



**ADHD New Evaluation – PARENT INTAKE**

Child's name \_\_\_\_\_

DOB \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Contact number \_\_\_\_\_

**THANK YOU FOR TRUSTING US WITH YOUR CHILD'S BEHAVIORAL HEALTH CARE. PLEASE HELP US PREPARE FOR YOUR VISIT BY COMPLETING THE FOLLOWING QUESTIONS. WHEN YOU AND YOUR CHILD'S TEACHER HAVE COMPLETED THESE QUESTIONS AND THE VANDERBILT RATING FORMS, RETURN THIS PACKET BY MAIL OR IN PERSON SO WE CAN SCHEDULE YOUR CHILD'S APPOINTMENT.**

**TELL US ABOUT YOUR CHILD AND YOUR CONCERNS.**

What concerns you most about your child?

Please describe your child's strengths.

Does your child receive special education classes or services?

Has your child ever repeated a grade? If yes, please explain:

Please list your child's favorite hobbies or activities.

How many hours of computer/TV/video game/screen time does your child average each week?

**TELL US A BIT ABOUT YOUR CHILD'S FAMILY HISTORY.**

Does anyone in your family have any of the following problems? If yes, please explain:

ADHD:

Depression:

Bipolar disorder:

ODD:

Anxiety:

Substance abuse:

**TELL US A BIT ABOUT YOUR FAMILY.**

Who lives with your child currently?

Have there been any recent life-changing events in your family?

Mother's age and type of work:

Father's age and type of work: