



Pediatric Associates ADHD Parent Packet

- Read the accompanying information provided in the Parent Packet.
- Complete and sign the enclosed Parent Evaluation and HIPAA Consent Form.
- Mail completed Parent Evaluation and HIPAA Consent Form to our office in the enclosed envelope.



PEDIATRIC ASSOCIATES, P. A.

4735 OGLETOWN-STANTON ROAD
MEDICAL ARTS PAVILION #2, SUITE 1116
NEWARK, DELAWARE 19713

Neal Cohn, MD
Barbara Light, DO
Melissa Pe, DO
Jennifer Moncure, CPNP

Victoria Levin, MD
Ann Masciantonio, MD
Rachel Overdeest, MD
Amber Lewis, CPNP

Dear Parent,

In response to your request for more information regarding an ADHD evaluation for your child, we have enclosed the following packets to aid your physician in making an accurate diagnosis.

Please complete the following:

Parent Packet

1. Read the accompanying information provided in the Parent Packet.
2. Complete and sign the enclosed Parent Evaluation and HIPAA Consent Form.
3. Mail completed Parent Evaluation and HIPAA Consent Form to our office in the enclosed envelope.

Teacher Packet

1. **Parent:** Complete the enclosed second HIPAA Consent Form inside the Teacher Packet.
2. **Parent:** Give Teacher Packet (Including second signed HIPAA Consent Form) to teacher to be completed.
3. **Teacher:** Please complete and return questionnaire to our office in the enclosed envelope.

Once our office has received all questionnaires, a member of our staff will contact you to set up an appointment. If, after two weeks, you have not heard from our office to set up your appointment, please contact your child's teacher to verify the forms have been returned, and then contact our office.

If you have any questions, please contact a member of our nursing staff at 302-368-8612.

Thank you,

The Clinical Department

Does My Child Have ADHD?

Many parents worry about this question. The answer comes from children, families, teachers, and doctors working together as a team. Watching your child's behavior at home and in the community is very important to help answer this question. Your doctor will ask you to fill out a rating scale about your child. Watching your child's behavior and talking with other adults in the child's life will be important for filling out the forms.

Here are a few tips about what you can do to help answer the question:

- **Watch your child closely during activities where he or she should pay attention.**
 - Doing homework
 - Doing chores
 - During storytelling or reading

- **Watch your child when you expect him or her to sit for a while or think before acting.**
 - Sitting through family meal
 - During a religious service
 - Crossing the street
 - Being frustrated
 - With brothers or sisters
 - While you are on the phone

- **Pay attention to how the environment affects your child's behavior. Make changes at home to improve your child's behavior.**
 - Ensure that your child understands what is expected. Speak slowly to your child. Have your child repeat the instructions.
 - Turn off the TV or computer during meals and homework. Also, close the curtains if it will help your child pay attention to what he or she needs to be doing.
 - Provide structure to home life, such as regular mealtimes and bedtime. Write down the schedule and put it where the entire family can see it. Stick to the schedule.
 - Provide your child with planned breaks during long assignments.
 - Give rewards for paying attention and sitting, not just for getting things right and finishing. Some rewards might be: dessert for sitting through meals, outdoor play for finishing homework, and praise for talking through problems.
 - Try to find out what things set off problem behaviors. See if you can eliminate the triggers.

Does My Child Have ADHD?

➤ **If your child spends time in 2 households, compare observations.**

- Consult your child's other parent about behavior in the home. Cooperation between parents in this area really helps the child.
- If the child behaves differently, consider difference in the environment that may explain the difference in behavior. Differences are common and not a mark of good or bad parenting.

➤ **Talk to your child's teacher.**

- Learn about your child's behavior at school. Talk about how your child does during academic lessons and during play with other children.
- Compare your child's behavior in subjects he or she like and those in which he or she has trouble with the work.
- Determine how the environment at school affects your child's behavior. When does your child perform well? What events trigger problem behaviors?
- Consider with the teacher whether your child's learning abilities should be evaluated at school. If he or she has poor grades in all subjects or in just a few subjects or requires extra time and effort to learn material, then a learning evaluation may be valuable.

➤ **Gather impressions from other adult caregivers who know your child well.**

- Scout leaders or religious instructors who see your child during structured activities and during play with other children.
- Relatives or neighbors who spend time with your child.
- Determine how other environments affect your child's behavior. When does your child perform well? What events trigger problem behaviors?

➤ **Make an appointment to see your child's doctor.**

- Let the receptionist know you are concerned that your child might have ADHD.
- If possible, arrange a visit when both parents can attend.



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Parental Release of Information Form

I understand that I have the right to request that Pediatric Associates, P.A. restrict how it uses or discloses my child's protected healthcare information to carry out treatment, payment, and healthcare operations.

By signing this form, I am consenting to allow _____ (Child's Teacher)
to disclose my child's protected healthcare information to carry out treatment and healthcare operations.

With my consent, the above named teacher may disclose protected health information about my child, necessary to complete:

1. **NICHQ Vanderbilt Teacher Assessment Scale**
2. _____
3. _____
4. _____

I may revoke my consent in writing except to the extent that the teacher has already made disclosures in reliance upon my prior consent.

Child's Name

Date

Signature of Patient or Legal Guardian

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NICHQ Vanderbilt Assessment Scale-PARENT Informant

Today's Date: _____ Child's Name: _____ Date of Birth: _____

Parent's Name: _____ Parent's Phone Number: _____

Directions: Each rating should be considered in context of what is appropriate for the age of your child. Please think about your child's behaviors in the past _____ when rating his/her behaviors.

Is this evaluation based on a time when the child was on medication was not on medication not sure?

Symptoms	Never	Occasionally	Often	Very Often
1. Does not pay attention to details or makes careless mistakes with, for example, homework	0	1	2	3
2. Has difficulty keeping attention to what needs to be done.	0	1	2	3
3. Does not seem to listen when spoken to directly.	0	1	2	3
4. Does not follow through when given directions and fails to finish activities (not due to refusal or failure to understand)	0	1	2	3
5. Has difficulty organizing tasks and activities.	0	1	2	3
6. Avoids, dislikes, or does not want to start tasks that require ongoing mental effort.	0	1	2	3
7. Loses things necessary for tasks or activities (toys, assignments, pencils, or books)	0	1	2	3
8. Is easily distracted by noises or other stimuli	0	1	2	3
9. Is forgetful in daily activities.	0	1	2	3
10. Fidgets with hands or feet or squirms in seat.	0	1	2	3
11. Leaves seat when remaining seated is expected	0	1	2	3
12. Runs about or climbs too much when remaining seated is expected	0	1	2	3
13. Has difficulty playing or beginning quiet play activities	0	1	2	3
14. Is "on the go" or often acts as if "driven by a motor"	0	1	2	3
15. Talks too much	0	1	2	3
16. Blurts out answers before questions have been completed	0	1	2	3
17. Has difficulty waiting his or her turn	0	1	2	3
18. Interrupts or intrudes in on others' conversations and /or activities	0	1	2	3
19. Argues with adults	0	1	2	3
20. Loses temper	0	1	2	3
21. Actively defies or refuses to go along with adult's requests or rules	0	1	2	3
22. Deliberately annoys people	0	1	2	3
23. Blames other for his or her mistakes or misbehaviors	0	1	2	3
24. Is touchy or easily annoyed by others	0	1	2	3
25. Is angry or resentful	0	1	2	3
26. Is spiteful and wants to get even	0	1	2	3
27. Bullies, threatens or intimidates others	0	1	2	3
28. Starts physical fights	0	1	2	3
29. Lies to get out of trouble or to avoid obligations (i.e., "cons" others)	0	1	2	3
30. Is truant from school (skips school) without permission	0	1	2	3
31. Is physically cruel to people	0	1	2	3
32. Has stolen things that have value	0	1	2	3
33. Deliberately destroys other's property	0	1	2	3
34. Has used a weapon that can cause serious harm (bat, knife, brick, gun)	0	1	2	3

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NICHQ Vanderbilt Assessment Scale-PARENT Informant

Today's Date: _____ Child's Name: _____ Date of Birth: _____

Parent's Name: _____ Parent's Phone Number: _____

Symptoms Continued	Never	Occasionally	Often	Very Often
35. Is physically cruel to animals	0	1	2	3
36. Has deliberately set fires to cause damage	0	1	2	3
37. Has broken into someone else's home, business, or car	0	1	2	3
38. Has stayed out at night without permission	0	1	2	3
39. Has run away from home overnight	0	1	2	3
40. Has forced someone into sexual activity	0	1	2	3
41. Is fearful, anxious, or worried	0	1	2	3
42. Is afraid to try new things for fear of making mistakes	0	1	2	3
43. Feels worthless or inferior	0	1	2	3
44. Blames self for problems, feels guilty	0	1	2	3
45. Feels lonely, unwanted, or unloved; complains that "no one loves him or her"	0	1	2	3
46. Is sad, unhappy, or depressed	0	1	2	3
47. Is self-conscious or easily embarrassed	0	1	2	3

Performance	Excellent	Above Average	Average	Somewhat Problematic	Problematic
48. Overall school performance	1	2	3	4	5
49. Reading	1	2	3	4	5
50. Writing	1	2	3	4	5
51. Mathematics	1	2	3	4	5
52. Relationship with parents	1	2	3	4	5
53. Relationship with siblings	1	2	3	4	5
54. Relationship with peers	1	2	3	4	5
55. Participating in organized activities (eg,teams)	1	2	3	4	5

Explain/Comments:

For Office Use Only

Total Number of questions scored 2 or 3 in questions 1-9	
Total Number of questions scored 2 or 3 in questions 10-18	
Total Number Symptoms score 1-18	
Total Number of questions scored 2 or 3 in questions 19-26	
Total Number of questions scored 2 or 3 in questions 27-40	
Total Number of questions scored 2 or 3 in questions 41-47	
Total Number of questions scored 4 or 5 in questions 48-55	
Total Number Symptoms score 19-55	
Average Performance Score	