



Concord Children's Clinic  
 1040 Vinehaven Drive NE, Concord NC 28025  
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 www.ConcordChildrensClinic.com

## ADD/ADHD Initial Patient Information Form

\_\_\_\_\_  
 Name of Patient

\_\_\_\_\_  
 Date of Birth

\_\_\_\_\_  
 Evaluation Date

Parent concern(s)			
Current living arrangements			
Behavior at home			
Peer relations / Social skills			
Activities & Involvements			
Current School Name			
Current Grade			Repeated Grades
Performance at school	At Grade Level	Below Grade Level	Above Grade Level
Contact at School (name)			Counselor
Special classes			
Current academic process			
Previous testing & evaluation			
Management strategies for current problems			

### FAMILY HISTORY

Yes	No		Yes	No	
		Cardiac Arrhythmia			Cardiomyopathies
		Long or short QT syndrome			Abnormal rhythm problems
		Syncope requiring resuscitation			Marfan Syndrome
		Learning disability			Depression
		Alcoholism			ADHD
		Bipolar			Heart attack of a family member under 35 yrs. of age
		Sudden or unexplained death of young family member			Other mental problems

### PATIENT HISTORY

Yes	No		Yes	No	
		History of fainting or dizziness with exercise			Seizures
		Chest pain for shortness of breath with exercise			Rheumatic fever
		Palpitation or irregular heartbeat			TIC disorder
		History of high blood pressure			Sleep problems
		History of trauma			History of heart problems

\_\_\_\_\_  
 (Name – Responsible Party)

\_\_\_\_\_  
 (Signature)

\_\_\_\_\_  
 (Relationship to Patient)