

MARTIN L. KUTSCHER, M.D. PLLC  
Pediatric Behavioral Neurology

Main office:  
800 Westchester Ave., Suite N641  
Rye Brook, New York 10573

Phone: (914) 232-1810  
Fax: (914) 455-4727  
www.KidsBehavioralNeurology.com

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Child's Name _____	Today's Date _____
Birth Date _____	Mother's Name _____
Address _____	Mother's occupation _____
City _____ State _____ Zip _____	Mother's work or cell (____) _____
Home Phone (____) _____	Father's Name _____
Referral Source _____	Father's occupation _____
Referral Phone (____) _____	Father's work or cell (____) _____

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**Please briefly describe the reason for this consultation:**

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**Birth History**

Birth weight \_\_\_\_\_ Length of pregnancy \_\_\_\_\_

Type of birth (regular \_\_\_\_ C/section \_\_\_\_) Length of hospital stay \_\_\_\_\_

Complications during pregnancy, labor, or delivery:

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**Please enter age of Developmental Milestones**

<b>Motor</b>	<b>Speech/Language</b>
Rolled over _____	First words (give age) _____
Sat alone _____	Pointed to body parts _____
Walked alone _____	Two word combinations _____
Age of hand preference _____	Used sentences _____
Rode tricycle _____	
Coordination problems (specify):	Articulation problems?
	Comprehension problems?
Handwriting problems (specify):	Socialization problems?

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### Medical History

Medications:

Allergies:

Hospitalizations/Operations/Injuries:

Past medical problems:

Any problems with

Headaches  Seizures  Tics  Ears or hearing  Eyes or vision  Heart  
such as murmur or fainting  Lungs such as asthma  Abdomen such as diarrhea  
 Kidneys such as urinary infections  Bones such as joint pain  Skin such as  
rash  Muscles such as muscle pain  Endocrine such as diabetes  Hematologic  
such as anemia  Growth such as short stature *Specify:*

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### Family History

Neurological or speech problems in the family:

Psychiatric, attention, bipolar, learning or behavioral problems in the family:

Significant cardiac, unexplained sudden death, or other medical problems in the family:

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### Social History

Does your child have appropriate friendships?

Any social problems?

Any indication of substance abuse?

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### Notice of Privacy Practices

I, \_\_\_\_\_, acknowledge that I have received the Notice of Privacy Practices.

Signature \_\_\_\_\_ Relationship to patient \_\_\_\_\_

Reviewed:

\_\_\_\_\_



## ADHD RATING SCALE-IV: HOME VERSION

Child's name \_\_\_\_\_ Sex: M F Age \_\_\_\_\_ Grade \_\_\_\_\_  
 Completed by: Mother \_\_\_\_\_ Father \_\_\_\_\_ Guardian \_\_\_\_\_ Grandparent \_\_\_\_\_

**Circle the number that *best describes* your child's home behavior over the past 6 months.**

	Never or rarely	Sometimes	Often	Very often
1. Fails to give close attention to details or makes careless mistakes in schoolwork.	0	1	2	3
2. Fidgets with hands or feet or squirms in seat.	0	1	2	3
3. Has difficulty sustaining attention in tasks or play activities.	0	1	2	3
4. Leaves seat in classroom or in other situations in which remaining seated is expected.	0	1	2	3
5. Does not seem to listen when spoken to directly.	0	1	2	3
6. Runs about or climbs excessively in situations in which it is inappropriate.	0	1	2	3
7. Does not follow through on instructions and fails to finish work.	0	1	2	3
8. Has difficulty playing or engaging in leisure activities quietly.	0	1	2	3
9. Has difficulty organizing tasks and activities.	0	1	2	3
10. Is "on the go" or acts as if "driven by a motor."	0	1	2	3
11. Avoids tasks (e.g., schoolwork, homework) that require sustained mental effort.	0	1	2	3
12. Talks excessively.	0	1	2	3
13. Loses things necessary for tasks or activities.	0	1	2	3
14. Blurts out answers before questions have been completed.	0	1	2	3
15. Is easily distracted.	0	1	2	3
16. Has difficulty awaiting turn.	0	1	2	3
17. Is forgetful in daily activities.	0	1	2	3
18. Interrupts or intrudes on others.	0	1	2	3

From *ADHD Rating Scale-IV: Checklists, Norms, and Clinical Interpretation* by George J. DuPaul, Thomas J. Power, Arthur D. Anastopoulos, and Robert Reid. Copyright 1998 by the authors. Permission to photocopy this scale is granted to purchasers of *ADHD Rating Scale-IV* for personal use only (see copyright page for details). ADHD criteria are adapted by permission from DSM-IV. Copyright 1994 by the American Psychiatric Association.

**FOR DOCTOR'S USE ONLY**

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Reporter: \_\_\_\_\_ Date: \_\_\_\_\_

Diagnoses:	Medications/Dose:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**ChIEF Scoring**

(a-m) \_\_\_\_\_

(n-v) \_\_\_\_\_

(w) \_\_\_\_\_

Total \_\_\_\_\_

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**ADHD RS Scoring**

HI raw score \_\_\_\_\_ IA raw score \_\_\_\_\_ Total raw score \_\_\_\_\_

HI % \_\_\_\_\_ IA % \_\_\_\_\_ Total % \_\_\_\_\_