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Date

weight _____ kg.

Primary PCP: DOB

Name Referred by: Age

School ISD Grade

Symtoms: 1: 2: 3:

Brief Description of the problem: Restless ☐ Special Ed. ☐ Starring Spells ☐ Headaches ☐ Speech Therapy ☐

Other Medical Conditions:

Is the patient pregnant? ☐ No ☐ Yes

Allergies:

✓ = Yes X = No

Inattention	Yes	?	No
No attention to details, careless mistakes			
Difficulty sustaining attention in tasks or play activities			
Doesn't seem to listen			
Difficulty following instructions			
Difficulty organizing tasks and acitivites			
Avoid tasks that require mental effort			
Loses necessary things			
Easily distracted by extraneous stimili			
Forgetful in daily activity			
Total			

Hyperactivity	Yes	?	No
Fidgets or squirms			
Leaves seat in classroom			
Runs about inappropiately			
Difficutly playing quietly			
"On the go" or "Motor driven"			
Talks excessively			
Total			

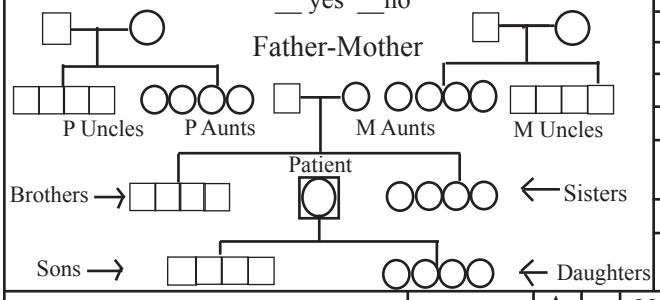
Impulsivity	Yes	?	No
Blurts out answers			
Difficulty awaiting turn			
Interrupts or intrudes on others			
Total			

	Yes	?	No
Loses temper			
Argues with adults			
Actively defies requests or rules			
Does things to annoy other people			
Blames others for his mistakes			
Touchy or easily annoyed			
Angry and resentful			
Spiteful or vindictive			
Sleep problems			
Reading difficulty			
Math difficulty			
Motor deficit			
Speech deficit			
Total			

ODD	Yes	?	No
Stolen more than once w/o confrontation			
Stolen with confrontation			
Lied often			
Engaged in fire setting			
Often been truant from school			
Broken into someone's house, building or car			
Destroyed other's property			
Been physically cruel to animals			
Forced someone into sexual activity			
Used a weapon in more than one fight			
Often initiated physical fights			
Runaway overnight 2x or more			
Been physically cruel to people			
Total			

Previous CT Scan ☐ no ☐ yes
Previous MRI ☐ no ☐ yes
Previous EEG ☐ no ☐ yes
Previous Lab ☐ no ☐ yes

Family History
__ yes __no



Conners' Global Index - Parent Version

	Never, Seldom	Occassionally	Often, Quite A Bit	Very Often, Very Frequent
Restless or overactive	0	1	2	3
Excitable, impulsive	0	1	2	3
Fails to finish things, he/she starts	0	1	2	3
Inattentive, easily distracted	0	1	2	3
Temper outbursts	0	1	2	3
Fidgeting	0	1	2	3
Disturbs other children	0	1	2	3
Demands must be met immediately	0	1	2	3
Cries often and easily	0	1	2	3
Mood changes quickly and drastically	0	1	2	3

Name of medicine	Unit dose	A M		N N		P M	Who prescribed it? (Physician's Name)	Why was it prescribed?	Any side effects?