural Father ☐ Step-mother ☐ Step-father ☐

What age did the child begin to sit up?_____ walk?_____ talk_____
toilet train_____problems w toilet training? N, Y NO

Desribe the child's motor development (running, throwing, etc) between 2-5 years compared to their peers:☐Advanced☐Average☐Less coordianted

Describe the child's language development between the ages of 2-5 years
☐Advanced☐Average☐Less coordianted

Describe the child's social development☐Advanced☐Average☐Less coordianted

Descibe the child's mental development (coutning, knowledge of alphabet, shapes, colorrs, puzzles and understanding concepts)☐Advanced☐Average☐Less coordianted

Describe the child's temperment from ages 2-5
☐Calm☐Active☐Sociable ☐Withdrawm ☐Happy☐Unhappy ☐Alert
☐Sleepy ☐Affectionate ☐Unconsolable ☐Difficult ☐Hypersensitive
☐Irritable ☐Fearful

Age your child started kindergarten? Select Any problems? N Yes,:
☐complained of being ill to avoid going to school ☐was afraid had to be punished to go

What ws their kindergarten experience like?
☐Enjoyed ☐Neutral ☐Disliked

What grade is your child in now?_____

How do they feel about school now?
☐Enjoyed ☐Neutral ☐Disliked

Any behavioral problems in school? N Yes: Select
☐Required to sit near teacher ☐Required to sit in isolated area ☐Talks out of turn
☐Inable to sit still ☐Frequent visits to prinicipal office/detention ☐Delinquency

Does your child have porblems with thier peers?
☐Being physcially attacked ☐Verbally attacked/teased ☐Rejected by peer group
☐Jealous of peers ☐Arguments Other_____

Describe you child's academic performance since the first grade?
Does not apply ☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ Improving ☐ Declining ☐ Other_____

Has the child been frequently absent from school? N Y, Select _____

Subjects that are the child's *strengths* in school? (circle all that apply)
☐ Does not apply ☐ None ☐ All ☐ Art ☐ Music ☐ Reading ☐ Math ☐ Spelling ☐ English ☐ Science
☐ History ☐ Social Studies Other_____

Subjects that are the child's *weaknesses* in school?
☐ Does not apply ☐ None ☐ All ☐ Art ☐ Music ☐ Reading ☐ Math ☐ Spelling ☐ English ☐ Science
☐ History ☐ Social Studies Other_____

Describe the child's current skill *stengths* in school.
☐ Does not apply ☐ None ☐ Concentrattion ☐ Ogranization ☐ Test prep
☐ Paper & Reports ☐ Handwriting ☐ Getting work done ont-time ☐ Memorization
☐ Meticulous about work ☐ Vocabulary ☐ Expression ☐ Reading compreheniosn
☐ Reading speed ☐ Working hard ☐ Comprehension

Describe the child's current skill *weaknesses* in school.
☐ Does not apply ☐ None ☐ Concentrattion ☐ Ogranization ☐ Test prep
☐ Paper & Reports ☐ Handwriting ☐ Getting work done ont-time ☐ Memorization
☐ Meticulous about work ☐ Vocabulary ☐ Expression ☐ Reading compreheniosn
☐ Reading speed ☐ Working hard ☐ Comprehension

Does the child currently have classroom behavior issues? N Yes Select _____
_____

Has does your chlld's current teacher desribe them?
☐ Does not apply ☐ None ☐ Fidgety ☐ Can't sit still ☐ Cant' wait turn ☐ Distractible
☐ Fails to start/finish/complete assignment ☐ Interrupts ☐ Doesn't follow directions
☐ Unhappy w/ lunch selection ☐ Frequently loses/can't find possessions

Does *Positive* reinformenct change the negative behavior? N Y Select _____

Does *Negative* reinformenct change the negative behavior? N Y Select _____

Do you use reverse psychology on your child? N Y Select _____

Do your child use reverse psychology on you? N Y Select _____

Does your child comprehend sarcasim? N Y Select _____

Do they like to play jokes/take part in pranks? N Y Select _____

Does your child enjoy having and/or attending birthday parties? N Y Select _____

How does your child perceive their level of acceptance withiin their peers?
As:■Good ■Mixed ■Poor ■Don't Know

How many close friends does your child have?■N/A■None■One■A few■A couple■Many

Does your child praticipate in games with others?
☐Frequently ☐Occassionally ☐Never

Does your child have imagiinary playmates? N Y Select

Does you child play well by themselves? N Y Select

Does you child have trouble: going aslleep? N Y Select
staying asleep? N Y Select
waking up? N Y Select
bed wetting? N Y Select

Any history of abuse? N Y Select

How do you rate your child's functional capacity to enjoy life to ifs fullest now. ____%

What do you currently project their maximum functional capacity they will obtain in their life time under the current treatment plan?_____%

What are your expectations on the incerase in functional capacity that your child can reach under the current treatment plan?_____%

What are your expectations on the time it will take to reach these goals?_____

Please convey any additonal information that you feel may be pertinent to your child's care

List of Medications

List of Supplement

The Economic Impact of Attention-Deficit/Hyperactivity disorder in Children and Adolescents

• **William E. Pelham, PhD1, E. Michael Foster, PhD2 and Jessica A. Robb, BA1**
• 1Department of Psychology, Center for Children and Families, State University of New York at Buffalo, Buffalo, NY and 2School of Public Health, University of North Carolina, Chapel Hill, NC.

• **Abstract**
• Using a cost of illness (COI) framework, this article examines the economic impact of attention-deficit/hyperactivity disorder (ADHD) in childhoo and adolescence. Our review of published literature identified 13 studies, most conducted on existing databases by using diagnostic and medical procedure codes and focused on health care costs. Two were longitudinal studies of identified children with ADHD followed into adolescence. Costs were examined for ADHD treatment-related and other health care costs (all but 1 study addressed some aspect of health care), education (special education, 2 studies, disciplinary costs; 1 study), parental work loss (2 studies), and juvenile justice (2 studies).

Based on this small and as yet incomplete evidence base, **we estimated annual COI of ADHD in children and adolescents at $14,576 per individual (2005 dollars). Given the variability of estimates across studies on which that number is based, a reasonable range is between $12,005 and $17,458 per individual. Using a prevalence rate of 5%, a conservative estimate of the annual societal COI for ADHD in childhood and adolescence is $42.5 billion, with a range between $36 billion and $52.4 billion.** Estimates are preliminary because the literature is incomplete; many future researches on COI of ADHD are provided.
Study: Autism costs strain family finances
National survey shows impact of caring for a child with chronic disorder.

I understand and agree that health and accident insurance policies are an arrangement between an insurance carrier and myself. Furthermore, I understand that the FFNG may prepare any necessary reports and forms to assist me in making collection from the insurance company and that any amount authorized to be paid directly to the FFNG will be credited to my account on receipt. However, I clearly understand and agree that all services rendered me are charged directly to me, and that I am personally responsible for payment. I also understand that if I suspend or terminate my care and treatment, any fees for professional services rendered me will be immediately due and payable. I understand that I am responsible for all attorney fees or collection fees related to the collection of my account. I agree to pay interest at the rate of 1.5% per month (18% per annum) on any unpaid balance.

Patient's Signature _____ Date _____
Guardian or Spouse's Signature _____ Date _____
Information taken by _____ Date _____

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