Cross Creek PEDIATRICS

2035 Valleygate Dr., Suite 101 • Fayetteville, NC 28304 • Phone: 910.484.8009 • Fax: 910. 484.2205 • crosscreekpediatrics.com

_____
Date

_____ _____
Child's Name Date of Birth

_____
Street Address

_____ _____
Contact telephone number Name of person completing form & relationship to child

I. Please mark the appropriate box for your child:	Not at all	Just a little	Pretty much	Very much
Excitable, impulsive				
Restless or overactive				
Disturbs other children				
Fails to finish things he starts, short attention span				
Constantly fidgeting				
Demands must be met immediately, easily frustrated				
Cries often and easily				
Mood changes quickly and drastically				
Temper outbursts, explosive and unpredictable behavior				
Inattentive, easily distracted				

II. Please mark the appropriate box:	Not at all	Just a little	Pretty much	Very much
Dimished socialization				
Mood changes quickly and drastically				
Physical complaints				
Poor self-image				
Aggressive (agitated) behavior				
A change in school performance				
Attitude toward school worsening				
Loss of usual energy				
Cries often and easily				
Feels down-hearted and blue				

III. Has your child or your family experienced turmoil due to:	Not at all	Just a little	Pretty much	Very much
Separation or divorce				
Parental emotional illness				
Parental physical illness				
Parental alcoholism				
Parental abuse of child				

Parent Information Report

IV. Please mark the appropriate box for your child:	Not at all	Just a little	Pretty Much	Very Much
Grossly selfish				
Sets fires				
Unable to feel guilt or learn from punishment				
Disobedient				
Blames others and lies				
Destructive				
Aggressive - fights				
Disliked by other children				
Steals				
Cruel to animals				

V. Please mark the appropriate box for your child:	Not at all	Just a little	Pretty much	Very much
Seizures, mental lapses or staring spells				
Intermittent periods of good/poor intellectual function				
School performance regressing				
Hearing seems abnormal				
Vision seems abnormal				
Speech seems abnormal				
Trouble with reversals, mirror-writing				
Trouble with written or spoken words				
Daytime soiling/wetting				
Requires medication daily				

VI. What are your main concerns about your child?

VII. What do you think may be causing these problems?

VIII. What have you tried to do in the past to deal with the problem?

IX. What do you consider your child's greatest:

a. Strengths?

b. Weaknesses?

Please provide any other documentation such as school grades, school counseling/evaluations, IEP's, etc. that will assist in the initial evaluation.