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Attention deficit and learning problems can be difficult to diagnose. Inattentiveness, impulsivity, and hyperactivity are common symptoms in a number of conditions including sleep disorders, anxiety, depression and learning disabilities. To make an accurate assessment, we will ask for information from you and your child's teacher(s). Any additional information from therapists, day care providers or after-school activities is also welcome.

Enclosed in this packet is a parent and teacher copy of the Vanderbilt Assessment Scale, a standard tool for assessing ADHD symptoms. We also ask the school to share results of any prior evaluations of your child. Please sign the Authorization to Release of Information included. For you, the history assessment tool and family history help screen for other conditions which may occur with ADD/ADHD or cause similar symptoms. Depending on results, you may be sent a few more sets of questions as follow up.

Checklist for Documents to be Returned to our Office:

Parent: Complete these documents through the portal:

- ☐ History Assessment Tool
- ☐ NICHQ Vanderbilt Assessment Scale: Parent
- ☐ Patient Authorization to Release Health Information

Teacher:

Option #1: Print out forms from the portal. Ask teacher(s) to complete and return forms via mail or fax – # 585-426-3701

Option #2 Email the PDF folder from the portal to the teacher. The teacher can fill out the forms and return them to you by email. This file can then be sent back to us through the portal.

- ☐ Physician's request for information
- ☐ NICHQ Vanderbilt Assessment Scale: Teacher

Once we receive all the completed forms requested above, we will review the information and contact you to schedule an appointment to share the results and discuss treatment options. If you have not heard from us within 1 week of returning your child's information, please call our office.

Helpful Resources:

Understood.org

ADDitudemag.com – online magazine, podcast

Starbridgeinc.org/resources/documents-links#education – A local organization that gives assistance with advocacy in school, help with IEPs, specific support for parents, information about how to prepare for school meetings

Kidsthive585.org – behavioral health resources and other supports

Childmind.org – mental health resources



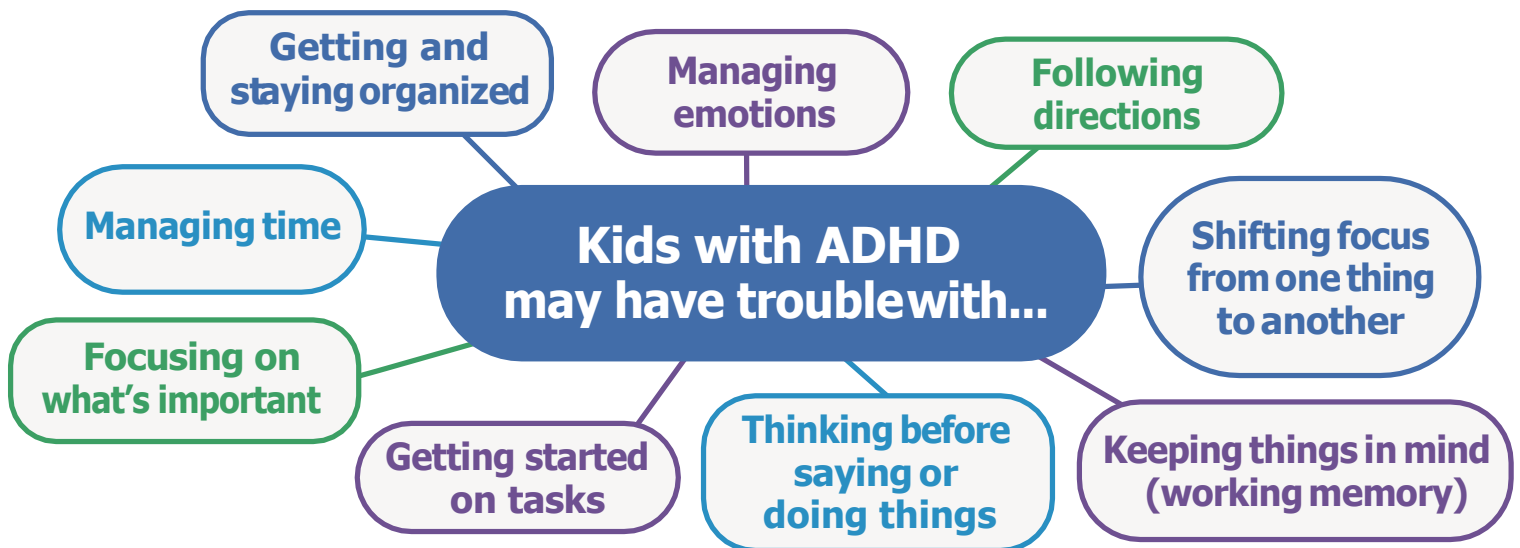
ADHD Fact Sheet

ADHD is...

- ✓ **An abbreviation** for attention-deficit hyperactivity disorder. It's also the official name for what is sometimes referred to as attention-deficit disorder (ADD).
- ✓ **A common disorder** that can impact focus, impulse control and emotional responses.
- ✓ **Often diagnosed in childhood** but sometimes not until the teen years or later.

ADHD is *not*...

- ✗ **All about hyperactivity.** Kids with the inattentive type of ADHD may appear "daydreamy" or off in their own world.
- ✗ **A problem of laziness.** ADHD is caused by differences in brain anatomy and wiring.
- ✗ **Something most kids totally outgrow.** Many kids diagnosed with ADHD have symptoms that persist into adulthood.



Ways to help kids with ADHD



Behavior therapy can help kids get organized and replace negative behaviors with positive ones.



ADHD medication can reduce ADHD symptoms, but only when the medication is active in the body.



Classroom accommodations, like taking movement breaks and getting extended time on tests, can help with things like staying seated and finishing tasks.

Success stories



Will.i.am,
Grammy-winning
singer and producer



Lisa Ling,
Award-winning TV
journalist



David Neeleman,
Founder of JetBlue
Airways



GENESIS PEDIATRICS, LLC
History Assessment Tool

CHILD'S NAME: _____ DOB: _____

YOUR NAME: _____ DATE: _____

What is the focus of your concern?

How does this health or behavior issue affect your child's home or school life?

How does your child view this concern?

What efforts have been made to improve their situation?

Medical History (NS=Not sure)

1. How would you describe your child's health?
Very good ____ Good ____ Fair ____ Poor ____ Very poor ____
2. Any concerns with your child's hearing or vision? No ____ Yes ____
3. How is your child's gross motor coordination? Good ____ Fair ____ Poor ____
4. How is your child's fine motor coordination? Good ____ Fair ____ Poor ____
5. How is your child's speech? Good ____ Fair ____ Poor ____
6. Has your child ever been evaluated for a developmental delay or participated in Physical Therapy, Occupational Therapy or Speech Therapy? No ____ Yes ____
7. Is there any history of physical/sexual abuse? No ____ Yes ____ Not sure ____
8. Does your child have any problems sleeping?
None ____ Difficulty falling asleep ____
Sleep continuity disturbance ____ Early morning awakening ____
9. Is your child a restless sleeper? No ____ Yes ____ Not Sure ____
10. Are you concerned that your child snores or hold their breath for a few seconds while they are sleeping (greater than 3 days per week? No ____ Yes ____
11. Does your child fall asleep easily during the day? No ____ Yes ____

Treatment History

12. Has your child ever been prescribed any of the following: (Duration in months)

Medication for attention	Medication for sleep	Other medications
Name: _____	Name: _____	Name: _____
Duration of use ____	Duration of use ____	Duration of use ____
13. Has your child ever had any of the following forms of psychological treatment? If so, how long did it last?

Individual psychotherapy	Duration of therapy
Group psychotherapy	Duration of therapy
Family therapy with child	Duration of therapy
Inpatient evaluation/treatment	Duration of inpatient stay

School History

14. Please summarize the child's progress (e.g. academic, social, testing) within each of these grade levels:

Preschool

Kindergarten

Grades 1 thru 3

Grades 4 thru 6

Grades 7 thru 12

15. Has your child ever been in any type of special education program? If so, how long?

Learning disabilities class	_____	Duration of placement	_____
Behavioral/emotional disorders class	_____	Duration of placement	_____
Resource room	_____	Duration of placement	_____
Speech & language therapy	_____	Duration of placement	_____
Other (specify) _____		Duration of placement	_____

16. Has your child ever been:

Suspended from school	_____	Number of suspensions	_____
Expelled from school	_____	Number of expulsions	_____
Retained in grade	_____	Number of retentions	_____

17. Have any additional instructional modifications been attempted?

None	_____	Behavioral modification program	_____
Daily/weekly report card	_____	Other (specify)	_____

Social History

18. How does your child get along with their siblings?

Doesn't have any	_____	Better than average	_____
Average	_____	Worse than average	_____

19. How easily does your child make friends?

Easier than average	_____	Average	_____
Worse than average	_____	Not sure	_____

Current Behavioral Concerns

20. On the average, what percentage of the time does your child comply with initial commands?

0 – 20% _____ 20 – 40% _____ 40 – 60% _____ 60 – 80% _____ 80 – 100% _____

21. On the average, what percentage of the time does your child eventually comply with commands?

0 – 20% _____ 20 – 40% _____ 40 – 60% _____ 60 – 80% _____ 80 – 100% _____

22. To what extent are caregivers consistent with respect to disciplinary strategies?

Most of the time _____ Some of the time _____ None of the time _____

23. Have any of the following stress events occurred within the past 12 months?

Parents divorced or separated	_____	Family accident or illness	_____
Death in family	_____	Parent changed job	_____
Changed school	_____	Family moved	_____
Family financial problems	_____	Other (specify)	_____

FAMILY HISTORY	Child's Father	Child's Mother	Child's Siblings			
			Brother	Brother	Sister	Sister
Date of birth						
School level completed						
Problems with aggressiveness, defiance, & oppositional behavior as a child						
Problems with attention, activity, & impulse control as a child						
Learning disabilities						
Failed to graduate from high school						
Mental retardation						
Psychosis or schizophrenia						
Depression for greater than 2 weeks						
Anxiety disorder that impaired adjustment						
Tic or Tourette's						
Alcohol abuse						
Substance abuse						
Antisocial behavior (assault, thefts, etc.)						
Arrests						
Physical abuse						
Sexual abuse						

0 = Negative; 1 = Positive

*Adapted from material by Russell A. Barkley Ph.D.

END OF QUESTIONNAIRE

Genesis Pediatrics, LLC
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Patient Authorization to Release Protected Health Information

This authorization permits (School's Name) _____
personnel to use or disclose to Genesis Pediatrics written and verbal educational information
pertaining to (Child's Name) _____, DOB _____.

This protected health information is being used or disclosed for the following purpose of
completing a comprehensive assessment of the child.

This authorization shall be in force for _____ months from the date signed below.

When information is used or disclosed pursuant to this authorization, the recipient will be
protected by the federal HIPAA Privacy Rule.

I have the right to revoke this authorization in writing except to the extent that you have acted in
reliance upon this authorization.

Signed by: _____
Signature of Patient or Parent/Legal Guardian

Print Name of Patient or Parent/Legal Guardian

Patient's Name

Relationship to Patient

Date

PARENT TOOLS



ADHD



Behavioral Intervention Resources for Parents

Programs That Teach You Skills to Support Your Child

As a parent, you can learn to be more confident and consistent in your interactions with your child. This can help your child with a personal understanding of—and strategies for managing—his or her behaviors, at home and beyond. Here are some evidence-based parent training programs that have been shown to be effective.

- Children and Adults with Attention-Deficit/Hyperactivity Disorder (CHADD) is an organization dedicated to improving the lives of people with ADHD. The CHADD Parent to Parent training program (<https://chadd.org/parent-to-parent>) is designed by parents for parents to give you an understanding of ADHD as well as strategies to improve life at home and at school. Go to www.chadd.org, select “Understanding ADHD,” and click “For Parents & Caregivers.”
- Parent-Child Interaction Therapy uses “coaching” sessions with a certified therapist. You and your child interact with each other in a playroom, while the therapist watches from an observation room (where your child can’t see the therapist). You wear an ear device through which you can hear the therapist’s voice, and the therapist provides real-time coaching as you work on skills you are learning to manage your child’s behavior. Go to www.pcit.org and click “For Parents.”
- The Incredible Years programs are conducted in group settings such as preschools. The programs focus on “strengthening parent-child interactions, nurturing relationships, reducing harsh discipline, and fostering parents’ ability to promote children’s social, emotional, and language development.” There are also programs for parents of preschool and school-aged children to teach school readiness. Go to www.incredibleyears.com/programs/parent.
- The Triple P—Positive Parenting Program helps parents “develop skills, strategies and confidence to handle any parenting situation.” The program offers courses that you can take online, and there is also a “Find a Provider” search feature that shows you where you can take live classes in your area. Go to www.triplep-parenting.com.
- The New Forest Parenting Programme was developed in the United Kingdom and has been implemented there and in the United States. In a series of 8 sessions, about an hour to an hour and a half long, a trainer—a family support worker, psychologist, health visitor, or nurse—makes visits to your home. The trainer identifies symptoms and signs of ADHD and shows you strategies for managing your child’s behavior and attention difficulties. Some of these strategies are taught through games. Go to <https://guidebook.eif.org.uk/programmes/the-new-forest-parenting-programme>.

Behavioral Intervention Resources for Parents



Resources to Help You Learn More

Learning more about how ADHD can affect your child's behavior can prepare you to seek behavioral interventions that work for your family. Here are some free resources in which you can find more information.

- “**Understanding ADHD: Information for Parents**” is a resource on the American Academy of Pediatrics HealthyChildren.org website. It includes information on treatment and target outcomes, common medications and therapies, and how schools can help children with ADHD.
- The Centers for Disease Control and Prevention hosts a website with extensive information on ADHD. To learn more about treatments, including behavior therapy, go to www.cdc.gov/ncbddd/adhd and click “Treatment.”
- **Understood.org** features resources written and reviewed by a community of experts. It offers a personalized experience—you can click on the specific areas in which your child needs help and get recommendations just for you and your child.

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The recommendations in this resource do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate. Original resource included as part of *Caring for Children With ADHD: A Practical Resource Toolkit for Clinicians*, 3rd Edition.

Inclusion in this resource does not imply an endorsement by the American Academy of Pediatrics (AAP). The AAP is not responsible for the content of the resources mentioned in this resource. Website addresses are as current as possible but may change at any time.

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CLINICIAN TOOLS



ADHD



Vanderbilt Assessment Scale: ADHD Toolkit Parent-Informant Form

Child's name: _____ Parent's name: _____

Date: _____ DOB: _____ Age: _____

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.

This evaluation is based on a time when your child: ☐ Was on medication ☐ Was not on medication ☐ Not sure

Behavior	Never (0)	Occasionally (1)	Often (2)	Very Often (3)
1. Does not pay attention to details or makes mistakes that seem careless with, for example, homework				
2. Has difficulty keeping attention on what needs to be done				
3. Does not seem to listen when spoken to directly				
4. Does not follow through on instructions and does not finish activities (not because of refusal or lack of comprehension)				
5. Has difficulty organizing tasks and activities				
6. Avoids, dislikes, or does not want to start tasks that require ongoing mental effort				
7. Loses things necessary for tasks or activities (eg, toys, assignments, pencils, books)				
8. Is easily distracted by noises or other stimuli				
9. Is forgetful in daily activities				

For Office
Use Only
2s & 3s ____/9

10. Fidgets with or taps hands or feet or squirms in seat				
11. Leaves seat when remaining seated is expected				
12. Runs about or climbs too much when remaining seated is expected				
13. Has difficulty playing or beginning quiet play games				
14. Is on the go or often acts as if "driven by a motor"				
15. Talks too much				
16. Blurts out answers before questions have been completed				
17. Has difficulty waiting his or her turn				
18. Interrupts or intrudes into others' conversations or activities or both				

For Office
Use Only
2s & 3s ____/9

Vanderbilt Assessment Scale: ADHD Toolkit Parent-Informant Form



Child's name: _____ Today's date: _____

Behavior	Never (0)	Occasionally (1)	Often (2)	Very Often (3)
19. Loses temper				
20. Is touchy or easily annoyed				
21. Is angry or resentful				
22. Argues with authority figures or adults				
23. Actively defies or refuses to adhere to requests or rules				
24. Deliberately annoys people				
25. Blames others for his or her mistakes or misbehaviors				
26. Is spiteful and wants to get even				
<div>For Office Use Only</div> <div>2s & 3s ____ / 8</div>				
27. Bullies, threatens, or intimidates others				
28. Starts physical fights				
29. Has used a weapon that can cause serious harm (eg, bat, knife, brick, gun)				
30. Has been physically cruel to people				
31. Has been physically cruel to animals				
32. Has stolen while confronting the person				
33. Has forced someone into sexual activity				
34. Has deliberately set fires to cause damage				
35. Deliberately destroys others' property				
36. Has broken into someone else's home, business, or car				
37. Lies to get out of trouble, to obtain goods or favors, or to avoid obligations (ie, cons others)				
38. Has stolen items of value				
39. Has stayed out at night without permission beginning before age 13				
40. Has run away from home twice or once for an extended period				
41. Is often truant from school (skips school)				
<div>For Office Use Only</div> <div>2s & 3s ____ / 15</div>				
42. Is fearful, anxious, or worried				
43. Is afraid to try new things for fear of making mistakes				
44. Feels worthless or inferior				
45. Blames self for problems or feels guilty				
46. Feels lonely, unwanted, or unloved; often says that no one loves him or her				
47. Is sad, unhappy, or depressed				
48. Is self-conscious or easily embarrassed				
<div>For Office Use Only</div> <div>2s & 3s ____ / 7</div>				

Vanderbilt Assessment Scale: ADHD Toolkit Parent-Informant Form



Child's name: _____ Today's date: _____

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

For Office Use Only
 4s ____ / 8

For Office Use Only
 5s ____ / 8

How old was your child when you first noticed the behaviors?

Tic behaviors: To the best of your knowledge, please indicate if your child displays the following behaviors:

1. Motor tics: Rapid, repetitive movements such as eye blinking, grimacing, nose twitching, head jerks, shoulder shrugs, arm jerks, body jerks, and rapid kicks.

- ☐ No tics present.
- ☐ Yes, they occur nearly every day but go unnoticed by most people.
- ☐ Yes, noticeable tics occur nearly every day.

2. Phonic (vocal) tics: Repetitive noises including, but not limited to, throat clearing, coughing, whistling, sniffing, snorting, screeching, barking, grunting, and repetition of words or short phrases.

- ☐ No tics present.
- ☐ Yes, they occur nearly every day but go unnoticed by most people.
- ☐ Yes, noticeable tics occur nearly every day.

3. If YES to 1 or 2, do these tics interfere with your child's activities (eg, reading, writing, walking, talking, eating)?

- ☐ No ☐ Yes

Vanderbilt Assessment Scale: *ADHD Toolkit* Parent-Informant Form



Child's name: _____ Today's date: _____

Previous diagnosis and treatment: Please answer the following questions to the best of your knowledge:

1. Has your child been diagnosed as having ADHD or ADD?
☐ No ☐ Yes
2. Is he or she on medication for ADHD or ADD?
☐ No ☐ Yes
3. Has your child been diagnosed as having a tic disorder or Tourette syndrome?
☐ No ☐ Yes
4. Is he or she on medication for a tic disorder or Tourette disorder?
☐ No ☐ Yes

Adapted from the Vanderbilt rating scales developed by Mark L. Wolraich, MD.

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Total number of questions scored 2 or 3 in questions 1–9: _____

Total number of questions scored 2 or 3 in questions 10–18: _____

Total number of questions scored 2 or 3 in questions 19–26: _____

Total number of questions scored 2 or 3 in questions 27–41: _____

Total number of questions scored 2 or 3 in questions 42–48: _____

Total number of questions scored 4 in questions 49–56: _____

Total number of questions scored 5 in questions 49–56: _____

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