#### Parkway Pediatrics LLC - Kelli M. Cocke, M.D.

### **ADD/ADHD INITIAL EVALUATION**

ADD or Attention Deficit Disorder and ADHD or Attention Deficit Disorder with Hyperactivity is very common in childhood. Many researchers believe this is caused by chemical dysfunction in the brain, which can be familial (based on genetic codes) and/or environmental (based on a child surroundings). It is MUCH more complicated than trouble paying attention sometimes.

Currently, there is no "test" to diagnose this disorder. Blood testing and Imaging (x-ray, C-T, MRI) cannot tell us if your child has ADD or ADHD (yet). The doctor may recommend certain blood tests, EKGs, or imaging to rule out diseases that can cause attention and hyperactive symptoms or to monitor effects of medications used to treat ADD/ADHD.

Diagnosis is usually determined from extensive history and examination: collecting information from parents and teachers and direct observation during an initial evaluation. I use forms developed by researchers to assign a quantitative value (a number) for your child's symptoms. I need these forms to be completed by a supervising adult from at least two different environments (usually home and school). My initial evaluations usually last an hour or more. Some patients will receive prescriptions to start immediately and others will need further testing or observations. 1 parent packet and 1 teacher for are ATTATCHED, please ask for additional forms if needed or feel free to make copies.

If your child is diagnosed with ADD/ADHD, we will discuss the treatment and follow-up procedures at length. The diagnosis should be shared with teachers or daycare supervisors but not discussed with a young child's peers. Unfortunately, there is a lot of misinformation in our society about ADD/ADHD that can negatively affect your child's behavior and self-esteem. Older children and especially teenagers should be included more openly in the discussion of the disorder and the treatment and may choose to tell their friends. Beware of assigning labels or allowing misbehaviors to go undisciplined.

Finally, be patient with the process. Diagnosis and treatment can be complicated. There are dozens of treatment options and behavior therapies that may be tried before we find the right match for you and your child.

Thank you,

Kelli M. Cocke, M.D.

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## NICHO Vanderbilt Assessment Scale: Parent Informant

Too	day's Date:		****			
Chi	ld's Name:					
Chi	ld's Date of Birth:					
Par	rent's Name:			n	. ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Par	rent's Phone Number:	<u> </u>				
Dir Wh	rections: Each rating should be considered in the context of what is app en completing this form, please think about your child's behaviors in th	ropriate f ne past <u>6 i</u>	or the age of yo nonths.	ur child.		
ls t	this evaluation based on a time when the child					
O	was on medication 🔘 was not on medication 🔘 not sure?					
Syı	mptoms	Never	Occasionally	Often	Very Often	
1.	Does not pay attention to details or makes careless mistakes with, for example, homework	0	0	0	0	1
2.	Has difficulty keeping attention to what needs to be done	0	0	0	0	
3.	Does not seem to listen when spoken to directly	0	0	0	0	•
4.	Does not follow through when given directions and fails to finish activities (not due to refusal or failure to understand)	0	0	0	0	
5.	Has difficulty organizing tasks and activities	0	0	0		
6.	Avoids, dislikes, or does not want to start tasks that require ongoing mental effort	0	0	0	0	
7.	Loses things necessary for tasks or activities (toys, assignments, pencils, books)	0	0	0	0	
8.	Is easily distracted by noises or other stimuli	0	0	0	0	
9.	Is forgetful in daily activities	0	0	0	0	For Office Use Only 2 & 3s: 0 /9
10.	Fidgets with hands or feet or squirms in seat	0	0			( <u> </u>
	Leaves seat when remaining seated is expected		0	<u>0</u>	0	
	Runs about or climbs too much when remaining seated is expected		0			
	Has difficulty playing or beginning quiet play activities		0		<del></del>	
_	Is "on the go" or often acts as if "driven by a motor"	0	0	O	0	
	Talks too much		0	0		
16.	Blurts out answers before questions have been completed	0		0		
	Has difficulty waiting his or her turn	0	<u> </u>			
	Interrupts or intrudes in on others' conversations and/or activities			0_		For Office Use Only

19. Argues with adults	Symptoms (continued)		Nev	er Occasion	ally Often	Very Often	1
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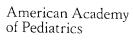
## **Other Conditions**

Ti	<b>Behaviors:</b> To the best of your knowledge, please indicate if this child displays the follow				
1.	<b>Motor Tics:</b> Rapid, repetitive movements such as eye blinking, grimacing, nose twitching body jerks, or rapid kicks.	, head jerk	s, shoulder sh	rugs, arm jerks,	
	□ No tics present. □ Yes, they occur nearly every day but go unnoticed by most people.	Yes, no	oticeable 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, no	oticeable tics o	occur nearly every day.	
3.	If YES to 1 or 2, do these tics interfere with the child's activities (like reading, writing, wal				
Pr	evious Diagnosis and Treatment: To the best of your knowledge, please answer the follow	ving questi	ons:		
1.	Has your child been diagnosed with a tic disorder or Tourette syndrome?	□No	Yes		
2.	Is your child on medication for a tic disorder or Tourette syndrome?	□No	Yes		
3.	Has your child been diagnosed with depression?	□No	Yes		
4.	Is your child on medication for depression?	No	Yes		
5.	Has your child been diagnosed with an anxiety disorder?	□No	Yes		
6.	Is your child on medication for an anxiety disorder?	□No	Yes		
7.	Has your child been diagnosed with a learning or language disorder?	□No	Yes		
Co	mments:				
<u> </u>					

For Office Use Only	
Total number of questions scored 2 or 3 in questions 1—9;o	
Total number of questions scored 2 or 3 in questions 10—18:o	
Total number of questions scored 2 or 3 in questions 19—26:o	
Total number of questions scored 2 or 3 in questions 27—40:o	
Total number of questions scored 2 or 3 in questions 41—47:o	
Total number of questions scored 4 in questions 48—50:o	
Total number of questions scored 5 in questions 48—50:o	
Total number of questions scored 4 in questions 51—54:o	
Total number of questions scored 5 in questions 51—54:0	

Adapted from the Vanderbilt Rating Scales developed by Mark L. Wolraich, MD.

The recommendations in this publication 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 document included as part of Caring for Children With ADHD: A Resource houlds for Clinicians, 2nd Ecilion. Lopyright © 2012 American Academy of Pediatrics. All Rights Reserved. The American Academy of Pediatrics does not review or endorse any modifications made to this document and in no event shall the AAP be flable for any such changes.









Dear Teacher(s),

The parent(s) of one of your students are seeking to have their child evaluated by our office for a health concern. As part of our evaluation process, we ask that both the child's parent(s) and teacher(s) complete a set of behavioral rating scales. This information is important for the diagnosis and treatment of your student.

Your time and cooperation in this matter is greatly appreciated. Please see attached Release of Information form that the parents have completed and a set of teacher rating scales and questionnaires. Our office currently uses the NICHQ Vanderbilt Teacher Assessment Scale.

Generally the teacher who spends the most time with the child should complete the teacher rating scales. However if the child has more than one primary teacher, or has a special education teacher, it would be useful for us to obtain a separate set of rating scales from each teacher. If more than one set of rating scales is required, please have the parent contact us directly and we will forward additional rating scales as needed. Please note that the same teacher should complete each entire set of forms.

Please fill out the forms as completely as possible. If you do not know the answer to a question, please write "Don't know", so that we can be sure the item was not simply overlooked. Some of the questions in the rating scales may seem redundant. This is necessary to ensure that we obtain accurate diagnostic information.

We ask that you complete these forms as soon as possible, as we are unable to begin a child's evaluation without the teacher rating scales. The form should be mailed to us directly in the envelope provided or faxed to our office at 337-330-4526.

**Thank you** for your assistance and cooperation in the completion of these forms. If you have any questions regarding the enclosed materials, or if you would like additional information regarding services provided, please do not hesitate to contact us.

Sincerely,

Kelli M Cocke, MD Parkway Pediatrics

6800 Ambassador Caffery Parkway

lli M. locha. M.D

Broussard, La 70518 Phone: 337-330-4525 Fax: 337-330-4526

# NICHO Vanderbilt Assessment Scale: Teacher Informant

Ch	ild's Name:					
Ch	ild's Date of Birth:					_
Te	acher's Name:					
	day's Date:					
Cla	ass Time:			-		-
	ass Name/Period:					-
	ade Level:		747			-
an mo	rections: Each rating should be considered in the context of what is apply defined that child's behavior since the beginning of the school on this you have been able to evaluate the behaviors:  mptoms	propriate f year. Plea Never	or the age of th se indicate the i	e child yo number of Often	u are rating f weeks or Very Often	-
1.	Fails to give attention to details or makes careless mistakes in schoolwork	0	0	0		
2.	Has difficulty sustaining attention to tasks or activities	<u></u>	Ö	$\overline{\circ}$	<u> </u>	
3.	Does not seem to listen when spoken to directly	Ŏ	<u>_</u>	$-\overset{\circ}{\circ}$	0	-
4.	Does not follow through on instructions and fails to finish schoolwork (not due to oppositional behavior or failure to understand)	0	0	<u></u>		-
5.	Has difficulty organizing tasks and activities	0	0	Ŏ	$-\tilde{\circ}$	-
6.	Avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort	0	0	0	0	•
7.	Loses things necessary for tasks or activities (school assignments, pencils, books)	0	0	0	0	
8.	Is easily distracted by extraneous stimuli	0	O	0	<u> </u>	•
9.	Is forgetful in daily activities	0	0	0	$\overline{}$	For Office Use Only 2 & 3S: 0/9
10.	Fidgets with hands or feet or squirms in seat	0	0	0	0	
11.	Leaves seat in classroom or in other situations in which remaining seated is expected	0	0	0	0	
12.	Runs about or climbs excessively in situations in which remaining seated is expected	0	0	0	0	
13.	Has difficulty playing or engaging in leisure activities quietly	0	0	0	0	
14.	Is "on the go" or often acts as if "driven by a motor"	Ö	Ö	$\overline{\circ}$	<u>_</u> _	
15.	Talks excessively	Ŏ	Ö	$\overset{\circ}{\circ}$	$-\tilde{\circ}$	
16.	Blurts out answers before questions have been completed		0	<del></del>	-	
17.	Has difficulty waiting in line	Ŏ	Ö	$-\tilde{\circ}$	$-\tilde{\sim}$	
18.	Interrupts or intrudes in on others (eg, butts into conversations/games)		$\overline{}$	$\stackrel{\sim}{\sim}$	$\stackrel{\smile}{\sim}$	For Office Use Only

Symptoms (continued)		Never	Occasionall	y Often	Very Often	I
19. Loses temper		0	0	0	0	•
20. Activity defies or refuses to comply with adults' requ	ests or rules	Ō	0	Ö	Ö	-
21. Is angry or resentful		0	0	0	Ō	
22. Is spiteful and vindictive		0	0	0	0	•
23. Bullies, threatens, or intimidates others		0	0	0	0	•
24. Initiates physical fights		0	0	0	0	•
25. Lies to obtain goods for favors or to avoid obligation	s (eg, "cons" othe	ers)	0	0	<del></del>	•
26. Is physically cruel to people		0	0	0	<del></del>	
27. Has stolen items of nontrivial value		0	0	0	$\overline{\circ}$	•
28. Deliberately destroys others' property		0	0	0		For Office Use Only 2 & 3s: 0 /10
29. Is fearful, anxious, or worried		0	0	0	0	
30. Is self-conscious or easily embarrassed		0	0	0	<u>_</u>	
31. Is afraid to try new things for fear of making mistake	S	0	0	0	<u>_</u>	
32. Feels worthless or inferior		0	0		-	
33. Blames self for problems; feels guilty		0	0		0	
34. Feels lonely, unwanted, or unloved; complains that "n	o one loves him o	or her"	Ŏ	Ö	$-\check{\circ}$	
35. Is sad, unhappy, or depressed		0	0	0	Ō	For Office Use Only 2 & 35: 0 /7
Academic Performance	Excellent	Above Average	Average	Somewhat of a Problem	Problematic	<u> </u>
36. Reading	0	0	0	0	0	
37. Mathematics	0	0	0	<u>_</u>		Far Office Use Only 4s: 0 /3
38. Written expression	0	0	0	_ <u>_</u>		For Office Use Only 5s: 0 /3
Classroom Behavioral Performance	Excellent	Above Average	Average	Somewhat of a Problem	Problematic	<u> 55. U /3</u>
39. Relationship with peers	0	0	0	0	0	
40. Following directions	O	0	0	0	0	
41. Disrupting class	O	0	0	0	0	
42. Assignment completion	O	O	0	0	0	For Office Use Only 4S: 0 /5
43. Organizational skills		0	0	0	0	4s: 0 /5 For Office Use Only 5s: 0 /5
Comments:						
Please return this form to:						
I Malling address.						
Mailing address:Fax number:						

For Office Use Only	
Total number of questions scored 2 or 3 in questions 1—9:o	
Total number of questions scored 2 or 3 in questions 10—18:0	
Total number of questions scored 2 or 3 in questions 19—28:0	
Total number of questions scored 2 or 3 in questions 29—35:0	
Total number of questions scored 4 in questions 36—38:0	
Total number of questions scored 5 in questions 36—38:o	
Total number of questions scored 4 in questions 39—43:0	
Total number of questions scored 5 in questions 39—43:0	

Adapted from the Vanderbilt Rating Scales developed by Mark L. Wolraich, MD.

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