

Genesis Pediatrics, LLC
900 Elmgrove Road
Rochester, NY 14624
Phone: (585) 426-4100
Fax: (585) 426-3701



**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

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Physician's Request for Information

Student Name _____ **Date of Birth** _____

If the following requested information has been compiled on an evaluation form, that form may be sent in lieu of completing this form. Otherwise, please complete and return this form along with requested information to:

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A description by the student's teacher or other school personnel of any problem related to academic progress or classroom behavior:

Description of current classroom setting (type of class, teacher:pupil ratio, etc.)

Describe any additional resources provided?

Continued on back

School team/CSE evaluations planned for this student? If completed, please send a copy of the report.

Academic achievement test results.

Has psychological testing been planned for this student? If completed, please send a copy of the report.

Teacher description of classroom behavior.

Current school interventions.

Any other information that the school may believe to be helpful.



Vanderbilt Assessment Scale: ADHD Toolkit Teacher-Informant Form

Child's name: _____ Teacher's name: _____

Today's date: _____ School: _____ Gr: _____ Teacher's fax number: _____

Time of day you work with child: _____

Directions: Each rating should be considered in the context of what is appropriate for the age of the child you are rating and should reflect that child's behaviors of the school year. **Please indicate the number of weeks or months you have been able to evaluate the behaviors:** _____

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 give attention to details or makes mistakes that seem careless in schoolwork				
2. Has difficulty sustaining attention on tasks or activities				
3. Does not seem to listen when spoken to directly				
4. Does not follow through on instructions and does not finish schoolwork (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 sustained mental effort				
7. Loses things necessary for tasks or activities (eg, school assignments, pencils, books)				
8. Is easily distracted by extraneous stimuli				
9. Is forgetful in daily activities				

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2s & 3s ____/9

10. Fidgets with 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 games				
14. Is on the go or often acts as if "driven by a motor"				
15. Talks excessively				
16. Blurts out answers before questions have been completed				
17. Has difficulty waiting his or her turn				
18. Interrupts or intrudes on others' conversations or activities				

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2s & 3s ____/9

Vanderbilt Assessment Scale: ADHD Toolkit Teacher-Informant Form



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

Behavior	Never (0)	Occasionally (1)	Often (2)	Very Often (3)
19. Loses temper				
20. Actively defies or refuses to adhere to adult's requests or rules				
21. Is angry or resentful				
22. Is spiteful and vindictive				
23. Bullies, threatens, or intimidates others				
24. Initiates physical fights				
25. Lies to get out of trouble or to avoid obligations (ie, cons others)				
26. Is physically cruel to people				
27. Has stolen things of nontrivial value				
28. Deliberately destroys others' property				

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29. Is fearful, anxious, or worried				
30. Is self-conscious or easily embarrassed				
31. Is afraid to try new things for fear of making mistakes				
32. Feels worthless or inferior				
33. Blames self for problems or feels guilty				
34. Feels lonely, unwanted, or unloved; often says that no one loves him or her				
35. Is sad, unhappy, or depressed				

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2s & 3s ___/7

Academic and Social Performance	Excellent (1)	Above Average (2)	Average (3)	Somewhat of a Problem (4)	Problematic (5)
36. Reading					
37. Writing					
38. Mathematics					
39. Relationship with peers					
40. Following directions					
41. Disrupting class					
42. Assignment completion					
43. Organizational skills					

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4s ___/8

For Office Use Only
5s ___/8

Comments: