



**ADD/ADHD Consult:**

Inside this packet you will find two parent and two teacher forms:

- Please have each parent fill out their own form.
- If there is only one parent available please have another adult like a Grandparent or another caregiver fill out the second form.
- If there is only one teacher available please have a resource class teacher fill out the second form. If a resource teacher is not available then turning in one completed teacher form will work.
- All forms must be completed and dropped off to the office at least 24 business hours before the child's appointment. If this paperwork is not turned in before the 24 business hour time limit the appointment will be rescheduled to a later date.

There is a list of medications that can be prescribed listed on the second page of this document. Please contact your insurance company to find out which medications are covered. Please bring this information with you to the first appointment.

Your first visit will last between 30 to 45 minutes and the child must be present. Please be aware a parent or legal guardian needs to be present. We will not conduct this consult with siblings, aunts, uncles, or grandparents.

If there are any questions please contact us:

Monday – Friday

9:00 AM – 5:00 PM

801-475-3900

**Ogden Clinic | Grand View**





Dear Parent(s),

You are having your child tested for ADD/ADHD. You and your provider may choose to use medications as a treatment option. In order to alleviate frustration on your part please call your insurance company before the appointment; to find out which medications are covered and the amount of out of pocket you might be required to pay. Below is a list of the brand name and generics of the medications that we use.

Adderall XR/Amphetamine-Dextroamphetamine XR

Concerta/Methylphenidate HCl

Daytrana/Methylphenidate

Focalin XR/Dexmethylphenidate

Intuniv

Metadate CD/Methylphenidate HCl

Methylin/Methylphenidate HCl

Quillivant XR

Ritalin LA/Methylphenidate HCl

Ritalin SR/Methylphenidate HCl

Strattera

Vyvanse/Lisdexamfetamine dimesylate

**\*\* Please remember this does not mean that your child will be placed on medication\*\***



Today’s date: \_\_\_\_\_ Child’s Name: \_\_\_\_\_ 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 the 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	0	1	2	3
2. Has difficulty keeping attention to what needs to be done	0	1	2	3
3. Does not seem to listen when spoken to directly	0	1	2	3
4. Does not follow through when given directions and fails to finish activities (not due to refusal or failure to understand)	0	1	2	3
5. Has difficulty organizing task and activities	0	1	2	3
6. Avoids, dislikes, or does not want to start task that require ongoing mental effort	0	1	2	3
7. Loses things necessary for task or activities (toys, assignments, pencils, or books)	0	1	2	3
8. Is easily distracted by noises or other stimuli	0	1	2	3
9. Is forgetful in daily activities	0	1	2	3
Total number of questions scored “2” or “3” in questions #'s 1-9: _____				
10. Fidgets with hands or feet or squirms in seat	0	1	2	3
11. Leaves seat when remaining seated is expected	0	1	2	3
12. Runs about or climbs too much when remaining seated is expected	0	1	2	3
13. Has difficulty playing or beginning quiet play activities	0	1	2	3
14. Is “on the go” or often acts as if “driven by a motor”	0	1	2	3
15. Talks too much	0	1	2	3
16. Blurts out answers before questions have been completed	0	1	2	3
17. Has difficulty waiting his/her turn	0	1	2	3
18. Interrupts or intrudes in on others’ conversations and/or activities	0	1	2	3
Total number of questions scored “2” or “3” in question #'s 10-18: _____				
Total Symptom Score for question #'s 1-18: _____				
19. Argues with adults	0	1	2	3
20. Loses temper	0	1	2	3
21. Actively defies or refuses to go along with adults’ request or rules	0	1	2	3
22. Deliberately annoys people	0	1	2	3
23. Blames others for his or her mistakes or misbehaviors	0	1	2	3
24. Is touchy or easily annoyed by others	0	1	2	3
25. Is angry or resentful	0	1	2	3
26. Is spiteful and wants to get even	0	1	2	3
Total number of questions scored “2” or “3” in question #'s 19-26: _____				
27. Bullies, threatens, or intimidates others	0	1	2	3
28. Starts physical fights	0	1	2	3
29. Lies to get out of trouble or to avoid obligations (i.e., ”cons” others)	0	1	2	3
30. Is truant from school (skips school) without permission	0	1	2	3
31. Is physically cruel to people	0	1	2	3
32. Has stolen things that have value	0	1	2	3
33. Deliberately destroys others’ property	0	1	2	3
34. Has used a weapon that can cause serious harm (bat, knife, brick, gun)	0	1	2	3
35. Is physically cruel to animals	0	1	2	3

-Please Turn Over-

Today's date: \_\_\_\_\_ Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Parent's Name: \_\_\_\_\_

	Never	Occasionally	Often	Very often
36. Has deliberately set fires to cause damage	0	1	2	3
37. Has broken into someone else's home, business, or car	0	1	2	3
38. Has stayed out at night without permission	0	1	2	3
39. Has run away from home overnight	0	1	2	3
40. Has forced someone into sexual activity	0	1	2	3

Total number of questions scored "2" or "3" in question #'s 27-40: \_\_\_\_\_

41. Is fearful, anxious, or worried	0	1	2	3
42. Is afraid to try new things for fear of making mistakes	0	1	2	3
43. Feels worthless or inferior	0	1	2	3
44. Blames self for problems, feels guilty	0	1	2	3
45. Feels lonely, unwanted, or unloved; complains that "no one loves him/her"	0	1	2	3
46. Is sad, unhappy, or depressed	0	1	2	3
47. Is self-conscious or easily embarrassed	0	1	2	3

Total number of questions scored "2" or "3" in question #'s 41-47: \_\_\_\_\_

PERFORMANCE	Excellent	Above Average	Average	Somewhat of a Problem	Problematic
48. Overall School Performance	1	2	3	4	5
49. Reading	1	2	3	4	5
50. Writing	1	2	3	4	5
51. Mathematics	1	2	3	4	5
52. Relationships with parents	1	2	3	4	5
53. Relationships with siblings	1	2	3	4	5
54. Relationships with peers	1	2	3	4	5
55. Participation in organized activities (e.g., teams)	1	2	3	4	5

Total number of questions scored "4" or "5" in question #'s 48-55: \_\_\_\_\_

Average Performance Score: \_\_\_\_\_

COMMENTS:

Today’s date: \_\_\_\_\_ Child’s Name: \_\_\_\_\_ 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 the 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	0	1	2	3
2. Has difficulty keeping attention to what needs to be done	0	1	2	3
3. Does not seem to listen when spoken to directly	0	1	2	3
4. Does not follow through when given directions and fails to finish activities (not due to refusal or failure to understand)	0	1	2	3
5. Has difficulty organizing task and activities	0	1	2	3
6. Avoids, dislikes, or does not want to start task that require ongoing mental effort	0	1	2	3
7. Loses things necessary for task or activities (toys, assignments, pencils, or books)	0	1	2	3
8. Is easily distracted by noises or other stimuli	0	1	2	3
9. Is forgetful in daily activities	0	1	2	3
Total number of questions scored “2” or “3” in questions #’s 1-9: _____				
10. Fidgets with hands or feet or squirms in seat	0	1	2	3
11. Leaves seat when remaining seated is expected	0	1	2	3
12. Runs about or climbs too much when remaining seated is expected	0	1	2	3
13. Has difficulty playing or beginning quiet play activities	0	1	2	3
14. Is “on the go” or often acts as if “driven by a motor”	0	1	2	3
15. Talks too much	0	1	2	3
16. Blurts out answers before questions have been completed	0	1	2	3
17. Has difficulty waiting his/her turn	0	1	2	3
18. Interrupts or intrudes in on others’ conversations and/or activities	0	1	2	3
Total number of questions scored “2” or “3” in question #’s 10-18: _____				
Total Symptom Score for question #’s 1-18: _____				
19. Argues with adults	0	1	2	3
20. Loses temper	0	1	2	3
21. Actively defies or refuses to go along with adults’ request or rules	0	1	2	3
22. Deliberately annoys people	0	1	2	3
23. Blames others for his or her mistakes or misbehaviors	0	1	2	3
24. Is touchy or easily annoyed by others	0	1	2	3
25. Is angry or resentful	0	1	2	3
26. Is spiteful and wants to get even	0	1	2	3
Total number of questions scored “2” or “3” in question #’s 19-26: _____				
27. Bullies, threatens, or intimidates others	0	1	2	3
28. Starts physical fights	0	1	2	3
29. Lies to get out of trouble or to avoid obligations (i.e., ”cons” others)	0	1	2	3
30. Is truant from school (skips school) without permission	0	1	2	3
31. Is physically cruel to people	0	1	2	3
32. Has stolen things that have value	0	1	2	3
33. Deliberately destroys others’ property	0	1	2	3
34. Has used a weapon that can cause serious harm (bat, knife, brick, gun)	0	1	2	3
35. Is physically cruel to animals	0	1	2	3

-Please Turn Over-

Today's date: \_\_\_\_\_ Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Parent's Name: \_\_\_\_\_

	Never	Occasionally	Often	Very often
36. Has deliberately set fires to cause damage	0	1	2	3
37. Has broken into someone else's home, business, or car	0	1	2	3
38. Has stayed out at night without permission	0	1	2	3
39. Has run away from home overnight	0	1	2	3
40. Has forced someone into sexual activity	0	1	2	3

Total number of questions scored "2" or "3" in question #'s 27-40: \_\_\_\_\_

41. Is fearful, anxious, or worried	0	1	2	3
42. Is afraid to try new things for fear of making mistakes	0	1	2	3
43. Feels worthless or inferior	0	1	2	3
44. Blames self for problems, feels guilty	0	1	2	3
45. Feels lonely, unwanted, or unloved; complains that "no one loves him/her"	0	1	2	3
46. Is sad, unhappy, or depressed	0	1	2	3
47. Is self-conscious or easily embarrassed	0	1	2	3

Total number of questions scored "2" or "3" in question #'s 41-47: \_\_\_\_\_

PERFORMANCE	Excellent	Above Average	Average	Somewhat of a Problem	Problematic
48. Overall School Performance	1	2	3	4	5
49. Reading	1	2	3	4	5
50. Writing	1	2	3	4	5
51. Mathematics	1	2	3	4	5
52. Relationships with parents	1	2	3	4	5
53. Relationships with siblings	1	2	3	4	5
54. Relationships with peers	1	2	3	4	5
55. Participation in organized activities (e.g., teams)	1	2	3	4	5

Total number of questions scored "4" or "5" in question #'s 48-55: \_\_\_\_\_

Average Performance Score: \_\_\_\_\_

COMMENTS:



Teacher's Name: \_\_\_\_\_ Class Time: \_\_\_\_\_ Class Name/Period: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Child's Name: \_\_\_\_\_ 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: \_\_\_\_\_.

Is this evaluation based on a time when the child <input type="checkbox"/> was on medication <input type="checkbox"/> was not on medication <input type="checkbox"/> not sure?				
SYMPTOMS	Never	Occasionally	Often	Very Often
1. Fails to give attention to details or makes careless mistakes in schoolwork.	0	1	2	3
2. Has difficulty sustaining attention to tasks or activities.	0	1	2	3
3. Does not seem to listen when spoken to directly.	0	1	2	3
4. Does not follow through on instructions and fails to finish school-work (not due to oppositional behavior or failure to understand).	0	1	2	3
5. Has difficulty organizing tasks and activities	0	1	2	3
6. Avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort.	0	1	2	3
7. Loses things necessary for tasks or activities (school assignments, pencils, or books).	0	1	2	3
8. Is easily distracted by extraneous stimuli.	0	1	2	3
9. Is forgetful in daily activities.	0	1	2	3
Total number of questions scored "2" or "3" in questions #'s 1-9: _____				
10. Fidgets with hands or feet or squirms in seat.	0	1	2	3
11. Leaves seat in classroom or in other situations in which remaining seated is expected.	0	1	2	3
12. Runs about or climbs excessively in situations in which remaining seated is expected.	0	1	2	3
13. Has difficulty playing or engaging in leisure activities quietly.	0	1	2	3
14. Is "on the go" or often acts as if "driven by a motor".	0	1	2	3
15. Talks excessively.	0	1	2	3
16. Blurts out answers before questions have been completed.	0	1	2	3
17. Has difficulty waiting in line.	0	1	2	3
18. Interrupts or intrudes on others (e.g., butts into conversations/games).	0	1	2	3
Total number of questions scored "2" or "3" in questions #'s 10-18: _____				
Total Symptom Score for questions #'s 1-18: _____				
19. Loses temper.	0	1	2	3
20. Actively defies or refuses to comply with adult's requests or rules.	0	1	2	3
21. Is angry or resentful.	0	1	2	3
22. Is spiteful and vindictive.	0	1	2	3
23. Bullies, threatens, or intimidates others.	0	1	2	3
24. Initiates physical fights.	0	1	2	3
25. Lies to obtain goods for favors or to avoid obligations (e.g., "cons" others).	0	1	2	3
26. Is physically cruel to people.	0	1	2	3
27. Has stolen items of nontrivial value.	0	1	2	3
28. Deliberately destroys others' property.	0	1	2	3
Total number of questions scored "2" or "3" in questions #'s 19-28: _____				

**-Please Turn Over-**

Teacher's Name: \_\_\_\_\_ Class Time: \_\_\_\_\_ Class Name/Period: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Child's Name: \_\_\_\_\_ Grade Level: \_\_\_\_\_

	Never	Occasionally	Often	Very Often
29. Is fearful, anxious, or worried.	0	1	2	3
30. Is self-conscious or easily embarrassed.	0	1	2	3
31. Is afraid to try new things for fear of making mistakes.	0	1	2	3
32. Feels worthless or inferior.	0	1	2	3
33. Blames self for problems; feels guilty.	0	1	2	3
34. Feels lonely, unwanted, or unloved; complains that "no one loves him/her."	0	1	2	3
35. Is sad, unhappy, or depressed.	0	1	2	3
Total number of questions scored "2" or "3" in questions #'s 29-35: _____				

PERFORMANCE					
<i>Academic Performance</i>	Excellent	Above Average	Average	Somewhat of A Problem	Problematic
36. Reading	1	2	3	4	5
37. Mathematics	1	2	3	4	5
38. Written expression	1	2	3	4	5
<i>Classroom Behavioral Performance</i>	Excellent	Above Average	Average	Somewhat of A Problem	Problematic
39. Relationship with peers	1	2	3	4	5
40. Following directions	1	2	3	4	5
41. Disrupting class	1	2	3	4	5
42. Assignment completion	1	2	3	4	5
43. Organizational skills	1	2	3	4	5
Total number of questions scored "4" or "5" in questions #'s 36-43: _____					
Average Performance Score: _____					

**COMMENTS:**

PLEASE RETURN THIS FORM TO: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

\_\_\_\_\_

FAX NUMBER: \_\_\_\_\_

Teacher's Name: \_\_\_\_\_ Class Time: \_\_\_\_\_ Class Name/Period: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Child's Name: \_\_\_\_\_ 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: \_\_\_\_\_.

Is this evaluation based on a time when the child <input type="checkbox"/> was on medication <input type="checkbox"/> was not on medication <input type="checkbox"/> not sure?				
SYMPTOMS	Never	Occasionally	Often	Very Often
1. Fails to give attention to details or makes careless mistakes in schoolwork.	0	1	2	3
2. Has difficulty sustaining attention to tasks or activities.	0	1	2	3
3. Does not seem to listen when spoken to directly.	0	1	2	3
4. Does not follow through on instructions and fails to finish school-work (not due to oppositional behavior or failure to understand).	0	1	2	3
5. Has difficulty organizing tasks and activities	0	1	2	3
6. Avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort.	0	1	2	3
7. Loses things necessary for tasks or activities (school assignments, pencils, or books).	0	1	2	3
8. Is easily distracted by extraneous stimuli.	0	1	2	3
9. Is forgetful in daily activities.	0	1	2	3
Total number of questions scored "2" or "3" in questions #'s 1-9: _____				
10. Fidgets with hands or feet or squirms in seat.	0	1	2	3
11. Leaves seat in classroom or in other situations in which remaining seated is expected.	0	1	2	3
12. Runs about or climbs excessively in situations in which remaining seated is expected.	0	1	2	3
13. Has difficulty playing or engaging in leisure activities quietly.	0	1	2	3
14. Is "on the go" or often acts as if "driven by a motor".	0	1	2	3
15. Talks excessively.	0	1	2	3
16. Blurts out answers before questions have been completed.	0	1	2	3
17. Has difficulty waiting in line.	0	1	2	3
18. Interrupts or intrudes on others (e.g., butts into conversations/games).	0	1	2	3
Total number of questions scored "2" or "3" in questions #'s 10-18: _____				
Total Symptom Score for questions #'s 1-18: _____				
19. Loses temper.	0	1	2	3
20. Actively defies or refuses to comply with adult's requests or rules.	0	1	2	3
21. Is angry or resentful.	0	1	2	3
22. Is spiteful and vindictive.	0	1	2	3
23. Bullies, threatens, or intimidates others.	0	1	2	3
24. Initiates physical fights.	0	1	2	3
25. Lies to obtain goods for favors or to avoid obligations (e.g., "cons" others).	0	1	2	3
26. Is physically cruel to people.	0	1	2	3
27. Has stolen items of nontrivial value.	0	1	2	3
28. Deliberately destroys others' property.	0	1	2	3
Total number of questions scored "2" or "3" in questions #'s 19-28: _____				

**-Please Turn Over-**

Teacher's Name: \_\_\_\_\_ Class Time: \_\_\_\_\_ Class Name/Period: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Child's Name: \_\_\_\_\_ Grade Level: \_\_\_\_\_

	Never	Occasionally	Often	Very Often
29. Is fearful, anxious, or worried.	0	1	2	3
30. Is self-conscious or easily embarrassed.	0	1	2	3
31. Is afraid to try new things for fear of making mistakes.	0	1	2	3
32. Feels worthless or inferior.	0	1	2	3
33. Blames self for problems; feels guilty.	0	1	2	3
34. Feels lonely, unwanted, or unloved; complains that "no one loves him/her."	0	1	2	3
35. Is sad, unhappy, or depressed.	0	1	2	3
Total number of questions scored "2" or "3" in questions #'s 29-35: _____				

<b>PERFORMANCE</b>					
<i>Academic Performance</i>	Excellent	Above Average	Average	Somewhat of A Problem	Problematic
36. Reading	1	2	3	4	5
37. Mathematics	1	2	3	4	5
38. Written expression	1	2	3	4	5
<i>Classroom Behavioral Performance</i>	Excellent	Above Average	Average	Somewhat of A Problem	Problematic
39. Relationship with peers	1	2	3	4	5
40. Following directions	1	2	3	4	5
41. Disrupting class	1	2	3	4	5
42. Assignment completion	1	2	3	4	5
43. Organizational skills	1	2	3	4	5
Total number of questions scored "4" or "5" in questions #'s 36-43: _____					
Average Performance Score: _____					

**COMMENTS:**

PLEASE RETURN THIS FORM TO: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_