

# 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?** \_\_\_\_\_

<b>Y</b>	<b>N</b>	Has child been retained? What grade? _____
<b>Y</b>	<b>N</b>	Has child had IEP/504 evaluation?
<b>Y</b>	<b>N</b>	Special education classes? What classes? _____
<b>Y</b>	<b>N</b>	Currently tutored? What classes? _____

**Past Medical History:**

<b>Y</b>	<b>N</b>	Chronic illness? _____
<b>Y</b>	<b>N</b>	Previously diagnosed ADHD?
		When? _____
		By whom? _____
		Any medicines tried? _____
<b>Y</b>	<b>N</b>	Currently taking medication? _____
<b>Y</b>	<b>N</b>	Heart defect/heart problems? _____

Has your child ever had the following?

<b>Y</b>	<b>N</b>	head injury	<b>Y</b>	<b>N</b>	near-drowning
<b>Y</b>	<b>N</b>	seizures	<b>Y</b>	<b>N</b>	headaches
<b>Y</b>	<b>N</b>	meningitis or encephalitis	<b>Y</b>	<b>N</b>	stomachaches
<b>Y</b>	<b>N</b>	tics/repetitive movement	<b>Y</b>	<b>N</b>	vision problem
<b>Y</b>	<b>N</b>	poisoning	<b>Y</b>	<b>N</b>	hearing problem

**Birth History:**

<b>Y</b>	<b>N</b>	Did the mother have problems with the pregnancy? What were they? _____
<b>Y</b>	<b>N</b>	Use of recreational drugs or alcohol during the pregnancy? _____
<b>Y</b>	<b>N</b>	Did the mother have any depression during or after the pregnancy?
<b>Y</b>	<b>N</b>	Was the child full term?
<b>Y</b>	<b>N</b>	Did the child cry and have good color after delivery?
<b>Y</b>	<b>N</b>	Has the child developed normally?

**ROS:**

Has the child had any problems with 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 \_\_\_\_\_

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

Tourette's syndrome \_\_\_\_\_ drug addiction \_\_\_\_\_

**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 foreseeable stressors? \_\_\_\_\_

**Other areas not addressed:**

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