

## Elliot Behavioral Health Services

445 Cypress Street, Manchester NH 03103

(p) 603-668-4079 (f) 603-663-8349

### Pediatric New Patient Information PARENT

Date today:	Date of birth:
Name (patient):	
Name of parent(s) or guardian(s):	
If parents divorced	
Joint decision-making custody? (Circle one):	Yes    No
Non-custodial in agreement with appointment?	Yes    No
Reason for seeking treatment:	

#### Psychiatric history:

Prior diagnoses (if applicable):		
Previous psychiatrist, psychologist, or therapist Or Mental Health Center (if applicable):		
Current therapist name and contact info (if applicable):		
Has your child ever been in the hospital or residential program for a mental health reason?	Yes	No
Has your child ever had neuropsychological or psychoeducational testing?	Yes	No

Has your child ever taken any of the following medications? Please check all that apply.

<input type="checkbox"/> Prozac (fluoxetine) <input type="checkbox"/> Paxil (paroxetine) <input type="checkbox"/> Zoloft (sertraline) <input type="checkbox"/> Celexa (citalopram) <input type="checkbox"/> Lexapro (escitalopram) <input type="checkbox"/> Trintellix (vortioxetine) <input type="checkbox"/> Luvox (fluvoxamine) <input type="checkbox"/> Remeron (mirtazapine) <input type="checkbox"/> Effexor (venlafaxine) <input type="checkbox"/> Cymbalta (duloxetine) <input type="checkbox"/> Pristiq (desvenlafaxine) <input type="checkbox"/> Viibryd (vilazodone) <input type="checkbox"/> Wellbutrin (bupropion) <input type="checkbox"/> Pamelor (nortriptyline) <input type="checkbox"/> Elavil (amitriptyline) <input type="checkbox"/> Anafranil (clomipramine) <input type="checkbox"/> BuSpar (buspirone) <input type="checkbox"/> Sinequan (doxepin) <input type="checkbox"/> Desryl (trazodone)	<input type="checkbox"/> Lithium <input type="checkbox"/> Topamax (topiramate) <input type="checkbox"/> Neurontin (gabapentin) <input type="checkbox"/> Depakote (divalproex) <input type="checkbox"/> Trileptal (Oxcarbazepine) <input type="checkbox"/> Tegretol (carbamazepine) <input type="checkbox"/> Lamictal (lamotrigine) <input type="checkbox"/> Adderall (amphetamine-dextroamphetamine) <input type="checkbox"/> Vyvanse (lisdexamphetamine) <input type="checkbox"/> Ritalin/Concerta/Metadate/Daytrana/Quillivant/Jornay (methylphenidate) <input type="checkbox"/> Focalin/aztarys (dexamethylphenidate) <input type="checkbox"/> Intuniv (guanfacine) <input type="checkbox"/> Strattera (atomoxetine) <input type="checkbox"/> Qelbree (viloxazine) <input type="checkbox"/> Catapres (clonidine) <input type="checkbox"/> Minipress (prazosin)	<input type="checkbox"/> Abilify (aripiprazole) <input type="checkbox"/> Zyprexa (olanzapine) <input type="checkbox"/> Risperdal (risperidone) <input type="checkbox"/> Seroquel (quetiapine) <input type="checkbox"/> Geodon (ziprasidone) <input type="checkbox"/> Latuda (lurasidone) <input type="checkbox"/> Rexulti (brexpiprazole) <input type="checkbox"/> Invega (paliperidone) <input type="checkbox"/> Clozaril (clozapine) <input type="checkbox"/> Vraylar (cariprazine) <input type="checkbox"/> Saphris (asenapine) <input type="checkbox"/> Haldol (haloperidol) <input type="checkbox"/> Thorazine (chlorpromazine) <input type="checkbox"/> Xanax (alprazolam) <input type="checkbox"/> Valium (diazepam) <input type="checkbox"/> Klonopin (clonazepam) <input type="checkbox"/> Ativan (lorazepam) <input type="checkbox"/> Spravato (esketamine) <input type="checkbox"/> Revia/Vivitrol (naltrexone) <input type="checkbox"/> Other _____
--	--	--

**Family History:** Please mark an x in the box if applicable.

Adopted? Circle one			Yes	No
	Siblings	Biological mother	Biological father	Other
Heart problems or unexplained death before 30 years old				
Depression				
Bipolar Disorder				
Anxiety Problems				
Obsessive Compulsive Disorder				
Schizophrenia				
PTSD				
Attention Problems				
Alcohol or Drug Problems				
Suicide attempts				

**Social history:**

Current grade	Current school	Has an <input type="checkbox"/> IEP <input type="checkbox"/> 504 <input type="checkbox"/> none	
Parent 1 occupation:		Parent 2 occupation:	
Highest level of education:		Highest level of education:	
Current household members and/or siblings outside the home	Name	Age	Relationship
Access to firearms:	Yes No If yes: <input type="checkbox"/> Firearms are stored unloaded and locked using a firearm safe, lock box, trigger lock or cable lock.		
Religious or spiritual?	Yes No If yes: Connected to a church, group, club or organization? Yes or No		
Screen time: (Circle one)	< 1 hour 1-3 Hours > 3 hours Social media? Yes or No		

**Medical history:**

Name of primary care physician:			
Any other specialists?			
Development:	Developmental milestones met? (Circle one)	Yes	No
	Complications in pregnancy or delivery? (Circle one)	Yes	No
Has your child ever had a stroke?		Yes	No
Has your child ever had a seizure?		Yes	No
Has your child ever had a concussion?		Yes	No
Has your child ever had a sleep study?		Yes	No

## Screening for Childhood Anxiety and Related Disorders

**Directions:**

Below is a list of statements that describe how people feel. Read each statement carefully and decide if it is “Not True or Hardly Ever True” or “Somewhat True or Sometimes True” or “Very True or Often True” for your child. Then for each statement, fill in one circle that corresponds to the response that seems to describe your child **for the last 3 months**.

Please respond to all statements as well as you can, even if some do not seem to concern your child.

		0 Not True or Hardly Ever True	1 Somewhat True or Sometimes True	2 Very True or Often True
1.	When my child feels frightened, it is hard for him/her to breathe	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.	My child gets headaches when he/she is at school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.	My child doesn't like to be with people he/she doesn't know well	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4.	My child gets scared if he/she sleeps away from home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.	My child worries about other people liking him/her	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.	When my child gets frightened, he/she feels like passing out	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7.	My child is nervous	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8.	My child follows me wherever I go	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.	People tell me that my child looks nervous	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.	My child feels nervous with people he/she doesn't know well	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11.	My child gets stomachaches at school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12.	When my child gets frightened, he/she feels like he/she is going crazy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13.	My child worries about sleeping alone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14.	My child worries about being as good as other kids	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15.	When he/she gets frightened, he/she feels like things are not real	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16.	My child has nightmares about something bad happening to his/her parents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17.	My child worries about going to school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18.	When my child gets frightened, his/her heart beats fast	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19.	He/she gets shaky	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20.	My child has nightmares about something bad happening to him/her	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

		<b>0 Not True or Hardly Ever True</b>	<b>1 Somewhat True or Sometimes True</b>	<b>2 Very True or Often True</b>
21.	My child worries about things working out for him/her	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22.	When my child gets frightened, he/she sweats a lot	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23.	My child is a worrier	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24.	My child gets really frightened for no reason at all	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25.	My child is afraid to be alone in the house	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26.	It is hard for my child to talk with people he/she doesn't know well	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27.	When my child gets frightened, he/she feels like he/she is choking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28.	People tell me that my child worries too much	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29.	My child doesn't like to be away from his/her family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30.	My child is afraid of having anxiety (or panic) attacks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31.	My child worries that something bad might happen to his/her parents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32.	My child feels shy with people he/she doesn't know well	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33.	My child worries about what is going to happen in the future	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34.	When my child gets frightened, he/she feels like throwing up	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35.	My child worries about how well he/she does things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
36.	My child is scared to go to school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
37.	My child worries about things that have already happened	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
38.	When my child gets frightened, he/she feels dizzy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
39.	My child feels nervous when he/she is with other children or adults and he/she has to do something while they watch him/her (for example: read aloud, speak, play a game, play a sport)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
40.	My child feels nervous when he/she is going to parties, dances, or any place where there will be people that he/she doesn't know well	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
41.	My child is shy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Developed by Boris Birmaher, MD, Suneeta Khetarpal, MD, Marlane Cully, MEd, David Brent, MD, and Sandra McKenzie,

PhD. Western Psychiatric Institute and Clinic, University of Pgh. (10/95). Email: birmaherb@msx.upmc.edu

## NICHQ Vanderbilt Assessment Scale—PARENT Informant

Directions: Each rating should be considered in the context of what is appropriate for the age of your child. When completing this form, please think about your child's behaviors in the **past 6 months.**

<u>Symptoms</u>	<u>Never</u>	<u>Occasionally</u>	<u>Often</u>	<u>Very Often</u>
1. Does not pay attention to details or makes careless mistakes with, for example, homework	0	1	2	3
2. Has difficulty keeping attention to what needs to be done	0	1	2	3
3. Does not seem to listen when spoken to directly	0	1	2	3
4. Does not follow through when given directions and fails to finish activities (not due to refusal or failure to understand)	0	1	2	3
5. Has difficulty organizing tasks and activities	0	1	2	3
6. Avoids, dislikes, or does not want to start tasks that require ongoing mental effort	0	1	2	3
7. Loses things necessary for tasks or activities (toys, assignments, pencils, or books)	0	1	2	3
8. Is easily distracted by noises or other stimuli	0	1	2	3
9. Is forgetful in daily activities	0	1	2	3
10. Fidgets with hands or feet or squirms in seat	0	1	2	3
11. Leaves seat when remaining seated is expected	0	1	2	3
12. Runs about or climbs too much when remaining seated is expected	0	1	2	3
13. Has difficulty playing or beginning quiet play activities	0	1	2	3
14. Is "on the go" or often acts as if "driven by a motor"	0	1	2	3
15. Talks too much	0	1	2	3
16. Blurts out answers before questions have been completed	0	1	2	3
17. Has difficulty waiting his or her turn	0	1	2	3
18. Interrupts or intrudes in on others' conversations and/or activities	0	1	2	3
19. Argues with adults	0	1	2	3
20. Loses temper	0	1	2	3
21. Actively defies or refuses to go along with adults' requests or rules	0	1	2	3
22. Deliberately annoys people	0	1	2	3
23. Blames others for his or her mistakes or misbehaviors	0	1	2	3
24. Is touchy or easily annoyed by others	0	1	2	3
25. Is angry or resentful	0	1	2	3
26. Is spiteful and wants to get even	0	1	2	3
27. Bullies, threatens, or intimidates others	0	1	2	3
28. Starts physical fights	0	1	2	3
29. Lies to get out of trouble or to avoid obligations (ie, "cons" others)	0	1	2	3
30. Is truant from school (skips school) without permission	0	1	2	3
31. Is physically cruel to people	0	1	2	3
32. Has stolen things that have value	0	1	2	3

Symptoms (continued)					
Never		Occasionally	Often	Very Often	
33. Deliberately destroys others' property	0	1	2	3	
34. Has used a weapon that can cause serious harm (bat, knife, brick, gun)	0	1	2	3	
35. Is physically cruel to animals	0	1	2	3	
36. Has deliberately set fires to cause damage	0	1	2	3	
37. Has broken into someone else's home, business, or car	0	1	2	3	
38. Has stayed out at night without permission	0	1	2	3	
39. Has run away from home overnight	0	1	2	3	
40. Has forced someone into sexual activity	0	1	2	3	
41. Is fearful, anxious, or worried	0	1	2	3	
42. Is afraid to try new things for fear of making mistakes	0	1	2	3	
43. Feels worthless or inferior	0	1	2	3	
44. Blames self for problems, feels guilty	0	1	2	3	
45. Feels lonely, unwanted, or unloved; complains that "no one loves him or her"	0	1	2	3	
46. Is sad, unhappy, or depressed	0	1	2	3	
47. Is self-conscious or easily embarrassed	0	1	2	3	

Performance	Excellent	Somewhat			
		Above Average	Average	of a Problem	Problematic
48. Overall school performance	1	2	3	4	5
49. Reading	1	2	3	4	5
50. Writing	1	2	3	4	5
51. Mathematics	1	2	3	4	5
52. Relationship with parents	1	2	3	4	5
53. Relationship with siblings	1	2	3	4	5
54. Relationship with peers	1	2	3	4	5
55. Participation in organized activities (eg, teams)	1	2	3	4	5

Copyright ©2002 American Academy of Pediatrics and National Initiative for Children's Healthcare Quality Adapted from the Vanderbilt Rating Scales developed by Mark L. Wolraich, MD.

## **Review of systems:**

**Please circle any of the following symptoms your child has experienced in the last week:**

General: Fever, chills, weight gain, weight loss, appetite change, fatigue, heat intolerance, cold intolerance, hot flashes

Skin: Itching, rash, color change, change in hair or nails, breast lump

Eyes: Watery eyes, blurry vision, vision changes

Ears, nose and throat: sneezing, runny nose, hearing changes, sore throat, voice change, change in smell, neck swelling.

Heart and lungs: Shortness of breath, cough, wheeze, Chest pain, leg swelling, fainting

Digestive system: Indigestion, heartburn, nausea, vomiting, diarrhea, constipation, blood in stool, abdominal pain

Urinary function: urinary frequency, urinary urgency, pain with urination, incontinence, urinary retention

Muscles and bones: Muscle aches/pains, back pain, weakness, broken bones

Brain and nerves: Headaches, seizures, shaking, problems walking, numbness, weakness, tingling

Blood: Easy bleeding, easy bruising, pale