

## **ADD/ADHD PACKET - Initial Appointment**

### **CURRENT PATIENTS**

- Verify your insurance has mental health benefits coverage at Cottonwood Pediatrics;
- Fill out Parent Vanderbilt questionnaire;
- Ask two teachers to fill out Teacher Vanderbilt questionnaire;
- Return all Vanderbilt questionnaires to Cottonwood Pediatrics (mail or fax);
- Call to schedule an appointment.

Please note that both our practice and insurance require at least two medication appointments every year in order to continue the medication. When starting or adjusting a new medication, you may be required to call to give phone updates AND schedule additional follow-up appointments.

In addition, all Cottonwood Pediatrics patients are also required to have a separate yearly wellness check in our clinic. This allows us to have a thorough physical and comply with insurance requirements.

Please plan to schedule appointments in advance. Medication refills may take two business days or longer.

### **NEW PATIENTS**

- Verify your insurance has mental health benefits coverage at Cottonwood Pediatrics;
- Schedule a wellness check with your preferred provider or have your records transferred to our practice (including current wellness and medication checks);
- Fill out Parent Vanderbilt questionnaire;
- Ask two teachers to fill out Teacher Vanderbilt questionnaire;
- Return all Vanderbilt questionnaires to Cottonwood Pediatrics (mail or fax);
- Once records are received at Cottonwood Pediatrics, call to schedule an appointment.

Please note that both our practice and insurance require at least two medication appointments every year in order to continue the medication. When starting or adjusting a new medication, you may be required to call to give phone updates AND schedule additional follow-up appointments.

In addition, all Cottonwood Pediatrics patients are also required to have a separate yearly wellness check in our clinic. This allows us to have a thorough physical and comply with insurance requirements.

Please plan to schedule appointments in advance. Medication refills may take two business days or longer.



### **Cottonwood Pediatrics**

www.cottonwoodpeds.com  
700 Medical Center Dr, Ste 150  
Newton KS, 67114  
P: (316)283-7100  
F: (316)283-7118

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# NICHQ Vanderbilt Assessment Scale: Parent Informant

Parent #1

Today's Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Parent's Phone Number: \_\_\_\_\_

**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.**

**Is this evaluation based on a time when the child**

was on medication     was not on medication     not sure?

Symptoms	Never	Occasionally	Often	Very Often
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1. Does not pay attention to details or makes careless mistakes with, for example, homework				
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2. Has difficulty keeping attention to what needs to be done				
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3. Does not seem to listen when spoken to directly				
--	--	--	--	--

4. Does not follow through when given directions and fails to finish activities (not due to refusal or failure to understand)				
---	--	--	--	--

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 (toys, assignments, pencils, books)				
---	--	--	--	--

8. Is easily distracted by noises or other stimuli				
--	--	--	--	--

9. Is forgetful in daily activities				For Office Use Only _____/9
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10. Fidgets with hands or feet or squirms in seat				
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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 activities				
---	--	--	--	--

14. Is "on the go" or often acts as if "driven by a motor"				
--	--	--	--	--

15. Talks too much				
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16. Blurts out answers before questions have been completed				
---	--	--	--	--

17. Has difficulty waiting his or her turn				
--	--	--	--	--

18. Interrupts or intrudes in on others' conversations and/or activities				For Office Use Only _____/9
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Symptoms (continued)

Never Occasionally Often Very Often

- 19. Argues with adults
- 20. Loses temper
- 21. Actively defies or refuses to go along with adults' requests or rules
- 22. Deliberately annoys people
- 23. Blames others for his or her mistakes or misbehaviors
- 24. Is touchy or easily annoyed by others
- 25. Is angry or resentful
- 26. Is spiteful and wants to get even

Parent #1

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- 27. Bullies, threatens, or intimidates others
- 28. Starts physical fights
- 29. Lies to get out of trouble or to avoid obligations (ie, "cons" others)
- 30. Is truant from school (skips school) without permission
- 31. Is physically cruel to people
- 32. Has stolen things that have value
- 33. Deliberately destroys others' property
- 34. Has used a weapon that can cause serious harm (bat, knife, brick, gun)
- 35. Is physically cruel to animals
- 36. Has deliberately set fires to cause damage
- 37. Has broken into someone else's home, business, or car
- 38. Has stayed out at night without permission
- 39. Has run away from home overnight
- 40. Has forced someone into sexual activity

For Office Use Only /14

- 41. Is fearful, anxious, or worried
- 42. Is afraid to try new things for fear of making mistakes
- 43. Feels worthless or inferior
- 44. Blames self for problems, feels guilty
- 45. Feels lonely, unwanted, or unloved; complains that "no one loves him or her"
- 46. Is sad, unhappy, or depressed
- 47. Is self-conscious or easily embarrassed

For Office Use Only /7

<b>Performance</b>	<b>Excellent</b>	<b>Above Average</b>	<b>Average</b>	<b>Somewhat of a Problem</b>	<b>Problematic</b>
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- 48. Reading
- 49. Writing
- 50. Mathematics
- 51. Relationship with parents
- 52. Relationship with siblings
- 53. Relationship with peers
- 54. Participation in organized activities (eg, teams)

For Office Use Only 4s: /3

For Office Use Only 5s: /3

For Office Use Only 4s: /4

For Office Use Only 5s: /4



## Other Conditions

Parent #1

**Tic Behaviors:** To the best of your knowledge, please indicate if this 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, or 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, or 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 the child's activities (like reading, writing, walking, talking, or eating)?  No  Yes

**Previous Diagnosis and Treatment:** To the best of your knowledge, please answer the following questions:

- |  |                             |                              |
|--|-----------------------------|------------------------------|
| 1. Has your child been diagnosed with a tic disorder or Tourette syndrome? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 2. Is your child on medication for a tic disorder or Tourette syndrome?    | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 3. Has your child been diagnosed with depression?                          | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 4. Is your child on medication for depression?                             | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 5. Has your child been diagnosed with an anxiety disorder?                 | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 6. Is your child on medication for an anxiety disorder?                    | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 7. Has your child been diagnosed with a learning or language disorder?     | <input type="checkbox"/> No | <input type="checkbox"/> Yes |

**Comments:**

# NICHQ Vanderbilt Assessment Scale: Parent Informant

Parent #2

Today's Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Parent's Phone Number: \_\_\_\_\_

**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.**

**Is this evaluation based on a time when the child**

- was on medication     was not on medication     not sure?

Symptoms	Never	Occasionally	Often	Very Often
1. Does not pay attention to details or makes careless mistakes with, for example, homework				
2. Has difficulty keeping attention to what needs to be done				
3. Does not seem to listen when spoken to directly				
4. Does not follow through when given directions and fails to finish activities (not due to refusal or failure to understand)				
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 (toys, assignments, pencils, books)				
8. Is easily distracted by noises or other stimuli				
9. Is forgetful in daily activities				
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 play activities				
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 in on others' conversations and/or activities				

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\_\_\_\_\_/9

For Office Use Only  
\_\_\_\_\_/9



**Symptoms (continued)**

Never Occasionally Often Very Often

- 19. Argues with adults
- 20. Loses temper
- 21. Actively defies or refuses to go along with adults' requests or rules
- 22. Deliberately annoys people
- 23. Blames others for his or her mistakes or misbehaviors
- 24. Is touchy or easily annoyed by others
- 25. Is angry or resentful
- 26. Is spiteful and wants to get even

For Office Use Only  
/8

- 27. Bullies, threatens, or intimidates others
- 28. Starts physical fights
- 29. Lies to get out of trouble or to avoid obligations (ie, "cons" others)
- 30. Is truant from school (skips school) without permission
- 31. Is physically cruel to people
- 32. Has stolen things that have value
- 33. Deliberately destroys others' property
- 34. Has used a weapon that can cause serious harm (bat, knife, brick, gun)
- 35. Is physically cruel to animals
- 36. Has deliberately set fires to cause damage
- 37. Has broken into someone else's home, business, or car
- 38. Has stayed out at night without permission
- 39. Has run away from home overnight
- 40. Has forced someone into sexual activity

For Office Use Only  
/14

- 41. Is fearful, anxious, or worried
- 42. Is afraid to try new things for fear of making mistakes
- 43. Feels worthless or inferior
- 44. Blames self for problems, feels guilty
- 45. Feels lonely, unwanted, or unloved; complains that "no one loves him or her"
- 46. Is sad, unhappy, or depressed
- 47. Is self-conscious or easily embarrassed

For Office Use Only  
/7

<b>Performance</b>	<b>Excellent</b>	<b>Above Average</b>	<b>Average</b>	<b>Somewhat of a Problem</b>	<b>Problematic</b>
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- 48. Reading
- 49. Writing
- 50. Mathematics
- 51. Relationship with parents
- 52. Relationship with siblings
- 53. Relationship with peers
- 54. Participation in organized activities (eg, teams)

For Office Use Only  
4s: /3

For Office Use Only  
5s: /3

For Office Use Only  
4s: /4

For Office Use Only  
5s: /4



Parent #2

## Other Conditions

**Tic Behaviors:** To the best of your knowledge, please indicate if this 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, or 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, or 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 the child's activities (like reading, writing, walking, talking, or eating)?  No  Yes

**Previous Diagnosis and Treatment:** To the best of your knowledge, please answer the following questions:

- |  |                             |                              |
|--|-----------------------------|------------------------------|
| 1. Has your child been diagnosed with a tic disorder or Tourette syndrome? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 2. Is your child on medication for a tic disorder or Tourette syndrome?    | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 3. Has your child been diagnosed with depression?                          | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 4. Is your child on medication for depression?                             | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 5. Has your child been diagnosed with an anxiety disorder?                 | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 6. Is your child on medication for an anxiety disorder?                    | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 7. Has your child been diagnosed with a learning or language disorder?     | <input type="checkbox"/> No | <input type="checkbox"/> Yes |

**Comments:**

# NICHQ Vanderbilt Assessment Scale: Teacher Informant

Teacher #1

Child's Name: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_

Teacher's Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Class Time: \_\_\_\_\_

Class Name/Period: \_\_\_\_\_

Grade Level: \_\_\_\_\_

**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 behavior since the beginning of the school year. Please indicate the number of weeks or months you have been able to evaluate the behaviors: \_\_\_\_\_.

Symptoms	Never	Occasionally	Often	Very Often
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1.	Fails to give attention to details or makes careless mistakes in schoolwork			
----	---	--	--	--

2.	Has difficulty sustaining attention to tasks or activities			
----	--	--	--	--

3.	Does not seem to listen when spoken to directly			
----	---	--	--	--

4.	Does not follow through on instructions and fails to finish schoolwork (not due to oppositional behavior or failure to understand)			
----	--	--	--	--

5.	Has difficulty organizing tasks and activities			
----	--	--	--	--

6.	Avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort			
----	---	--	--	--

7.	Loses things necessary for tasks or activities (school assignments, pencils, books)			
----	---	--	--	--

8.	Is easily distracted by extraneous stimuli			
----	--	--	--	--

9.	Is forgetful in daily activities			
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10.	Fidgets with hands or feet or squirms in seat			
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11.	Leaves seat in classroom or in other situations in which remaining seated is expected			
-----	---	--	--	--

12.	Runs about or climbs excessively in situations in which remaining seated is expected			
-----	--	--	--	--

13.	Has difficulty playing or engaging in leisure activities quietly			
-----	--	--	--	--

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 in line			
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18.	Interrupts or intrudes in on others (eg, butts into conversations/games)			
-----	--	--	--	--

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\_\_\_\_\_/9



**Symptoms (continued)**

Never    Occasionally    Often    Very Often

**Teacher #1**

- 19. Loses temper
- 20. Activity defies or refuses to comply with adults' 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 obtain goods for favors or to avoid obligations (eg, "cons" others)
- 26. Is physically cruel to people
- 27. Has stolen items of nontrivial value
- 28. Deliberately destroys others' property
- 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; feels guilty
- 34. Feels lonely, unwanted, or unloved; complains that "no one loves him or her"
- 35. Is sad, unhappy, or depressed

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\_\_\_\_\_/10

For Office Use Only  
\_\_\_\_\_/7

<b>Academic Performance</b>	<b>Excellent</b>	<b>Above Average</b>	<b>Average</b>	<b>Somewhat of a Problem</b>	<b>Problematic</b>
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- 36. Reading
- 37. Mathematics
- 38. Written expression

For Office Use Only  
4s: \_\_\_\_/3

For Office Use Only  
5s: \_\_\_\_/3

<b>Classroom Behavioral Performance</b>	<b>Excellent</b>	<b>Above Average</b>	<b>Average</b>	<b>Somewhat of a Problem</b>	<b>Problematic</b>
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- 39. Relationship with peers
- 40. Following directions
- 41. Disrupting class
- 42. Assignment completion
- 43. Organizational skills

For Office Use Only  
4s: \_\_\_\_/5

For Office Use Only  
5s: \_\_\_\_/5

**Comments:**

Please return this form to: COTTONWOOD PEDIATRICS

Mailing address: 700 Medical Center Dr, Ste 150 - Newton, KS 67114

Fax number: 316-283-7118

# NICHQ Vanderbilt Assessment Scale: Teacher Informant

Teacher #2

Child's Name: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_

Teacher's Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Class Time: \_\_\_\_\_

Class Name/Period: \_\_\_\_\_

Grade Level: \_\_\_\_\_

**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 behavior since the beginning of the school year. Please indicate the number of weeks or months you have been able to evaluate the behaviors: \_\_\_\_\_.

Symptoms	Never	Occasionally	Often	Very Often
----------	-------	--------------	-------	------------

1. Fails to give attention to details or makes careless mistakes in schoolwork				
--	--	--	--	--

2. Has difficulty sustaining attention to tasks or activities				
---	--	--	--	--

3. Does not seem to listen when spoken to directly				
--	--	--	--	--

4. Does not follow through on instructions and fails to finish schoolwork (not due to oppositional behavior or failure to understand)				
---	--	--	--	--

5. Has difficulty organizing tasks and activities				
---	--	--	--	--

6. Avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort				
--	--	--	--	--

7. Loses things necessary for tasks or activities (school assignments, pencils, books)				
--	--	--	--	--

8. Is easily distracted by extraneous stimuli				
---	--	--	--	--

9. Is forgetful in daily activities				
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\_\_\_\_\_/9

10. Fidgets with hands or feet or squirms in seat				
---	--	--	--	--

11. Leaves seat in classroom or in other situations in which remaining seated is expected				
---	--	--	--	--

12. Runs about or climbs excessively in situations in which remaining seated is expected				
--	--	--	--	--

13. Has difficulty playing or engaging in leisure activities quietly				
--	--	--	--	--

14. Is "on the go" or often acts as if "driven by a motor"				
--	--	--	--	--

15. Talks excessively				
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16. Blurts out answers before questions have been completed				
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17. Has difficulty waiting in line				
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18. Interrupts or intrudes in on others (eg, butts into conversations/games)				
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For Office Use Only  
\_\_\_\_\_/9



Symptoms (continued) Never Occasionally Often Very Often

- 19. Loses temper
20. Activity defies or refuses to comply with adults' 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 obtain goods for favors or to avoid obligations (eg, "cons" others)
26. Is physically cruel to people
27. Has stolen items of nontrivial value
28. Deliberately destroys others' property

Teacher #2

- 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; feels guilty
34. Feels lonely, unwanted, or unloved; complains that "no one loves him or her"
35. Is sad, unhappy, or depressed

Academic Performance Excellent Above Average Average Somewhat of a Problem Problematic

- 36. Reading
37. Mathematics
38. Written expression

Classroom Behavioral Performance Excellent Above Average Average Somewhat of a Problem Problematic

- 39. Relationship with peers
40. Following directions
41. Disrupting class
42. Assignment completion
43. Organizational skills

Comments:

Please return this form to: COTTONWOOD PEDIATRICS
Mailing address: 700 Medical Center Dr, Ste 150 - Newton, KS 67114
Fax number: 316-283-7118