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Pediatric Behavioral Neurology

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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 (____) _____

Please briefly describe the reason for this consultation:

Birth History

Birth weight _____ Length of pregnancy _____

Type of birth (regular ____ C/section ____) Length of hospital stay _____

Complications during pregnancy, labor, or delivery:

Please enter age of Developmental Milestones

Motor	Speech/Language
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?

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:*

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:

Social History

Does your child have appropriate friendships?

Any social problems?

Any indication of substance abuse?

Notice of Privacy Practices

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

Signature _____ Relationship to patient _____

Reviewed:

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 _____

ADHD RS Scoring

HI raw score _____ IA raw score _____ Total raw score _____

HI % _____ IA % _____ Total % _____