



## ADHD MEDICAL HISTORY

Name: _____	DOB: _____	Age: _____	Date: _____
What is your concern? _____			
_____			

### Circle areas of concern:

health problem	risk taking	unhappy at school	test taking	speech
absenteeism	peer relations	motor skills	homework	reading
motivation	immaturity	attention	completing work	writing
disobedience	self-esteem	distractibility	copying from board	spelling
inappropriate sounds	anger control	inconsistent performance	retaining information	math
inappropriate movements	hyperactivity	disruptive behavior		

Current School: \_\_\_\_\_ Grade: \_\_\_\_\_ Class Size: \_\_\_\_\_

Teacher: \_\_\_\_\_ When did problems begin? \_\_\_\_\_

Y N Has the child been retained? What grade? \_\_\_\_\_

Y N Has child had IEP/504 evaluation? \_\_\_\_\_

Y N Special education classes? What classes? \_\_\_\_\_

Y N Currently tutored? What classes? \_\_\_\_\_

### Past Medical History:

Y N Chronic Illness? \_\_\_\_\_

Y N Previously diagnosed ADHD?  
When? \_\_\_\_\_  
By whom? \_\_\_\_\_  
Any medicines tried? \_\_\_\_\_

Y N Currently taking medication? \_\_\_\_\_

Y N Heart defect / Heart problems? \_\_\_\_\_

Has your child ever had any of the following?

Y N Head injury	Y N Near-drowning
Y N Seizures	Y N Headaches
Y N Meningitis or encephalitis	Y N Stomachaches
Y N Tics / repetitive movements	Y N Vision problems
Y N Poisoning	Y N Hearing problems

**Birth History:**

- Y N Did the mother have problems with the pregnancy? What were they? \_\_\_\_\_  
 \_\_\_\_\_
- Y N Use of recreational drugs or alcohol during pregnancy? If so, what? \_\_\_\_\_  
 \_\_\_\_\_
- Y N Did the mother have any depression during or after the pregnancy?
- Y N Was the child full term?
- Y N Did the child cry and have good color after delivery?
- Y N Has the child developed normally?

**ROS (review of systems):**

Has your child ever had any of the following?

- |                     |                              |
|---------------------|------------------------------|
| Y N Bed wetting     | Y N Destructiveness          |
| Y N Stool soiling   | Y N Cruelty to animals       |
| Y N Temper outburst | Y N Self injury              |
| Y N Mood changes    | Y N Sleep problems           |
| Y N Anxiety         | Y N Getting along with peers |
| Y N Depression      | Y N Stealing                 |
| Y N Lying           | Y N Fire setting             |

**Family History:**

Is there anyone in the family with the following problems? (M = Mother, F = Father, S = Sibling, etc.)

- |                          |                       |               |
|--------------------------|-----------------------|---------------|
| ADHD _____               | Depression _____      | OCD _____     |
| Alcoholism _____         | School problems _____ | Bipolar _____ |
| Tourette's syndrom _____ | Drug addiction _____  |               |

Any close family member with prolonged QT syndrome, congenital heart defect or sudden cardiac death before age 40? \_\_\_\_\_

**Social History**

- With whom does the child live? \_\_\_\_\_
- Has there been a major stress in your child's life?
- Y N Divorce? When? \_\_\_\_\_
- Y N Serious illness or death of a loved one? Who? \_\_\_\_\_ When? \_\_\_\_\_
- Y N Traumatic events? What and when? \_\_\_\_\_
- Y N Experienced sexual or physical abuse? \_\_\_\_\_  
 \_\_\_\_\_
- Y N Are there any future stressors? \_\_\_\_\_  
 \_\_\_\_\_