

COREPSYCH

CHILD / ADOLESCENT INTAKE

5029 CORPORATE WOODS DR., STE 250, VA BEACH VA 23462

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www.corepsych.com for maps, directions, and further information

PATIENT INFORMATION

Patient's Name: _____ SS# _____ - _____ Sex: Male Female

Date of Birth: _____ Age: _____ Residing with whom _____

Home Address: _____

Home Phone: (_____) _____ Cell: _____

School: _____ Yr/Grade in School _____ School Phone: (_____) _____

School Address: _____

Parents E-mail Address: _____ Fax : (_____) _____

Do parents have an agreement on this evaluation? _____

RESPONSIBLE PARTY INFORMATION: Mother _____ Father _____ Relation _____

Responsible Party: _____ SS# _____ - _____ Date of Birth: _____

Home Address: _____

Home Phone: (_____) _____ Occupation: _____

Employer: _____ Work Phone: (_____) _____

Employer Address: _____ Driver's License No.: _____

Marital Status: Single Married Separated Divorced Widowed

Spouse's Name: _____ SS# _____ - _____ Date of Birth: _____

Spouse's Employer: _____ Address: _____

INSURANCE BILLING: We do not bill insurance. We will provide patients with receipts that may be submitted to insurance carriers for reimbursement. Patients/Responsible Parties are responsible for all charges.

PAYMENT POLICY. Payments may be made by cash or personal check, (in office visit) or credit card (MasterCard or Visa). Patients are expected to maintain a zero balance. Accounts need to stay current in order to maintain ongoing treatment.

FEES CHARGED: The fees charged by CorePsych doctors/therapists are based on the amount of time scheduled for dealing with patient issues. The minimum amount of time scheduled/charged by our physicians is for a half session (30 minutes in length). In addition, patients are charged for time taken to write reports or correspondence on patient's behalf.

APPOINTMENT CANCELLATION POLICY: CorePsych require that cancellations for scheduled appointments be received 24 hours in advance during regular office hours (Monday through Friday 8:30am to 5:00pm). **Failed or cancelled appointments that do not follow this policy will be charged.**

I have read and understand the above stated policies of CorePsych.

Signature of Responsible Party (required): _____

COREPSYCH Child/Teen Intake Questionnaires

Parents: in order for us to be able to fully evaluate your child or adolescent, we request that you fill out the following intake form and questionnaires (as they pertain to your child) to the best of your ability. We realize that there is a lot of information and you may not remember or have access to all of it; do the best you can. If there is information that you do not want in your child's medical chart, it is reasonable to refrain from entering it here. Thank you!

REFERRAL SOURCE

Referral Source _____

Referral Address _____ Phone _____

Do we have your permission to release information to the referring professional when it is appropriate?

Yes ___ No ___ Do we have your permission to leave a message on the home answering machine if the need arises? Yes ___ No ___

MAIN PURPOSE OF THE CONSULTATION (Please give a brief summary of the main problems)

WHY DID YOU SEEK THE EVALUATION AT THIS TIME?

What do you want this clinic to do for your child, yourself or your family?

PRIOR PSYCHIATRIC MEDICATIONS (Please list all medications taken alone and all medications taken in combination; including dosages, effectiveness and any side-effects.)

Date Taken	Medication <i>Individual or Combinations Dosage(s) and time(s) taken per day</i>	Effectiveness	Side-Effects/Problems
Ex: 2/2000- 5/2004	Example <ul style="list-style-type: none"> • <i>Ritalin 5 mg BID</i> • <i>Prozac 10mg QAM</i> 	Example <i>Improved concentration in morning, still moody</i>	Example <i>Felt very unfocused in evening; hyperactive in evenings; dry mouth</i>

PRIOR ATTEMPTS TO CORRECT PROBLEMS/PRIOR PSYCHIATRIC HISTORY

(Please include contact with other professionals and types of treatment, etc; please use chart on previous page for medications.)

MEDICAL HISTORY

Current medical problems/medications: _____

Past medical problems/medications: _____

Other doctors/clinics seen regularly: _____

History of head trauma? (describe): _____

Ever any seizures or seizure like activity? _____

Any periods of spaciness or confusion? _____

Prior hospitalizations (place, cause, date, outcome): _____

Prior abnormal lab tests, X-rays, EEG, etc.: _____

Allergies/drug intolerances (describe): _____

Present Height _____ Present Weight _____

Current Stresses (please list current factors that are a source of stress in the family)

FAMILY HISTORY

Family Structure (who lives in the current household with the child, please give relationship to the child):

Current Marital Situation/Satisfaction of Parents _____

Family Development (include marriages, separations, divorces, deaths, traumatic events, losses, etc.)

Natural Mother's History: age _____ outside work _____

School: highest grade completed _____

Learning problems (specify) _____

Behavior problems (specify) _____

Marriages _____

Medical Problems _____

Childhood atmosphere (family position, abuse, illnesses, etc.) _____

Has mother ever sought psychiatric treatment? Yes ___ No ___

If yes, for what purpose? _____

Mother's alcohol/drug use history _____

Have any of mother's blood relatives ever had any learning problems or psychiatric problems including things such as alcohol/drug abuse, depression, anxiety, suicide attempts, or psychiatric hospitalizations?

(specify) _____

Natural Father's History: age _____ outside work _____

School: highest grade completed _____

Learning problems (specify) _____

Behavior problems (specify) _____

Marriages _____

Medical Problems _____

Childhood atmosphere (family position, abuse, illnesses, etc.) _____

Has father ever sought psychiatric treatment? Yes ___ No ___

If yes, for what purpose? _____

Father's alcohol/drug use history _____

Have any of father's blood relatives ever had any learning problems or psychiatric problems including things such as alcohol/drug abuse, depression, anxiety, suicide attempts, psychiatric hospitalizations? (specify) _____

(If Applicable)

Step or Adopted Mother's History (indicate which): age ___ outside work _____

School: highest grade completed _____

Learning problems (specify) _____

Behavior problems (specify) _____

Marriages _____

Medical Problems _____

Childhood atmosphere (family position, abuse, illnesses, etc) _____

Has step-mother ever sought psychiatric treatment? Yes ___ No ___

If yes, for what purpose? _____

Step or adopted mother's alcohol/drug use history _____

Step or Adopted Father's History (indicate which): age ___ outside work _____

School: highest grade completed _____

Learning problems (specify) _____

Behavior problems (specify) _____

Marriages _____

Medical Problems _____

Childhood atmosphere (family position, abuse, illnesses, etc) _____

Has step-father ever sought psychiatric treatment? Yes ___ No ___

If yes, for what purpose? _____

Step or adopted father's alcohol/drug use history _____

Siblings (names, ages, problems, strengths, relationship to patient)

CHILD'S DEVELOPMENTAL HISTORY

Prenatal events:

Parents' attitude toward pregnancy _____

Conception – ease ___ planned ___ unplanned _____

Pregnancy complications (bleeding, excess vomiting, medication, infections, x-rays, smoking, alcohol/drug use, etc.) _____

Birth and Postnatal period:

Birth weight ___ Length ___ Labor duration ___ Delivery: vaginal ___ C section ___ Problems _____

APGAR scores (if known) _____ Any jaundice? Yes ___ No ___ Time in hospital _____

Complications? _____

Mother's health after delivery _____

Post delivery blues ? ___ if yes, how long? _____

Primary caretaker for child, first year _____
thereafter _____

Feeding history: breast vs bottle _____ age weaned _____ Food allergies _____
Current eating problems _____

Sleep behavior: sleepwalking, nightmares, recurrent dreams, current problems (getting up, going to bed)

Separations from mother and/or father: age, duration, reaction to _____

Toilet training: age reached bowel control: day _____ night _____ bladder control: day _____ night _____
methods used _____ ease _____ current function _____

Sexual development: gender identity _____
any problems _____

Physical/Sexual Abuse: _____

Motor development: (please write in age, parentheses are approximate normal limits)
rolls over (3-5m) _____ sit without support (5-7m) _____ crawls (5-8) _____
walks well (11-16m) _____ runs well (2y) _____ rides tricycle (3y) _____
throws ball overhand (4y) _____ current level of activity _____
fine and gross motor coordination _____ compared to peers _____

Language development: (please write in age, parentheses are approximate normal limits)
several words besides dada, mama (1y) _____ name several objects-ball, cup (15m) _____
3 words together--subject, verb, object (24m) _____ vocabulary _____ articulation _____
comprehension _____ compared to peers _____
any current problems _____

Social development: (please write in age, parentheses are approximate normal limits)
smile (2m) _____ shy with strangers (6-10m) _____ separates from mother easily (2-3y) _____
cooperative play with others (4y) _____
quality of attachment to mother _____ quality of attachment to father _____
relationships to family members _____
early peer interactions _____
current peer interactions _____
special interests/hobbies _____

Behavioral/Discipline: compliance vs non-compliance _____
lying/stealing _____ rule breaking _____ methods of discipline _____
other problems _____

Emotional development: early temperament _____
current personality _____
mood _____ fears/phobias _____
habits _____
special objects (blankets, dolls, etc.) _____ ability to express of feelings _____

Drug/Alcohol History: _____

School History: current grade _____ school contact _____
number of schools attended _____ average grades _____
homework problems _____

specific learning disabilities _____
strengths _____
what have teachers said about the child/teen _____

Please bring school report cards and any state, national or special testing that has been performed.

Overall Strengths -- as viewed by parents _____

Overall Strengths -- as viewed by the child/teen _____

Child / Teen General Symptom Checklist

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Parents please rate your child or teen on each of the symptoms listed below using the following scale. If possible, to give us the most complete picture, have the child or teen rate him/herself as well. For young children it may not be practical to have them fill out the questionnaire. Use your best judgment and do the best you can.

0	1	2	3	4	NA
Never	Rarely	Occasionally	Frequently	Very Frequently	Not Applicable/Not Known

Ch/Tn Parent

- | | | |
|-----|-----|---|
| ___ | ___ | 1. Feeling depressed or being in a sad mood |
| ___ | ___ | 2. Not having as much interest in things that are usually fun |
| ___ | ___ | 3. Experiencing a significant change in weight or appetite |
| ___ | ___ | 4. Having recurrent thoughts of death or suicide |
| ___ | ___ | 5. Experiencing sleep changes, such as a lack of sleep or a marked increase in sleep |
| ___ | ___ | 6. Having feelings of low energy or tiredness |
| ___ | ___ | 7. Having feelings of being worthless, helpless, hopeless or guilty |
| ___ | ___ | 8. Playing alone or being socially withdrawn |
| ___ | ___ | 9. Easily being made to cry |
| ___ | ___ | 10. Thinking bad or negative thoughts |
| ___ | ___ | 11. Having periods of an elevated, high or irritable mood |
| ___ | ___ | 12. Having periods of a very high self-esteem or big thinking |
| ___ | ___ | 13. Having periods of decreased need for sleep without feeling tired |
| ___ | ___ | 14. Being more talkative than usual or feeling pressure to keep talking |
| ___ | ___ | 15. Having fast thoughts or frequently jumping from one subject to another |
| ___ | ___ | 16. Being easily distracted by irrelevant things |
| ___ | ___ | 17. Having a marked increase in activity level |
| ___ | ___ | 18. Experiencing cyclic periods of angry, mean or violent behavior |
| ___ | ___ | 19. Having periods of time where you feel intensely anxious or nervous |
| ___ | ___ | 20. Having periods of trouble breathing or feeling smothered |
| ___ | ___ | 21. Having periods of feeling dizzy, faint or unsteady on your feet |
| ___ | ___ | 22. Having periods of heart pounding, fast heart rate or chest pain |
| ___ | ___ | 23. Having periods of trembling, shaking or sweating |
| ___ | ___ | 24. Having periods of nausea, stomach discomfort/trouble, or choking |
| ___ | ___ | 25. Having an intense fear of dying |
| ___ | ___ | 26. Lacking confidence in one's abilities |
| ___ | ___ | 27. Needing lots of reassurance |
| ___ | ___ | 28. Needing to be perfect |
| ___ | ___ | 29. Feeling fearful and/or anxious |
| ___ | ___ | 30. Being shy or timid |
| ___ | ___ | 31. Being easily embarrassed |
| ___ | ___ | 32. Being sensitive to criticism |
| ___ | ___ | 33. Biting fingernails or chews clothing |
| ___ | ___ | 34. Regularly refusing to go to school |
| ___ | ___ | 35. Having an excessive fear of interacting with other children or adults |
| ___ | ___ | 36. Having a persistent, excessive fear (e.g., of heights, closed spaces, specific animals, etc.). Please list: |
| ___ | ___ | 37. Being excessively anxious about separation from home or from those to whom you're attached. |
| ___ | ___ | 38. Having recurrent bothersome thoughts, ideas, or images that you try to ignore |
| ___ | ___ | 39. Having trouble getting "stuck" on certain thoughts, or having the same thought over and over |
| ___ | ___ | 40. Experiencing excessive or senseless worrying |

- ___ 41. Others complaining that you worry too much or get "stuck" on the same thoughts
- ___ 42. Having compulsive behaviors that you must do or else you feel very anxious, such as excessive hand washing, cleaning, checking locks, or counting or spelling
- ___ 43. Needing to have things done a certain way or else you become very upset
- ___ 44. Experiencing recurrent and upsetting thoughts of a past traumatic event (molestation [sexually inappropriate touching], an accident, a fire, etc.). Please list:
-
- ___ 45. Experiencing recurrent distressing dreams of a past upsetting event
- ___ 46. Having a sense of reliving a past upsetting event
- ___ 47. Spending effort avoiding thoughts or feelings related to a past trauma
- ___ 48. Feeling that your future is shortened
- ___ 49. Being quick to startle
- ___ 50. Feeling like you're always watching for bad things to happen
- ___ 51. Refusing to maintain body weight above a level that most people consider healthy
- ___ 52. Intensely fearing gaining weight or becoming fat even though underweight
- ___ 53. Having feelings of being fat, even though you're underweight
- ___ 54. Experiencing recurrent episodes of eating large amounts of food
- ___ 55. Feeling a lack of control over eating behavior
- ___ 56. Engaging in activities to eliminate excess food, such as self-induced vomiting, laxatives, strict dieting, or strenuous exercise
- ___ 57. Being over-concerned with body shape and weight
- ___ 58. Experiencing involuntary physical movements and/or motor tics (such as eye blinking, shoulder shrugging, head jerking or picking). How long have motor tics been present? _____ How often? _____
Please describe: _____
- ___ 59. Experiencing involuntary vocal sounds and/or verbal tics (such as coughing, puffing, blowing, whistling, swearing). How long have verbal tics been present? _____ How often? _____
Please describe: _____
- ___ 60. Behaving in a repetitive, seemingly driven motor manner (e.g., hand-shaking or waving, body-rocking, head-banging, mouthing of objects, self-biting, picking at skin or bodily orifices, hitting own body) that interferes with normal activities or results in self-inflicted bodily injury that requires medical treatment (or would result in an injury if preventive measures were not used).
- ___ 61. Eliminating feces in inappropriate places (e.g., clothing or floor).
- ___ 62. Bed wetting. If present, how often? _____
- ___ 63. Being unable to speak in specific social situations (in which there is an expectation for speaking, e.g., at school) despite speaking in other situations.
- ___ 64. Experiencing delusional or bizarre thoughts (thoughts you know others would think are false)
- ___ 65. Experiencing visual hallucinations, seeing objects or images are not really present
- ___ 66. Hearing voices that are not really present
- ___ 67. Behaving in an odd manner
- ___ 68. Having poor personal hygiene and/or grooming
- ___ 69. Being in an inappropriate mood for a given situation (e.g., laughing at sad events)
- ___ 70. Frequently feeling that someone or something is out to hurt you
- ___ 71. Having problems with social relatedness before the age of 5, either by failing to respond appropriately to others or becoming indiscriminately attached to others
- ___ 72. Having multiple changes in caregivers before the age of 5
- ___ 73. Stealing behavior
- ___ 74. Bullying, threatening, or intimidating others
- ___ 75. Initiating physical fights
- ___ 76. Being cruel to animals
- ___ 77. Forcing others into things they do not want to do (sexually or criminally)
- ___ 78. Setting fires
- ___ 79. Being destructive to property
- ___ 80. Breaking another person's home, school, car, or place of business
- ___ 81. Lying behavior
- ___ 82. Staying out at night despite parental prohibitions

- ___ ___ 83. Running away overnight
- ___ ___ 84. Cutting school (truancy)
- ___ ___ 85. Not seeming sorry for hurting others
- ___ ___ 86. Behaving in a negative, hostile, or defiant way
- ___ ___ 87. Losing temper
- ___ ___ 88. Arguing with adults
- ___ ___ 89. Actively defying or refusing to comply with adults' requests or rules
- ___ ___ 90. Annoying people deliberately
- ___ ___ 91. Blaming others for own mistakes and/or misbehavior
- ___ ___ 92. Being touchy or easily annoyed by others
- ___ ___ 93. Being angry and/or resentful
- ___ ___ 94. Behaving spitefully or vindictively
- ___ ___ 95. Having an impairment in communication as manifested by at least one of the following (please circle all that apply):
- A delay in, or total lack of, the development of spoken language (not accompanied by an attempt to compensate through alternative modes of communication such as gesture or mime)
 - In individuals with adequate speech, a marked impairment in the ability to initiate or sustain a conversation with others
 - A repetitive use of language or odd language
 - A lack of varied, spontaneous make-believe play or social imitative play appropriate to developmental level
- ___ ___ 96. Having an impairment in social interaction, with at least two of the following (please circle all that apply):
- A marked impairment in the use of multiple nonverbal behaviors such as eye-to-eye gaze, facial expression, body postures, and gestures to regulate social interaction
 - A failure to develop peer relationships appropriate to developmental level
 - A lack of spontaneous seeking to share enjoyment, interests, or achievements with other people (e.g., by a lack of showing, bringing, or pointing out objects of interest)
 - A lack of social or emotional reciprocity
- ___ ___ 97. Showing repetitive patterns of behavior, interests, and activities, as manifested by at least one of following (please circle all that apply):
- A preoccupation with an area of that is abnormal either in intensity or focus
 - A rigid adherence to specific, nonfunctional routines or rituals
 - Any repetitive motor mannerisms (e.g., hand or finger flapping or twisting, or complex whole-body movements)
 - A persistent preoccupation with parts of objects
- ___ ___ 98. Stuttering
- ___ ___ 99. Feeling tired during the day
- ___ ___ 100. Feeling cold when others feel fine or they are warm
- ___ ___ 101. Often feeling warm when others feel fine or they are cold
- ___ ___ 102. Having problems with brittle or dry hair
- ___ ___ 103. Having problems with dry skin
- ___ ___ 104. Having problems with sweating
- ___ ___ 105. Having problems with chronic anxiety or tension

Child / Teen Brain System Checklist

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Please rate your child/teen on each of the symptoms listed below using the following scale. If practical and/or possible, to give us the most complete picture, have the child/teen (Ch/Tn) rate himself or herself. Please list who filled this out. _____

0	1	2	3	4	NA
Never	Rarely	Occasionally	Frequently	Very Frequently	Not Applicable/Not Known

Ch/Tn Parent

- | | | |
|-----|-----|--|
| ___ | ___ | 1. Failing to give close attention to details or making careless mistakes |
| ___ | ___ | 2. Having trouble sustaining attention in routine situations (e.g., homework, chores, paperwork) |
| ___ | ___ | 3. Having trouble listening |
| ___ | ___ | 4. Failing to finish things |
| ___ | ___ | 5. Having poor organization for time or space (such as a backpack, room, desk, paperwork) |
| ___ | ___ | 6. Avoiding, disliking, or being reluctant to engage in tasks that require sustained mental effort |
| ___ | ___ | 7. Losing things |
| ___ | ___ | 8. Being easily distracted |
| ___ | ___ | 9. Being forgetful |
| ___ | ___ | 10. Having poor planning skills |
| ___ | ___ | 11. Lacking clear goals or forward thinking |
| ___ | ___ | 12. Having difficulty expressing feelings |
| ___ | ___ | 13. Having difficulty expressing empathy for others |
| ___ | ___ | 14. Experiencing excessive daydreaming |
| ___ | ___ | 15. Feeling bored |
| ___ | ___ | 16. Feeling apathetic or unmotivated |
| ___ | ___ | 17. Feeling tired, sluggish or slow moving |
| ___ | ___ | 18. Feeling spacey or "in a fog" |
| ___ | ___ | 19. Feeling fidgety, restless or trouble sitting still |
| ___ | ___ | 20. Having difficulty remaining seated in situations where remaining seated is expected |
| ___ | ___ | 21. Running about or climbing excessively in situations in which it is inappropriate |
| ___ | ___ | 22. Having difficulty playing quietly |
| ___ | ___ | 23. Being always "on the go" or acting as if "driven by a motor" |
| ___ | ___ | 24. Talking excessively |
| ___ | ___ | 25. Blurting out answers before questions have been completed |
| ___ | ___ | 26. Having difficulty waiting for turn |
| ___ | ___ | 27. Interrupting or intruding on others (e.g., butting into conversations or games) |
| ___ | ___ | 28. Behaving impulsively (saying or doing things without thinking first) |
| ___ | ___ | 29. Worrying excessively or senselessly |
| ___ | ___ | 30. Getting upset when things do not go your way |
| ___ | ___ | 31. Getting upset when things are out of place |
| ___ | ___ | 32. Tending to be oppositional or argumentative |
| ___ | ___ | 33. Tending to have repetitive negative thoughts |
| ___ | ___ | 34. Tending toward compulsive behaviors (i.e., things you feel you <i>must</i> do) |
| ___ | ___ | 35. Intensely disliking change |
| ___ | ___ | 36. Tending to hold grudges |
| ___ | ___ | 37. Having trouble shifting attention from subject to subject |
| ___ | ___ | 38. Having trouble shifting behavior from task to task |
| ___ | ___ | 39. Having difficulties seeing options in situations |
| ___ | ___ | 40. Tending to hold on to own opinion and not listen to others |
| ___ | ___ | 41. Tending to get locked into a course of action, whether or not it is good |
| ___ | ___ | 42. Needing to have things done a certain way or else becoming very upset |
| ___ | ___ | 43. Others complaining that you worry too much |
| ___ | ___ | 44. Tending to say no without first thinking about the question |
| ___ | ___ | 45. Tending to predict fear |
| ___ | ___ | 46. Experiencing frequent feelings of sadness |
| ___ | ___ | 47. Having feelings of moodiness |

- ___ 48. Having feelings of negativity
- ___ 49. Having low energy
- ___ 50. Being irritable
- ___ 51. Having a decreased interest in other people
- ___ 52. Having a decreased interest in things that are usually fun or pleasurable
- ___ 53. Having feelings of hopelessness about the future
- ___ 54. Having feelings of helplessness or powerlessness
- ___ 55. Feeling dissatisfied or bored
- ___ 56. Feeling excessive guilt
- ___ 57. Having suicidal feelings
- ___ 58. Having crying spells
- ___ 59. Having lowered interest in things that are usually considered fun
- ___ 60. Experiencing sleep changes (too much or too little)
- ___ 61. Experiencing appetite changes (too much or too little)
- ___ 62. Having chronic low self-esteem
- ___ 63. Having a negative sensitivity to smells/odors
- ___ 64. Frequently feeling nervous or anxious
- ___ 65. Experiencing panic attacks
- ___ 66. Symptoms of heightened muscle tension (such as headaches, sore muscles, hand tremors, etc.)
- ___ 67. Experiencing periods of a pounding heart, a rapid heart rate, or chest pain
- ___ 68. Experiencing periods of troubled breathing or feeling smothered
- ___ 69. Experiencing periods of dizziness, faintness, or feeling unsteady on your feet
- ___ 70. Feeling nausea or having an upset stomach
- ___ 71. Experiencing periods of sweating, hot flashes, or cold flashes
- ___ 72. Tending to predict the worst
- ___ 73. Having a fear of dying or doing something crazy
- ___ 74. Avoiding places for fear of having an anxiety attack
- ___ 75. Avoiding conflict
- ___ 76. Excessively fearing being judged or scrutinized by others
- ___ 77. Having persistent phobias
- ___ 78. Having low motivation
- ___ 79. Having excessive motivation
- ___ 80. Experiencing tics (either motor or vocal)
- ___ 81. Having poor handwriting
- ___ 82. Being quick to startle
- ___ 83. Having a tendency to freeze in anxiety-provoking situations
- ___ 84. Lacking confidence in own abilities
- ___ 85. Feeling shy or timid
- ___ 86. Being easily embarrassed
- ___ 87. Being sensitive to criticism
- ___ 88. Biting fingernails or picking at skin
- ___ 89. Having a short fuse or experiencing periods of extreme irritability
- ___ 90. Having periods of rage with little provocation
- ___ 91. Often misinterpreting comments as negative when they are not
- ___ 92. Finding that own irritability tends to build, then explodes, then recedes, often being tired after a rage
- ___ 93. Having periods of spaciness and/or confusion
- ___ 94. Experiencing periods of panic and/or fear for no specific reason
- ___ 95. Experiencing visual and/or auditory changes, such as seeing shadows or hearing muffled sounds
- ___ 96. Having frequent periods of *deja vu* (that is, feelings of having already been somewhere you've never been)
- ___ 97. Being sensitive or mildly paranoid
- ___ 98. Experiencing headaches or abdominal pain of uncertain origin
- ___ 99. Having a history of a head injury or family history of violence or explosiveness
- ___ 100. Having dark thoughts, ones that may involve suicidal or homicidal thoughts
- ___ 101. Experiencing periods of forgetfulness or memory problems

Child / Teen Learning Disability Questionnaire

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Please have the child or teen rate themselves on each of the symptoms listed below using the following scale. If there are questions not appropriate to age put NA. Also, please have another person who knows the child/teen well (such as a parent, tutor or teacher) rate the child/teen as well. List other person _____

0 1 2 3 4 NA
Never Rarely Occasionally Frequently Very Frequently Not Applicable/Not Known

Ch/Tn Parent/Other

Reading

- _____ 1. I am a poor reader.
- _____ 2. I do not like reading.
- _____ 3. I make mistakes when reading like skipping words or lines.
- _____ 4. I read the same line twice.
- _____ 5. I have problems remembering what I read even though I have read all the words.
- _____ 6. I reverse letters when I read (such as b/d, p/q).
- _____ 7. I switch letters in words when reading (such as god and dog).
- _____ 8. My eyes hurt or water when I read.
- _____ 9. Words tend to blur when I read.
- _____ 10. Words tend to move around the page when I read.
- _____ 11. When reading I have difficulty understanding the main idea or identifying important details from a story.

Writing

- _____ 12. I have "messy" handwriting.
- _____ 13. My work tends to be messy.
- _____ 14. I prefer print rather than writing in cursive.
- _____ 15. My letters run into each other or there is no space between words.
- _____ 16. I have trouble staying within lines.
- _____ 17. I have problems with grammar or punctuation.
- _____ 18. I am a poor speller.
- _____ 19. I have trouble copying off the board or from a page in a book.
- _____ 20. I have trouble getting thoughts from my brain to the paper.
- _____ 21. I can tell a story but cannot write it.

Body Awareness/ Spatial Relationships

- _____ 22. I have trouble with knowing my left from my right.
- _____ 23. I have trouble keeping things within columns or coloring within lines.
- _____ 24. I tend to be clumsy, uncoordinated.
- _____ 25. I have difficulty with eye hand coordination.
- _____ 26. I have difficulty with concepts such as up, down, over or under.
- _____ 27. I tend to bump into things when walking.

Oral Expressive language

- _____ 28. I have difficulty expressing myself in words.
- _____ 29. I have trouble finding the right word to say in conversations.
- _____ 30. I have trouble talking around a subject or getting to the point in conversations.

Receptive language

- _____ 31. I have trouble keeping up or understanding what is being said in conversations.
- _____ 32. I tend to misunderstand people and give the wrong answers in conversations.
- _____ 33. I have trouble understanding directions people tell me.
- _____ 34. I have trouble telling the direction sound is coming from.
- _____ 35. I have trouble filtering out background noises.

Math

- _____ 36. I am poor at basic math skills for my age (adding, subtracting, multiplying and dividing)

- ___ ___ 37. I makes “careless mistakes” in math.
___ ___ 38. I tend to switch numbers around.
___ ___ 39. I have difficulty with word problems.

Sequencing

- ___ ___ 40. I have trouble getting everything in the right order when I speak.
___ ___ 41. I have trouble telling time.
___ ___ 42. I have trouble using the alphabet in order.
___ ___ 43. I have trouble saying the months of the year in order.

Abstraction

- ___ ___ 44. I have trouble understanding jokes people tell me.
___ ___ 45. I tend to take things too literally.

Organization

- ___ ___ 46. My notebook/paperwork is messy or disorganized.
___ ___ 47. My room is messy.
___ ___ 48. I tend to shove everything into my backpack, desk or closet.
___ ___ 49. I have multiple piles around my room.
___ ___ 50. I have trouble planning my time.
___ ___ 51. I am frequently late or in a hurry.
___ ___ 52. I often do not write down assignments or tasks and end up forgetting what to do.

Memory

- ___ ___ 53. I have trouble with my memory.
___ ___ 54. I remember things from long ago but not recent events.
___ ___ 55. It is hard for me to memorize things for school or work.
___ ___ 56. I know something one day but do not remember it to the next.
___ ___ 57. I forget what I am going to say right in the middle of saying it.
___ ___ 58. I have trouble following directions that have more than one or two steps.

Social Skills

- ___ ___ 59. I have few or no friends.
___ ___ 60. I have trouble reading body language or facial expressions of others.
___ ___ 61. My feelings are often or easily hurt.
___ ___ 62. I tend to get into trouble with friends, teachers, parents or bosses.
___ ___ 63. I feel uncomfortable around people I do not know well.
___ ___ 64. I am teased by others.
___ ___ 65. Friends do not call and ask me to do things with them.
___ ___ 66. I do not get together with others outside of school or work.

Scotopic Sensitivity

- ___ ___ 67. I am light sensitive. Bothered by glare, sunlight, headlights or streetlights.
___ ___ 68. I become tired, experience headaches, mood changes, feel restless or an inability to stay focused with bright or fluorescent lights.
___ ___ 69. I have trouble reading words that are on white, glossy paper.
___ ___ 70. When reading words or letters shift, shake, blur, move, run together, disappear or become difficult to perceive.
___ ___ 71. I feel tense, tired, sleepy, or even get headaches with reading
___ ___ 72. I have problems judging distance and have difficulty with such things as escalators, stairs, ball sports, or driving..

Sensory Integration Issues

- ___ ___ 73. I seem to be more sensitive to the environment than others.
___ ___ 74. I am more sensitive to noise than others.
___ ___ 75. I am particularly sensitive to touch or very sensitive to certain clothing or tags on the clothing.
___ ___ 76. I have unusual sensitivity to certain smells.
___ ___ 77. I have unusual sensitivity to light.
___ ___ 78. I am sensitive to movement or craves spinning activities?
___ ___ 79. I tend to be clumsy or accident prone.

Mother's Brain System Checklist

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This form should be filled out by the *biological or adopted mother on herself*, if possible. If it is not possible please have it filled out by someone who knows her well. Please rate yourself on each of the symptoms listed below using the following scale. If possible have the father or other person who knows the biological mother rate her as well. Please list who filled this out. _____

0	1	2	3	4	NA
Never	Rarely	Occasionally	Frequently	Very Frequently	Not Applicable/Not Known

Other Mother

- ____ 1. Failing to give close attention to details or makes careless mistakes
- ____ 2. Having trouble sustaining attention in routine situations (e.g., homework, chores, paperwork)
- ____ 3. Having trouble listening
- ____ 4. Failing to finish things
- ____ 5. Having poor organization for time or space (such as a backpack, room, desk, paperwork)
- ____ 6. Avoiding, disliking, or being reluctant to engage in tasks that require sustained mental effort
- ____ 7. Losing things
- ____ 8. Being easily distracted
- ____ 9. Being forgetful
- ____ 10. Having poor planning skills
- ____ 11. Lacking clear goals or forward thinking
- ____ 12. Having difficulty expressing feelings
- ____ 13. Having difficulty expressing empathy for others
- ____ 14. Experiencing excessive daydreaming
- ____ 15. Feeling bored
- ____ 16. Feeling apathetic or unmotivated
- ____ 17. Feeling tired, sluggish or slow moving
- ____ 18. Feeling spacey or "in a fog"
- ____ 19. Feeling fidgety, restless or trouble sitting still
- ____ 20. Having difficulty remaining seated in situations where remaining seated is expected
- ____ 21. Running about or climbing excessively in situations in which it is inappropriate
- ____ 22. Having difficulty playing quietly
- ____ 23. Being always "on the go" or acting as if "driven by a motor"
- ____ 24. Talking excessively
- ____ 25. Blurting out answers before questions have been completed
- ____ 26. Having difficulty waiting for turn
- ____ 27. Interrupting or intruding on others (e.g., butting into conversations or games)
- ____ 28. Behaving impulsively (saying or doing things without thinking first)
- ____ 29. Worrying excessively or senselessly
- ____ 30. Getting upset when things do not go your way
- ____ 31. Getting upset when things are out of place
- ____ 32. Tending to be oppositional or argumentative
- ____ 33. Tending to have repetitive negative thoughts
- ____ 34. Tending toward compulsive behaviors (i.e., things you feel you *must* do)
- ____ 35. Intensely disliking change
- ____ 36. Tending to hold grudges
- ____ 37. Having trouble shifting attention from subject to subject
- ____ 38. Having trouble shifting behavior from task to task
- ____ 39. Having difficulties seeing options in situations
- ____ 40. Tending to hold on to own opinion and not listen to others
- ____ 41. Tending to get locked into a course of action, whether or not it is good
- ____ 42. Needing to have things done a certain way or else becoming very upset
- ____ 43. Others complaining that you worry too much
- ____ 44. Tending to say no without first thinking about the question
- ____ 45. Tending to predict fear
- ____ 46. Experiencing frequent feelings of sadness
- ____ 47. Having feelings of moodiness

- ___ 48. Having feelings of negativity
- ___ 49. Having low energy
- ___ 50. Being irritable
- ___ 51. Having a decreased interest in other people
- ___ 52. Having a decreased interest in things that are usually fun or pleasurable
- ___ 53. Having feelings of hopelessness about the future
- ___ 54. Having feelings of helplessness or powerlessness
- ___ 55. Feeling dissatisfied or bored
- ___ 56. Feeling excessive guilt
- ___ 57. Having suicidal feelings
- ___ 58. Having crying spells
- ___ 59. Having lowered interest in things that are usually considered fun
- ___ 60. Experiencing sleep changes (too much or too little)
- ___ 61. Experiencing appetite changes (too much or too little)
- ___ 62. Having chronic low self-esteem
- ___ 63. Having a negative sensitivity to smells/odors
- ___ 64. Frequently feeling nervous or anxious
- ___ 65. Experiencing panic attacks
- ___ 66. Symptoms of heightened muscle tension (such as headaches, sore muscles, hand tremors, etc.)
- ___ 67. Experiencing periods of a pounding heart, a rapid heart rate, or chest pain
- ___ 68. Experiencing periods of troubled breathing or feeling smothered
- ___ 69. Experiencing periods of dizziness, faintness, or feeling unsteady on your feet
- ___ 70. Feeling nausea or having an upset stomach
- ___ 71. Experiencing periods of sweating, hot flashes, or cold flashes
- ___ 72. Tending to predict the worst
- ___ 73. Having a fear of dying or doing something crazy
- ___ 74. Avoiding places for fear of having an anxiety attack
- ___ 75. Avoiding conflict
- ___ 76. Excessively fearing being judged or scrutinized by others
- ___ 77. Having persistent phobias
- ___ 78. Having low motivation
- ___ 79. Having excessive motivation
- ___ 80. Experiencing tics (either motor or vocal)
- ___ 81. Having poor handwriting
- ___ 82. Being quick to startle
- ___ 83. Having a tendency to freeze in anxiety-provoking situations
- ___ 84. Lacking confidence in own abilities
- ___ 85. Feeling shy or timid
- ___ 86. Being easily embarrassed
- ___ 87. Being sensitive to criticism
- ___ 88. Biting fingernails or picking at skin
- ___ 89. Having a short fuse or experiencing periods of extreme irritability
- ___ 90. Having periods of rage with little provocation
- ___ 91. Often misinterpreting comments as negative when they are not
- ___ 92. Finding that own irritability tends to build, then explodes, then recedes, often being tired after a rage
- ___ 93. Having periods of spaciness and/or confusion
- ___ 94. Experiencing periods of panic and/or fear for no specific reason
- ___ 95. Experiencing visual and/or auditory changes, such as seeing shadows or hearing muffled sounds
- ___ 96. Having frequent periods of *deja vu* (that is, feelings of being somewhere you have never been)
- ___ 97. Being sensitive or mildly paranoid
- ___ 98. Experiencing headaches or abdominal pain of uncertain origin
- ___ 99. Having a history of a head injury or family history of violence or explosiveness
- ___ 100. Having dark thoughts, ones that may involve suicidal or homicidal thoughts
- ___ 101. Experiencing periods of forgetfulness or memory problems

Father's Brain System Checklist

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This form should be filled out by the *biological or adopted father on himself*, if possible. If it is not possible please have it filled out by someone who knows him well. Please rate yourself on each of the symptoms listed below using the following scale. If possible have the mother or other person who knows the biological father rate him as well. Please list who filled this out. _____

0	1	2	3	4	NA
Never	Rarely	Occasionally	Frequently	Very Frequently	Not Applicable/Not Known

Other _____ Father _____

- _____ 1. Failing to give close attention to details or makes careless mistakes
- _____ 2. Having trouble sustaining attention in routine situations (e.g., homework, chores, paperwork)
- _____ 3. Having trouble listening
- _____ 4. Failing to finish things
- _____ 5. Having poor organization for time or space (such as a backpack, room, desk, paperwork)
- _____ 6. Avoiding, disliking, or being reluctant to engage in tasks that require sustained mental effort
- _____ 7. Losing things
- _____ 8. Being easily distracted
- _____ 9. Being forgetful
- _____ 10. Having poor planning skills
- _____ 11. Lacking clear goals or forward thinking
- _____ 12. Having difficulty expressing feelings
- _____ 13. Having difficulty expressing empathy for others
- _____ 14. Experiencing excessive daydreaming
- _____ 15. Feeling bored
- _____ 16. Feeling apathetic or unmotivated
- _____ 17. Feeling tired, sluggish or slow moving
- _____ 18. Feeling spacey or "in a fog"
- _____ 19. Feeling fidgety, restless or trouble sitting still
- _____ 20. Having difficulty remaining seated in situations where remaining seated is expected
- _____ 21. Running about or climbing excessively in situations in which it is inappropriate
- _____ 22. Having difficulty playing quietly
- _____ 23. Being always "on the go" or acting as if "driven by a motor"
- _____ 24. Talking excessively
- _____ 25. Blurting out answers before questions have been completed
- _____ 26. Having difficulty waiting for turn
- _____ 27. Interrupting or intruding on others (e.g., butting into conversations or games)
- _____ 28. Behaving impulsively (saying or doing things without thinking first)
- _____ 29. Worrying excessively or senselessly
- _____ 30. Getting upset when things do not go your way
- _____ 31. Getting upset when things are out of place
- _____ 32. Tending to be oppositional or argumentative
- _____ 33. Tending to have repetitive negative thoughts
- _____ 34. Tending toward compulsive behaviors (i.e., things you feel you *must* do)
- _____ 35. Intensely disliking change
- _____ 36. Tending to hold grudges
- _____ 37. Having trouble shifting attention from subject to subject
- _____ 38. Having trouble shifting behavior from task to task
- _____ 39. Having difficulties seeing options in situations
- _____ 40. Tending to hold on to own opinion and not listen to others
- _____ 41. Tending to get locked into a course of action, whether or not it is good
- _____ 42. Needing to have things done a certain way or else becoming very upset
- _____ 43. Others complaining that you worry too much
- _____ 44. Tending to say no without first thinking about the question
- _____ 45. Tending to predict fear
- _____ 46. Experiencing frequent feelings of sadness
- _____ 47. Having feelings of moodiness

- ___ 48. Having feelings of negativity
- ___ 49. Having low energy
- ___ 50. Being irritable
- ___ 51. Having a decreased interest in other people
- ___ 52. Having a decreased interest in things that are usually fun or pleasurable
- ___ 53. Having feelings of hopelessness about the future
- ___ 54. Having feelings of helplessness or powerlessness
- ___ 55. Feeling dissatisfied or bored
- ___ 56. Feeling excessive guilt
- ___ 57. Having suicidal feelings
- ___ 58. Having crying spells
- ___ 59. Having lowered interest in things that are usually considered fun
- ___ 60. Experiencing sleep changes (too much or too little)
- ___ 61. Experiencing appetite changes (too much or too little)
- ___ 62. Having chronic low self-esteem
- ___ 63. Having a negative sensitivity to smells/odors
- ___ 64. Frequently feeling nervous or anxious
- ___ 65. Experiencing panic attacks
- ___ 66. Symptoms of heightened muscle tension (such as headaches, sore muscles, hand tremors, etc.)
- ___ 67. Experiencing periods of a pounding heart, a rapid heart rate, or chest pain
- ___ 68. Experiencing periods of troubled breathing or feeling smothered
- ___ 69. Experiencing periods of dizziness, faintness, or feeling unsteady on your feet
- ___ 70. Feeling nausea or having an upset stomach
- ___ 71. Experiencing periods of sweating, hot flashes, or cold flashes
- ___ 72. Tending to predict the worst
- ___ 73. Having a fear of dying or doing something crazy
- ___ 74. Avoiding places for fear of having an anxiety attack
- ___ 75. Avoiding conflict
- ___ 76. Excessively fearing being judged or scrutinized by others
- ___ 77. Having persistent phobias
- ___ 78. Having low motivation
- ___ 79. Having excessive motivation
- ___ 80. Experiencing tics (either motor or vocal)
- ___ 81. Having poor handwriting
- ___ 82. Being quick to startle
- ___ 83. Having a tendency to freeze in anxiety-provoking situations
- ___ 84. Lacking confidence in own abilities
- ___ 85. Feeling shy or timid
- ___ 86. Being easily embarrassed
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- ___ 88. Biting fingernails or picking at skin
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- ___ 97. Being sensitive or mildly paranoid
- ___ 98. Experiencing headaches or abdominal pain of uncertain origin
- ___ 99. Having a history of a head injury or family history of violence or explosiveness
- ___ 100. Having dark thoughts, ones that may involve suicidal or homicidal thoughts
- ___ 101. Experiencing periods of forgetfulness or memory problems