



Initial ADD Evaluation Form

Date of Evaluation _____

Patient Name _____ Date of Birth _____ Current age _____ Grade _____

Information provided by: _____ Relation to patient _____

Teacher Name(s) _____ School _____ Phone #(s) _____

Teacher Name(s) _____ School _____ Phone #(s) _____

Past Medical History

Table with 4 columns: Medical condition, Y, N, and Hx of condition. Rows include complications of pregnancy, delivery, birth, nursery stay, walking/talking at 18 months, developmental concerns, hearing problems, seizures, heart abnormalities, head injury, serious illness, chronic illness, lead exposure, and heart tests.

Please explain details of any yes question: _____

Family History (Include blood relatives only)

Table with 4 columns: Family condition, Y, N, and Hx of condition. Rows include ADD/ADHD, bipolar disorder, opposition/defiant disorder, other neuropsychiatric disorders, alcohol/drug abuse, seizure disorder, thyroid disease, heart arrhythmias, relatives with pacemaker, sudden death, and heart problems < 40.

Please explain details of any yes question including relationship to patient: _____

Social History

Does the patient currently live with both biological parents? Y N. If yes, are they married? Y N. Both living? Y N.

If no, please describe the living arrangements, including any shared custody arrangements if applicable: _____

Who is/are the patient's primary caretaker(s) _____

Relationship(s) to Patient _____

Are there currently any major family stressors? _____

Do any household members or close family contacts to the patient have a history of drug abuse? Y N