

ADHD Initial Consultation Letter

Dear Parent,

Attention Deficit Hyperactivity Disorder (ADHD) is the most common neurobehavioral disorder of childhood, affecting 8% of children and youth. The term includes patients with ADHD as well as those with ADD (Attention Deficit Disorder). Symptoms can include inattention, hyperactivity, and/or impulsivity out of the normal range for a child's age. Children with ADHD have problems that interfere with their ability to lead normal lives at both home and school.

Because the symptoms of ADHD can be confused with learning disorders and other psychological disorders like depression, anxiety, oppositional defiant disorder and conduct disorder, it is important to do an evaluation to make sure the patient is properly diagnosed. This evaluation can be either a psychological-educational evaluation performed by the school system or a private psychologist or a screening tool, like the Vanderbilt Form, which is a screening tool used by pediatricians.

If you or your child's teacher have concerns of ADHD, it is important that your pediatrician assess the child further to make a proper diagnosis and offer suggestions on treatment strategies if it is determined any are needed. Because this is a time consuming process, you will need to schedule a separate consultation to discuss your concerns with your child's regular pediatrician.

In order to make the visit as efficient as possible for you and for your medical provider, we request the following information be submitted to our office one week prior to your consultation:

1. A copy of any psychoeducational evaluations done by a licensed psychologist or the school system
2. Completion of the NICHQ Vanderbilt Assessment Scale: Parental Informant form by one or both parents (located on our website)
3. Completion of at least 2 NICHQ Vanderbilt Assessment Scale: Teacher Informant forms by teachers who know your child's academic abilities and behaviors (located on our website)
4. Completion of the ADHD Rating Scale IV (with adolescent prompts) for patients aged 13 years and above (each of the 18 headings has specific questions listed below that must be individually answered). This is not available online and may only be picked up at our office.
5. Copies of any IEP (Individualized Education Plan) or 504 Plans already in place at school.
6. Completion of the Oberlin Road Pediatrics ADHD Screening Form (located on our website).

It is important to note that diagnosing a patient with ADHD requires a great amount of background information. As this is considered a chronic illness, patients diagnosed with ADHD will be required to follow up at our office at certain designated time intervals (within 4 weeks of starting medication and at a minimum of 2 additional times within the first 10 months of diagnosis). It can take a number of months for the physician, family, and patient to evaluate the effects of medication(s) and behavioral intervention strategies before arriving at a successful therapeutic outcome. Additionally, the medication's side effects as well as the effects on the patient's vital signs (weight, height, blood pressure, and heart rate) must all be monitored closely until the patient is stabilized on the medication. We appreciate your patience in this process as we strive to deliver the best medical care possible.

If you have any questions, please feel free to call our office. If we do not receive your paperwork in sufficient time prior to the appointment, you may be asked to reschedule. Thank you in advance for your cooperation.

Sincerely,

Physicians of Oberlin Road Pediatrics

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 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.

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 adults' requests or rules	0	1	2	3
22. Deliberately annoys people	0	1	2	3
23. Blames others 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 (ie, "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

The information contained in this publication should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances.

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Adapted from the Vanderbilt Rating Scales developed by Mark L. Wolraich, MD.

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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
33. Deliberately destroys others' property	0	1	2	3
34. Has used a weapon that can cause serious harm (bat, knife, brick, gun)	0	1	2	3
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	
				of a Problem	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. Participation in organized activities (eg, teams)	1	2	3	4	5

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 Symptom Score for questions 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: _____

Average Performance Score: _____

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Teacher's Name: _____ Class Time: _____ Class Name/Period: _____

Today's Date: _____ Child's Name: _____ Grade Level: _____

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 behavior since the beginning of the school year. Please indicate the number of weeks or months you have been able to evaluate the 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. Fails to give attention to details or makes careless mistakes in schoolwork	0	1	2	3
2. Has difficulty sustaining attention to tasks or activities	0	1	2	3
3. Does not seem to listen when spoken to directly	0	1	2	3
4. Does not follow through on instructions and fails to finish schoolwork (not due to oppositional behavior or failure to understand)	0	1	2	3
5. Has difficulty organizing tasks and activities	0	1	2	3
6. Avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort	0	1	2	3
7. Loses things necessary for tasks or activities (school assignments, pencils, or books)	0	1	2	3
8. Is easily distracted by extraneous 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 in classroom or in other situations in which remaining seated is expected	0	1	2	3
12. Runs about or climbs excessively in situations in which remaining seated is expected	0	1	2	3
13. Has difficulty playing or engaging in leisure activities quietly	0	1	2	3
14. Is "on the go" or often acts as if "driven by a motor"	0	1	2	3
15. Talks excessively	0	1	2	3
16. Blurts out answers before questions have been completed	0	1	2	3
17. Has difficulty waiting in line	0	1	2	3
18. Interrupts or intrudes on others (eg, butts into conversations/games)	0	1	2	3
19. Loses temper	0	1	2	3
20. Actively defies or refuses to comply with adult's requests or rules	0	1	2	3
21. Is angry or resentful	0	1	2	3
22. Is spiteful and vindictive	0	1	2	3
23. Bullies, threatens, or intimidates others	0	1	2	3
24. Initiates physical fights	0	1	2	3
25. Lies to obtain goods for favors or to avoid obligations (eg, "cons" others)	0	1	2	3
26. Is physically cruel to people	0	1	2	3
27. Has stolen items of nontrivial value	0	1	2	3
28. Deliberately destroys others' property	0	1	2	3
29. Is fearful, anxious, or worried	0	1	2	3
30. Is self-conscious or easily embarrassed	0	1	2	3
31. Is afraid to try new things for fear of making mistakes	0	1	2	3

The recommendations in this publication 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.

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Adapted from the Vanderbilt Rating Scales developed by Mark L. Wolratch, MD.

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D4**NICHQ Vanderbilt Assessment Scale—TEACHER Informant, continued**

Teacher's Name: _____ Class Time: _____ Class Name/Period: _____

Today's Date: _____ Child's Name: _____ Grade Level: _____

Symptoms (continued)	Never	Occasionally	Often	Very Often
32. Feels worthless or inferior	0	1	2	3
33. Blames self for problems; feels guilty	0	1	2	3
34. Feels lonely, unwanted, or unloved; complains that "no one loves him or her"	0	1	2	3
35. Is sad, unhappy, or depressed	0	1	2	3

Performance	Excellent	Above Average	Average	Somewhat of a Problem	Problematic
Academic Performance					
36. Reading	1	2	3	4	5
37. Mathematics	1	2	3	4	5
38. Written expression	1	2	3	4	5

Classroom Behavioral Performance	Excellent	Above Average	Average	Somewhat of a Problem	Problematic
39. Relationship with peers	1	2	3	4	5
40. Following directions	1	2	3	4	5
41. Disrupting class	1	2	3	4	5
42. Assignment completion	1	2	3	4	5
43. Organizational skills	1	2	3	4	5

Comments:

Please return this form to: _____

Mailing address: _____

Fax number: _____

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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 Symptom Score for questions 1-18: _____

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

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

Total number of questions scored 4 or 5 in questions 36-43: _____

Average Performance Score: _____

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Oberlin Road Pediatrics ADHD Initial Consultation Paperwork

Patient Name:

DOB:

School/Grade:

Current Medications (over the counter, vitamins, homeopathic remedies, prescription):

What age did you suspect your child had ADD?

Past Medical History:

Birth History:

Prematurity? No Yes (if so, what gestation: _____)

Any issues at birth?

Head Trauma: No Yes (if yes, explain)

Medical Issues (past/current):

Stressors (indicate if family stress, parental tension, substance use, bullying, social pressures, etc.):

Developmental/behavioral concerns (explain any abnormalities):

Has child received counseling in the past?

School issues (circle if applicable):

School failure (current or previous, including needing to repeat a grade)?

Concern of learning difference by parent or teacher?

Any psychological-educational testing done through school or privately?

Is an IEP (individualized education plan) or 504 plan in place at school?

Any detentions, suspensions, or expulsions?

Oberlin Road Pediatrics ADHD Initial Consultation Paperwork (p.2)

Family history (circle if applicable and who is affected):

Cardiac: arrhythmia, sudden death in parent/grandparent/sibling < 35 years of age, cardiomyopathy

Genetic syndrome (like Marfan Syndrome):

Neurologic: restless leg syndrome, periodic limb movement disorder, developmental delay, learning disability

Psychiatric: ADHD, anxiety, depression, bipolar, substance use

Review of Systems of patient (circle if applicable):

Cardiac: chest pain or shortness of breath with exercise, fainting or dizziness with exercise, palpitations

Psychiatric: anxiety, depression, oppositional-defiant disorder, conduct disorder, suicidal thoughts/actions, substance use

Neurologic: seizure, restless leg syndrome, periodic limb movement disorder, tics, learning difficulties

Sleep history: problems falling or staying asleep, snoring, apnea, restless sleep daytime sleepiness

Sleep hygiene: inconsistent bedtime and/or waketime, absence of bedtime routine, electronics in bedroom, caffeine use

Any additional information you want to provide: