

ADHD Developmental/Historical Intake

Patient's name
 Date of birth
 Gender
 Current grade in school or most recently completed grade
 Relationship to patient of person completing this form

FAMILY HISTORY RISK FACTORS

Has anyone in the immediate family (parents or siblings) been diagnosed or treated for ADHD?

Relationship to patient	Diagnosed?	Treated?
	YES NO NA	YES NO NA
	YES NO NA	YES NO NA
	YES NO NA	YES NO NA
	YES NO NA	YES NO NA

Do any family members have any psychological or psychiatric disorders including the following?

Relationship to patient			
	ADHD	YES NO	NA
	Alcohol or substance abuse	YES NO	NA
	Anxiety	YES NO	NA
	Bipolar (manic-depression)	YES NO	NA
	Conduct problems	YES NO	NA
	Depression Learning problems	YES NO	NA
	Other	YES NO	NA

PREGNANCY/LABOR/DELIVERY RISK FACTORS

Did any of the following occur during pregnancy, labor or after delivery?

Infections during pregnancy?	YES NO NA
Mother took medication?	YES NO NA
Mother drank alcohol?	YES NO NA
Mother used illegal drugs?	YES NO NA
Premature birth?	YES NO NA How early?
Low birth weight (under 5 pounds)?	YES NO NA
Lack of oxygen at birth/blue baby?	YES NO NA
Other	

DEVELOPMENTAL BEHAVIOR

From to the current time, did your child exhibit or experience any of the following behaviors?

Clumsy/accident prone	YES NO NA
Colic/fussiness	YES NO NA
Delayed talking	YES NO NA
Delayed walking	YES NO NA
Difficulty potty training	YES NO NA
Eating problems	YES NO NA
Fearful	YES NO NA
Fearless	YES NO NA
Food or shelter insecurity	YES NO NA
Head Injury	YES NO NA
Hearing problems	YES NO NA
High activity level	YES NO NA
Lead poisoning	YES NO NA
Neglect	YES NO NA

Suspended/ex-pelled													
Took special classes													

BEHAVIORAL/PSYCHIATRIC HISTORY

Has the patient ever been diagnosed with any of the following?

- ADD or ADHD YES NO NA
- Anorexia/Bulimia YES NO NA
- Anxiety YES NO NA
- Autism YES NO NA
- Bedwetting (Enuresis) YES NO NA
- Bipolar YES NO NA
- Conduct Disorder YES NO NA
- Feeding problems YES NO NA
- Global Developmental Delay YES NO NA
- Language/Communication Disorders YES NO NA
- Learning Disabilities YES NO NA
- Obsessive-Compulsive Disorder YES NO NA
- Oppositional Defiant Disorder YES NO NA
- Post-Traumatic Stress Disorder YES NO NA
- Soiling (Encopresis) YES NO NA
- Has the patient ever seen a counselor/
Psychiatrist/Psychologist for any reason? YES NO NA

Does your child take medication for a
Psychiatric/psychological problem? YES NO NA

Medication	Medication	Medication
Medication name		
Prescribed by whom?		
For what diagnosis		
Dose		
Currently taking?		
Age started		

Age stopped		
Benefits		
Side effects		

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