

Lisa Sachdev, D.O.

ADD/ADHD Patient Intake Form

Patients age 18 years or older

Please fill out this questionnaire and submit it to our office prior to your appointment. You must be completely honest in providing this information, any degree of dishonesty may result in termination of the physician-patient relationship. We monitor our patient's Texas Prescription Monitoring Program (PMP) report on a regular basis. We also perform random drug screens and conduct criminal background checks as necessary for safe and responsible medication management.

Do not assume that information you disclose will disqualify you from receiving treatment, Dr. Sachdev weighs the risk versus benefit of treatment options for each patient individually.

PATIENT IDENTIFICATION

Name: _____ Date of Birth: _____

Age: _____ Sex: _____ Today's Date: _____

Current Marital Status-

Single (never married), Engaged, Married (____ # of times), Living with a significant other,
 Separated, Divorced (____ # of times), Other (explain- _____)

Members of your household include-

_____ R

REFERRAL SOURCE - How did you find out about our clinic?

Referred by a friend, family member or co-worker _____

Referred by a physician or mental health professional _____

Found the clinic via an Internet search for ADHD evaluation and management

Other: (please explain) _____

What are your goals in seeking this consultation? What do you hope to gain?

YOUR FAMILY HISTORY

Natural Mother's History- Age: _____ Employed as: _____

School- highest grade completed: _____

Learning problems (specify): _____

Marriages: _____

Has mother ever sought psychiatric treatment? Yes _____ No _____

If yes, for what purpose? _____

Mother's alcohol/drug use history: _____

Natural Father's History- Age: _____ Employed as: _____

School- highest grade completed: _____

Learning problems (specify): _____

Marriages: _____

Has father ever sought psychiatric treatment? Yes _____ No _____

If yes, for what purpose? _____

Father's alcohol/drug use history: _____

Your Siblings- Please list their names, ages, academic and/or employment success or problems, and any history of substance abuse or criminal activity.

Your Children – Please list their names, ages, academic, behavioral, emotional or developmental problems: _____

YOUR EDUCATIONAL HISTORY

Last grade completed: _____ Last school attended: _____

Average grades received: _____

Any behavior problems in school? _____

Elementary, Intermediate and High School: (please check all that apply)

- _____ Special education classes
- _____ Resource classes
- _____ Tutoring provided by the school
- _____ Repeated a grade level: level(s) repeated: _____ voluntary _____ mandated _____
- _____ Attended summer school: number of summers attended _____
- _____ Advanced placement (tested out of classes or a grade level)
- _____ Pre-AP or AP classes
- _____ Dual credit classes (received both high school and college credits)
- _____ Gifted and talented classes or curriculum
- _____ Alternative school or curriculum
- _____ Charter school attendance
- _____ Private school attendance
- _____ Homeschool attendance

High School: Received diploma: _____ Received GED: _____ Dropped out in the _____ grade

College: # of years attended: _____ Field of study: _____

(highest degree earned)

_____ Technical certificate

_____ Associate's degree

_____ Bachelor's degree

_____ Master's degree

_____ Doctorate degree

_____ Other degree (details) _____

YOUR EMPLOYMENT HISTORY

Your current employment status is best described as: (check any that apply)

___ working part-time ___ working full time ___ temporary employment

___ retired ___ seeking employment ___ working more than one job

___ homemaker ___ disabled ___ recently hired

___ recently promoted ___ recently terminated ___ recently reprimanded

Name of your current employer: _____

Job title: _____ When hired: (month/year): _____

Please explain your work schedule: (days, nights, shift work, weekends, on-call, hours, etc.)

Please list any recent changes in your work responsibilities or environment:

Military History: _____

Legal History: Have you ever been arrested or charged with a criminal offense? If yes, please explain _____

CURRENT LIFE STRESSERS

Is there anything that is or has recently been stressful for you? Examples include job changes, school, finances, children or siblings, marriages, separations, divorces, death, traumatic events, losses, abuse, legal problems, physical ailments, etc.)

ALCOHOL AND DRUG USE HISTORY –

Please list age started and types of substances used through the years and any current usage.

Also, describe how each of the substances made you feel; what benefit you got from them.

These include alcohol (hard liquor, beer, wine), marijuana or hash, prescription tranquilizers or sleeping pills, inhalants (glue, gasoline, cleaning fluids, etc), cocaine or crack, amphetamines, crank or ice, steroids, opiates (heroin, codeine, morphine or other pain killers), barbiturates, hallucinating drugs (LSD, mescaline, mushrooms), PCP, etc.

Caffeine use per day (caffeine is in coffee, tea, sodas, energy drinks, chocolate, etc.)

Nicotine use per day, past and present (nicotine is in cigarettes, cigars, tobacco chew, etc.)

PAST MEDICAL HISTORY: (please mark each item)

Medical condition or symptom	Does not apply	Currently	Previously	Family History
Attention deficit disorder (ADD or ADHD)				
Seasonal allergies				
Asthma				
Eczema				
Gastrointestinal problem				
Food intolerance or allergy				
Seizures/convulsions/epilepsy				
Heart problems				
Restless legs symptoms (RLS)				
Recurrent headaches				
Thyroid disorder				
Sleep apnea				
Insomnia				
Vitamin deficiency				
Premenstrual Syndrome (PMS)				
Menopausal symptoms				
Irregular menstrual cycle				
Testosterone deficiency				
Dyslexia				
Vision problems				
Hearing problems				
Anxiety				
Bipolar disorder				
Anger disorder				
Oppositional defiant disorder				
Schizophrenia				

ADULT RATING SCALE 2

Below is a list of behaviors or problems that some people have. To the right of each item indicate, in your opinion, how much of a problem each one is for you **WITHOUT medication** for ADD or ADHD management. *Please be sure to provide an answer to each question.*

	Not at all	Just a little	Pretty Much	Very Much
1. Physical restlessness, excessive fidgeting				
2. Difficulty concentrating				
3. Easily distracted				
4. Impatient				
5. "Hot" or explosive temper				
6. Unpredictable behavior				
7. Shifts often from on uncompleted task to another				
8. Difficulty completing tasks				
9. Impulsive				
10. Talks excessively				
11. Often interrupts others				
12. Often loses things				
13. Forgets to do things				
14. Engages in physically daring activities, reckless				
15. Always on the go, difficulty sitting still				
16. Does not appear to listen to others when spoken to				
17. Difficulty sustaining attention				
18. Difficulty doing things alone				
19. Frequently gets into trouble with the law				
20. Difficulty delaying gratification				
21. Lack of organization skills				
22. Inconsistent work/school performance				
23. Inability to establish and maintain a routine				
24. Performing below level of competence in work/school				
25. Over excitability				

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THANK YOU FOR COMPLETING THIS PAPERWORK