

Visits for Mood, Anxiety, Depression, Behavior, and/or ADHD



**Please circle the reason(s) (above) for this visit.

Date: _____ **Patient Name:** _____ Birth Date: _____

- Please check:** This is the first visit to evaluate the problem.
 This is a follow up visit (med check).

School and Grade: _____ Name of person helping the patient complete this form? _____

Psychiatrist/Psychologist/Therapist: _____

Most recent appt was: _____ Next appt is: _____

Other professionals involved in helping the patient and how often are visits:

Name of med, dose, when taken, when it wears off (if applicable):

Are meds helping? A lot A little bit Not at all Can't tell for sure

Explain any side effects/symptoms/concerns:

List special education classes: None

How is school going?

How are things at home?

How is sleep?

Describe concerns about anxiety:

Describe concerns about depression:

Describe concerns about self-harm:

Does the patient vape or use alcohol, tobacco, marijuana, drugs not prescribed for them, or any illegal substances?

Name 2 *good* things that happened to you, your child, or your family in the last 2 months.

Name 2 *bad* things that happened to you, your child, or your family in the last 2 months.

If not already noted above, include medical & mental health, developmental & behavioral issues, birth defects, substance abuse.

FAMILY HISTORY

This is a follow up visit - nothing new to report.

PATIENT HISTORY

This is a follow up visit - nothing new to report.

QUESTIONNAIRES:

- | | | |
|--|---|---|
| <input type="checkbox"/> Depression - PHQ 9 | <input type="checkbox"/> Anxiety - GAD 7 | <input type="checkbox"/> ADHD Behavior Checklist |
| <input type="checkbox"/> Anxiety - SCARED - parent | <input type="checkbox"/> Anxiety - SCARED - child | <input type="checkbox"/> ADHD - Vanderbilt - parent |
| | | <input type="checkbox"/> ADHD - Vanderbilt - for teacher(s) to complete |

Complete the questionnaire(s) that apply to your child's evaluation and/or management.

--Print it from the website: LincolnPedsGroup.com → Forms.

--Or ask for it upon arrival for the appointment. Please come a bit early.

--If this is your initial evaluation or you're not sure about completing a questionnaire, please contact your doctor for instructions at: 402-489-3834.