

LPSR ADHD Patient Packet

Dear Parent,

The attached information marks the beginning of a possible ADHD diagnosis for your child. This diagnosis will require a team effort from both your family and this office to be successful in managing your child's success. Gathering the information requested from all parties will help facilitate a more thorough investigation into your child's diagnosis.

When the packet is completed please return it to the closest LPSR location. The appointment for the consultation with your child's provider will not be made until the packet has been completed and returned to the office. Please pay close attention to the required information.

If your child is a NEW patient to this office, we ask that you please request all previous records. Please follow-up to make sure we have received the records. You will also be required to complete the attached information before a consultation will be made.

The ADHD packet includes the following pieces of information:

1. ADHD Questionnaire – Please make sure to write/collect as much information as possible. Make sure that both parents, caregivers; i.e., grandparents, nanny, etc., write separate notes to the Doctor answering the questions in detail from the questionnaire.
2. NICHQ Vanderbilt Assessment scale – Parent Informant (2 copies)
3. NICHQ Vanderbilt Assessment scale – Teacher Informant
4. Records release form – please use this form to request reports or records from previous providers or psychologists, therapists, etc., if the information they contain are pertinent to the consultation visit.
5. Appointment and Prescription instructions – This form advises you on the different types of appointments to schedule and how to request refills of controlled medications.

If you have any questions please call the office.

Thank you!

LPSR Pediatrics – Stanford Children's Health

9/2015

ADHD Questionnaire

IMPORTANT: The following information must be delivered to the office no later than one (1) week (5 business days) before the scheduled consultation for review by the Provider of Care. If the information is not received in the requested time the appointment will be rescheduled for a future date.

Please include the following information with the attached assessments from both parents and/or caregiver and the attached assessments from the child's teacher(s).

1. Notes from the **mother and father or any other caregiver** (information should be separate. Notes should not be compared and observations changed) concerning the basic problem including:
 - a. List the child's strong points.
 - b. List the child's problem points.
 - c. Who feels the child has a problem?
 - d. What has been tried to help the problem up to now?
 - e. What precipitated the call?
2. Notes from the father or any other caregiver answering all the above (should be filled out separately so notes can be compared and observations changed.)
3. Notes from **present** teacher concerning child's behavior and learning ability.
4. Notes from **previous** teachers concerning child's behavior and learning ability.
5. Any end of the year notes on report cards you have available for as many years as possible.
6. Any and all (old and new) evaluations:
 - a. SSTs (student study team.)
 - b. IEPs (individual education plan)
7. Psychological evaluations either from the school or from outside sources, if available.
8. Any evaluations from specialists.
9. Any test results, if available:
 - a. EEG
 - b. CAT scan
 - c. MRI
10. Please list separately any medications used both previously and presently used and how each one worked.
11. Other Physician's notes or transfer of records. (Fill out and send record transfer request to previous physician(s) see attached form.
12. Completed ***NICHQ Vanderbilt Assessment Scale*** – **PARENT** Informant - **each parent/caregiver** to fill out separate assessment)
13. Completed ***NICHQ Vanderbilt Assessment Scale*** – **TEACHER** Informant

9/2015

If your insurance does not cover consultations of this type, you will be responsible for all charges.

CLINICIAN TOOLS



ADHD



Vanderbilt Assessment Scale: ADHD Toolkit Parent-Informant Form

Child's name: _____ Parent's name: _____

Date: _____ DOB: _____ Age: _____

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.

This evaluation is based on a time when your child: Was on medication Was not on medication Not sure

Behavior	Never (0)	Occasionally (1)	Often (2)	Very Often (3)
1. Does not pay attention to details or makes mistakes that seem careless with, for example, homework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Has difficulty keeping attention on what needs to be done	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Does not seem to listen when spoken to directly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Does not follow through on instructions and does not finish activities (not because of refusal or lack of comprehension)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Has difficulty organizing tasks and activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Avoids, dislikes, or does not want to start tasks that require ongoing mental effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Loses things necessary for tasks or activities (eg, toys, assignments, pencils, books)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Is easily distracted by noises or other stimuli	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Is forgetful in daily activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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10. Fidgets with or taps hands or feet or squirms in seat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Leaves seat when remaining seated is expected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Runs about or climbs too much when remaining seated is expected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Has difficulty playing or beginning quiet play games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Is on the go or often acts as if "driven by a motor"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Talks too much	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Blurts out answers before questions have been completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Has difficulty waiting his or her turn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Interrupts or intrudes into others' conversations or activities or both	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Vanderbilt Assessment Scale: ADHD Toolkit Parent-Informant Form



Child's name: _____ Today's date: _____

Behavior	Never (0)	Occasionally (1)	Often (2)	Very Often (3)
19. Loses temper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Is touchy or easily annoyed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Is angry or resentful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Argues with authority figures or adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Actively defies or refuses to adhere to requests or rules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Deliberately annoys people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Blames others for his or her mistakes or misbehaviors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Is spiteful and wants to get even	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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27. Bullies, threatens, or intimidates others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Starts physical fights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Has used a weapon that can cause serious harm (eg, bat, knife, brick, gun)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Has been physically cruel to people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Has been physically cruel to animals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Has stolen while confronting the person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Has forced someone into sexual activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Has deliberately set fires to cause damage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Deliberately destroys others' property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. Has broken into someone else's home, business, or car	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. Lies to get out of trouble, to obtain goods or favors, or to avoid obligations (ie, cons others)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. Has stolen items of value	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. Has stayed out at night without permission beginning before age 13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. Has run away from home twice or once for an extended period	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. Is often truant from school (skips school)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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42. Is fearful, anxious, or worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43. Is afraid to try new things for fear of making mistakes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44. Feels worthless or inferior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45. Blames self for problems or feels guilty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46. Feels lonely, unwanted, or unloved; often says that no one loves him or her	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47. Is sad, unhappy, or depressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48. Is self-conscious or easily embarrassed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Vanderbilt Assessment Scale: ADHD Toolkit Parent-Informant Form



Child's name: _____ Today's date: _____

Academic and Social Performance	Excellent (1)	Above Average (2)	Average (3)	Somewhat of a Problem (4)	Problematic (5)
49. Overall school performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50. Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51. Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52. Mathematics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53. Relationship with parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
54. Relationship with siblings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
55. Relationship with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
56. Participation in organized activities (eg, teams)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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How old was your child when you first noticed the behaviors?

Tic behaviors: To the best of your knowledge, please indicate if your child displays the following behaviors:

1. Motor tics: Rapid, repetitive movements such as eye blinking, grimacing, nose twitching, head jerks, shoulder shrugs, arm jerks, body jerks, and rapid kicks.

- No tics present.
- Yes, they occur nearly every day but go unnoticed by most people.
- Yes, noticeable tics occur nearly every day.

2. Phonic (vocal) tics: Repetitive noises including, but not limited to, throat clearing, coughing, whistling, sniffing, snorting, screeching, barking, grunting, and repetition of words or short phrases.

- No tics present.
- Yes, they occur nearly every day but go unnoticed by most people.
- Yes, noticeable tics occur nearly every day.

3. If YES to 1 or 2, do these tics interfere with your child's activities (eg, reading, writing, walking, talking, eating)?

- No Yes

Vanderbilt Assessment Scale: *ADHD Toolkit* Parent-Informant Form



Child's name: _____ Today's date: _____

Previous diagnosis and treatment: Please answer the following questions to the best of your knowledge:

1. Has your child been diagnosed as having ADHD or ADD?
 No Yes
2. Is he or she on medication for ADHD or ADD?
 No Yes
3. Has your child been diagnosed as having a tic disorder or Tourette syndrome?
 No Yes
4. Is he or she on medication for a tic disorder or Tourette disorder?
 No Yes

Adapted from the Vanderbilt rating scales developed by Mark L. Wolraich, MD.

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Total number of questions scored 2 or 3 in questions 1–9: _____ 0

Total number of questions scored 2 or 3 in questions 10–18: _____ 0

Total number of questions scored 2 or 3 in questions 19–26: _____ 0

Total number of questions scored 2 or 3 in questions 27–41: _____ 0

Total number of questions scored 2 or 3 in questions 42–48: _____ 0

Total number of questions scored 4 in questions 49–56: _____ 0

Total number of questions scored 5 in questions 49–56: _____ 0

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The recommendations in this resource do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate. Original resource included as part of *Caring for Children With ADHD: A Practical Resource Toolkit for Clinicians*, 3rd Edition.

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CLINICIAN TOOLS



ADHD



Vanderbilt Assessment Scale: ADHD Toolkit Parent-Informant Form

Child's name: _____ Parent's name: _____

Date: _____ DOB: _____ Age: _____

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.

This evaluation is based on a time when your child: Was on medication Was not on medication Not sure

Behavior	Never (0)	Occasionally (1)	Often (2)	Very Often (3)
1. Does not pay attention to details or makes mistakes that seem careless with, for example, homework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Has difficulty keeping attention on what needs to be done	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Does not seem to listen when spoken to directly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Does not follow through on instructions and does not finish activities (not because of refusal or lack of comprehension)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Has difficulty organizing tasks and activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Avoids, dislikes, or does not want to start tasks that require ongoing mental effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Loses things necessary for tasks or activities (eg, toys, assignments, pencils, books)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Is easily distracted by noises or other stimuli	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Is forgetful in daily activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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10. Fidgets with or taps hands or feet or squirms in seat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Leaves seat when remaining seated is expected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Runs about or climbs too much when remaining seated is expected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Has difficulty playing or beginning quiet play games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Is on the go or often acts as if "driven by a motor"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Talks too much	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Blurts out answers before questions have been completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Has difficulty waiting his or her turn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Interrupts or intrudes into others' conversations or activities or both	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Vanderbilt Assessment Scale: ADHD Toolkit Parent-Informant Form



Child's name: _____ Today's date: _____

Behavior	Never (0)	Occasionally (1)	Often (2)	Very Often (3)
19. Loses temper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Is touchy or easily annoyed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Is angry or resentful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Argues with authority figures or adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Actively defies or refuses to adhere to requests or rules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Deliberately annoys people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Blames others for his or her mistakes or misbehaviors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Is spiteful and wants to get even	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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27. Bullies, threatens, or intimidates others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Starts physical fights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Has used a weapon that can cause serious harm (eg, bat, knife, brick, gun)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Has been physically cruel to people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Has been physically cruel to animals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Has stolen while confronting the person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Has forced someone into sexual activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Has deliberately set fires to cause damage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Deliberately destroys others' property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. Has broken into someone else's home, business, or car	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. Lies to get out of trouble, to obtain goods or favors, or to avoid obligations (ie, cons others)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. Has stolen items of value	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. Has stayed out at night without permission beginning before age 13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. Has run away from home twice or once for an extended period	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. Is often truant from school (skips school)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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42. Is fearful, anxious, or worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43. Is afraid to try new things for fear of making mistakes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44. Feels worthless or inferior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45. Blames self for problems or feels guilty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46. Feels lonely, unwanted, or unloved; often says that no one loves him or her	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47. Is sad, unhappy, or depressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48. Is self-conscious or easily embarrassed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Vanderbilt Assessment Scale: ADHD Toolkit Parent-Informant Form



Child's name: _____ Today's date: _____

Academic and Social Performance	Excellent (1)	Above Average (2)	Average (3)	Somewhat of a Problem (4)	Problematic (5)
49. Overall school performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50. Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51. Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52. Mathematics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53. Relationship with parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
54. Relationship with siblings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
55. Relationship with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
56. Participation in organized activities (eg, teams)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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How old was your child when you first noticed the behaviors?

Tic behaviors: To the best of your knowledge, please indicate if your child displays the following behaviors:

1. Motor tics: Rapid, repetitive movements such as eye blinking, grimacing, nose twitching, head jerks, shoulder shrugs, arm jerks, body jerks, and rapid kicks.

- No tics present.
- Yes, they occur nearly every day but go unnoticed by most people.
- Yes, noticeable tics occur nearly every day.

2. Phonic (vocal) tics: Repetitive noises including, but not limited to, throat clearing, coughing, whistling, sniffing, snorting, screeching, barking, grunting, and repetition of words or short phrases.

- No tics present.
- Yes, they occur nearly every day but go unnoticed by most people.
- Yes, noticeable tics occur nearly every day.

3. If YES to 1 or 2, do these tics interfere with your child's activities (eg, reading, writing, walking, talking, eating)?

- No Yes

Vanderbilt Assessment Scale: *ADHD Toolkit* Parent-Informant Form



Child's name: _____ Today's date: _____

Previous diagnosis and treatment: Please answer the following questions to the best of your knowledge:

1. Has your child been diagnosed as having ADHD or ADD?
 No Yes
2. Is he or she on medication for ADHD or ADD?
 No Yes
3. Has your child been diagnosed as having a tic disorder or Tourette syndrome?
 No Yes
4. Is he or she on medication for a tic disorder or Tourette disorder?
 No Yes

Adapted from the Vanderbilt rating scales developed by Mark L. Wolraich, MD.

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Total number of questions scored 2 or 3 in questions 1–9: _____ 0

Total number of questions scored 2 or 3 in questions 10–18: _____ 0

Total number of questions scored 2 or 3 in questions 19–26: _____ 0

Total number of questions scored 2 or 3 in questions 27–41: _____ 0

Total number of questions scored 2 or 3 in questions 42–48: _____ 0

Total number of questions scored 4 in questions 49–56: _____ 0

Total number of questions scored 5 in questions 49–56: _____ 0

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CLINICIAN TOOLS



ADHD



Vanderbilt Assessment Scale: ADHD Toolkit Teacher-Informant Form

Child's name: _____ Teacher's name: _____

Today's date: _____ School: _____ Gr: _____ Teacher's fax number: _____

Time of day you work with child: _____

Directions: Each rating should be considered in the context of what is appropriate for the age of the child you are rating and should reflect that child's behaviors of the school year. **Please indicate the number of weeks or months you have been able to evaluate the behaviors:** _____

This evaluation is based on a time when your child: Was on medication Was not on medication Not sure

Behavior	Never (0)	Occasionally (1)	Often (2)	Very Often (3)
1. Does not give attention to details or makes mistakes that seem careless in schoolwork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Has difficulty sustaining attention on tasks or activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Does not seem to listen when spoken to directly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Does not follow through on instructions and does not finish schoolwork (not because of refusal or lack of comprehension)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Has difficulty organizing tasks and activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Avoids, dislikes, or does not want to start tasks that require sustained mental effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Loses things necessary for tasks or activities (eg, school assignments, pencils, books)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Is easily distracted by extraneous stimuli	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Is forgetful in daily activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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10. Fidgets with hands or feet or squirms in seat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Leaves seat when remaining seated is expected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Runs about or climbs too much when remaining seated is expected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Has difficulty playing or beginning quiet games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Is on the go or often acts as if "driven by a motor"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Talks excessively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Blurts out answers before questions have been completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Has difficulty waiting his or her turn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Interrupts or intrudes on others' conversations or activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Vanderbilt Assessment Scale: ADHD Toolkit Teacher-Informant Form



Child's name: _____ Today's date: _____

Behavior	Never (0)	Occasionally (1)	Often (2)	Very Often (3)
19. Loses temper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Actively defies or refuses to adhere to adult's requests or rules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Is angry or resentful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Is spiteful and vindictive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Bullies, threatens, or intimidates others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Initiates physical fights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Lies to get out of trouble or to avoid obligations (ie, cons others)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Is physically cruel to people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Has stolen things of nontrivial value	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Deliberately destroys others' property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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29. Is fearful, anxious, or worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Is self-conscious or easily embarrassed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Is afraid to try new things for fear of making mistakes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Feels worthless or inferior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Blames self for problems or feels guilty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Feels lonely, unwanted, or unloved; often says that no one loves him or her	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Is sad, unhappy, or depressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Academic and Social Performance	Excellent (1)	Above Average (2)	Average (3)	Somewhat of a Problem (4)	Problematic (5)
36. Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. Mathematics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. Relationship with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. Following directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. Disrupting class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42. Assignment completion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43. Organizational skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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5s 0 /8

Comments:

Vanderbilt Assessment Scale: *ADHD Toolkit* Teacher-Informant Form



Child's name: _____ Today's date: _____

Tic behaviors: To the best of your knowledge, please indicate if your child displays the following behaviors:

1. Motor tics: Rapid, repetitive movements such as eye blinking, grimacing, nose twitching, head jerks, shoulder shrugs, arm jerks, body jerks, and rapid kicks.

- No tics present.
- Yes, they occur nearly every day but go unnoticed by most people.
- Yes, noticeable tics occur nearly every day.

2. Phonic (vocal) tics: Repetitive noises including, but not limited to, throat clearing, coughing, whistling, sniffing, snorting, screeching, barking, grunting, and repetition of words or short phrases.

- No tics present.
- Yes, they occur nearly every day but go unnoticed by most people.
- Yes, noticeable tics occur nearly every day.

3. If YES to 1 or 2, do these tics interfere with your child's activities (eg, reading, writing, walking, talking, eating)?

- No Yes

Previous diagnosis and treatment: Please answer the following questions to the best of your knowledge:

1. Has your child been diagnosed as having ADHD or ADD?

- No Yes

2. Is he or she on medication for ADHD or ADD?

- No Yes

3. Has your child been diagnosed as having a tic disorder or Tourette syndrome?

- No Yes

4. Is he or she on medication for a tic disorder or Tourette disorder?

- No Yes

Adapted from the Vanderbilt rating scales developed by Mark L. Wolraich, MD.

Vanderbilt Assessment Scale: *ADHD Toolkit* Teacher-Informant Form



Child's name: _____ Today's date: _____

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Total number of questions scored 2 or 3 in questions 1–9: _____ 0 _____

Total number of questions scored 2 or 3 in questions 10–18: _____ 0 _____

Total number of questions scored 2 or 3 in questions 19–28: _____ 0 _____

Total number of questions scored 2 or 3 in questions 29–35: _____ 0 _____

Total number of questions scored 4 in questions 36–43: _____ 0 _____

Total number of questions scored 5 in questions 36–43: _____ 0 _____

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CLINICIAN TOOLS



ADHD



Vanderbilt Assessment Scale: ADHD Toolkit Teacher-Informant Form

Child's name: _____ Teacher's name: _____

Today's date: _____ School: _____ Gr: _____ Teacher's fax number: _____

Time of day you work with child: _____

Directions: Each rating should be considered in the context of what is appropriate for the age of the child you are rating and should reflect that child's behaviors of the school year. **Please indicate the number of weeks or months you have been able to evaluate the behaviors:** _____

This evaluation is based on a time when your child: Was on medication Was not on medication Not sure

Behavior	Never (0)	Occasionally (1)	Often (2)	Very Often (3)
1. Does not give attention to details or makes mistakes that seem careless in schoolwork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Has difficulty sustaining attention on tasks or activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Does not seem to listen when spoken to directly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Does not follow through on instructions and does not finish schoolwork (not because of refusal or lack of comprehension)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Has difficulty organizing tasks and activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Avoids, dislikes, or does not want to start tasks that require sustained mental effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Loses things necessary for tasks or activities (eg, school assignments, pencils, books)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Is easily distracted by extraneous stimuli	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Is forgetful in daily activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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10. Fidgets with hands or feet or squirms in seat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Leaves seat when remaining seated is expected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Runs about or climbs too much when remaining seated is expected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Has difficulty playing or beginning quiet games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Is on the go or often acts as if "driven by a motor"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Talks excessively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Blurts out answers before questions have been completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Has difficulty waiting his or her turn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Interrupts or intrudes on others' conversations or activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Vanderbilt Assessment Scale: ADHD Toolkit Teacher-Informant Form



Child's name: _____ Today's date: _____

Behavior	Never (0)	Occasionally (1)	Often (2)	Very Often (3)
19. Loses temper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Actively defies or refuses to adhere to adult's requests or rules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Is angry or resentful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Is spiteful and vindictive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Bullies, threatens, or intimidates others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Initiates physical fights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Lies to get out of trouble or to avoid obligations (ie, cons others)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Is physically cruel to people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Has stolen things of nontrivial value	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Deliberately destroys others' property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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29. Is fearful, anxious, or worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Is self-conscious or easily embarrassed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Is afraid to try new things for fear of making mistakes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Feels worthless or inferior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Blames self for problems or feels guilty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Feels lonely, unwanted, or unloved; often says that no one loves him or her	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Is sad, unhappy, or depressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Academic and Social Performance	Excellent (1)	Above Average (2)	Average (3)	Somewhat of a Problem (4)	Problematic (5)
36. Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. Mathematics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. Relationship with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. Following directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. Disrupting class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42. Assignment completion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43. Organizational skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Comments:

Vanderbilt Assessment Scale: *ADHD Toolkit* Teacher-Informant Form



Child's name: _____ Today's date: _____

Tic behaviors: To the best of your knowledge, please indicate if your child displays the following behaviors:

1. Motor tics: Rapid, repetitive movements such as eye blinking, grimacing, nose twitching, head jerks, shoulder shrugs, arm jerks, body jerks, and rapid kicks.

- No tics present.
- Yes, they occur nearly every day but go unnoticed by most people.
- Yes, noticeable tics occur nearly every day.

2. Phonic (vocal) tics: Repetitive noises including, but not limited to, throat clearing, coughing, whistling, sniffing, snorting, screeching, barking, grunting, and repetition of words or short phrases.

- No tics present.
- Yes, they occur nearly every day but go unnoticed by most people.
- Yes, noticeable tics occur nearly every day.

3. If YES to 1 or 2, do these tics interfere with your child's activities (eg, reading, writing, walking, talking, eating)?

- No Yes

Previous diagnosis and treatment: Please answer the following questions to the best of your knowledge:

1. Has your child been diagnosed as having ADHD or ADD?

- No Yes

2. Is he or she on medication for ADHD or ADD?

- No Yes

3. Has your child been diagnosed as having a tic disorder or Tourette syndrome?

- No Yes

4. Is he or she on medication for a tic disorder or Tourette disorder?

- No Yes

Adapted from the Vanderbilt rating scales developed by Mark L. Wolraich, MD.

Vanderbilt Assessment Scale: *ADHD Toolkit* Teacher-Informant Form



Child's name: _____ Today's date: _____

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Total number of questions scored 2 or 3 in questions 1–9: _____ 0 _____

Total number of questions scored 2 or 3 in questions 10–18: _____ 0 _____

Total number of questions scored 2 or 3 in questions 19–28: _____ 0 _____

Total number of questions scored 2 or 3 in questions 29–35: _____ 0 _____

Total number of questions scored 4 in questions 36–43: _____ 0 _____

Total number of questions scored 5 in questions 36–43: _____ 0 _____

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Appointment and Prescription Instructions

Below is a list of the appointment types that you will need to schedule for ADHD diagnosis and maintenance.

Annual physicals: These appointments are required every 12 months.

ADHD Med Check: At this appointment we will check your child's height, weight, blood pressure and confirm that the dosage is appropriate and effective. This appointment is required every 3 months between annual physicals even if things are going smoothly.

ADHD Consult: These are scheduled for the initial diagnosis and/or if the type of medication or dosage is not effective and you would like to discuss other options with the doctor. For example, if your child is still experiencing issues at home or school they may need an ADHD consult. These appointments do require more time so please be clear when scheduling that you need a "consult" appointment. This can be scheduled in lieu of the "ADHD Med Check" at the 3 month mark or as needed if your child is experiencing medication related issues.

Requesting Medication Refills:

When calling the office for a medication refill please be prepared to give the following information:

1. Your Name
2. Your Child's Name and date of birth
3. The medication including whether it is extended release or short acting (XR, ER, CD, LA, SR)
4. The milligram dosage and the frequency- how many times a day it's taken
5. Whether the medication is "generic" or "brand name only"
6. Phone number the doctor can reach you at if they have any questions
7. The pharmacy you'd like the prescription sent to

You can also send a refill request via MyChart but please be prepared to also schedule a "Med Check" or physical if your child is due for one. **Please note that refills are not done on the weekends.**

Below is an example of the appointment schedule required when your child is prescribed ADHD medication. Dates will vary for each patient.

Example:

Annual Physical 1/2021

ADHD Consult 2/2021

Med Check 5/2021

Med Check 8/2021

Med Check 11/2021

Annual Physical 1/2022

Med Check 4/2022

Med Check 7/2022

Med Check 10/2022

Annual Physical 1/2023