

Greenville Pediatric Services, Inc.

300 Bethesda Drive • Greenville NC 27834 • Tel: 252-752-7141 • Fax: 252-752-0223

Name _____

Date _____

Chart _____

Medical History and Behavior Evaluation

Please circle the answer to each question. If you answered "yes" please provide details on the back of this page.

Past Medical History:

- | | | |
|--|-----|----|
| Did you have any specific problems during your pregnancy? | Yes | No |
| Did you take any medications during your pregnancy? | Yes | No |
| Did you smoke, drink alcohol, or use any other drugs during your pregnancy? | Yes | No |
| Were there any problems during labor or birth? | Yes | No |
| Did your child have any problems while in the nursery? | Yes | No |
| Has your child ever been seriously injured? | Yes | No |
| Has your child ever been hospitalized? | Yes | No |
| Does your child have any chronic medical problems? | Yes | No |
| Has your child ever been diagnosed with a developmental delay? | Yes | No |
| Has your child ever been diagnosed with learning, behavior, or attention problems? | Yes | No |
| Has your child ever been diagnosed with a tic disorder (uncontrollable movements)? | Yes | No |
| Has your child ever been diagnosed with a seizure disorder? | Yes | No |

Family History:

- | | | |
|---|-----|----|
| Are there people in your family with attention problems/ADD/ADHD? | Yes | No |
| Are there people in your family with behavior problems? | Yes | No |
| Are there people in your family with learning disabilities? | Yes | No |
| Are there people in your family with mental retardation? | Yes | No |
| Are there people in your family with inherited diseases? | Yes | No |
| Are there people in your family with alcohol or drug abuse problems? | Yes | No |
| Are there people in your family with seizure disorder? | Yes | No |
| Are there people in your family with tic disorder (uncontrollable movements or twitches)? | Yes | No |

Social History:

- | | | |
|---|-----|----|
| Is someone other than a parent the child's primary caregiver? | Yes | No |
| In the past 3 years have there been any deaths, separations, divorces, moves, or any other major changes? | Yes | No |

Present Concerns:

Please describe or list the concerns you have regarding your child.

What are the problems that your child's teacher has reported?

When were these problems first noticed (at what age or grade level)? _____

How do you discipline your child when he/she breaks rules?

If your child's school has done any evaluations (TAT, etc.) please bring a copy or arrange for it to be sent to us.

If it is determined that your child does have a condition that stimulant medication would be of benefit, your child will be closely monitored by a physician. Follow-up visits will be scheduled, with the same physician, every 3 months. This will allow us to closely monitor your child's weight, height, and blood pressure; as well as allow us to monitor for any other problems. New prescriptions can be obtained monthly. Unfortunately, the law does not allow us to call in or write multiple refills on these medications. Please call at least 48 hours ahead to obtain a new prescription.

I understand the above.

Signature

Relationship