

**CHILDREN'S CENTER OF VICTORIA**

**INFANTS, CHILDREN AND ADOLESCENTS**

4304 N Laurent

Victoria, Texas 77901

(361) 573-4313

Fax (361) 573-4327

Yogesh C. Dhingra, M.D., P.A., F.A.A.P

Date: \_\_\_\_\_

Name of Child: \_\_\_\_\_ S.S.# \_\_\_\_\_

Primary Language Spoken At Home: \_\_\_\_\_ Cell #: \_\_\_\_\_

Ethnicity \_\_\_\_\_ Home Phone: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: M/F Date Of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street

City

State

Zip Code

Father's Name: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_

Employed By: \_\_\_\_\_ D.L# \_\_\_\_\_

Work Number: \_\_\_\_\_ SS # \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_

Employed By: \_\_\_\_\_ D.L# \_\_\_\_\_

Work Number: \_\_\_\_\_ SS # \_\_\_\_\_

Friend Or Relative To Notify In Case Of Emergency: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Company Name: \_\_\_\_\_

**Insurance Information Required**

Insured's Name: \_\_\_\_\_

Insured Address: \_\_\_\_\_

Insured Date Of Birth: \_\_\_\_\_ SSN#: \_\_\_\_\_

Insured Employer: \_\_\_\_\_

Signature Of Person Responsible For Account: \_\_\_\_\_

In order to submit a claim for payment to us for services covered under policy, we must have your authorization to release information to your insurance carrier.

**MEDICAID**

I understand that, in the opinion of CHILDREN'S CENTER OF VICTORIA, the services or items that I have requested to be provided to me on \_\_\_\_\_ may not be covered under the Texas Medical Assistance Program as being reasonable and medically necessary to my care.

I understand that the Texas Department of Health or its health insuring agent determines the medical necessity of the services or items that I request and receive. I also understand that I am responsible for payment of the services or items I request if these services or items are determined not to be reasonable and medically necessary for my care.

Comprendo que, segun la opinion de CHILDREN'S CENTER OF VICTORIA, es posible que Medicaid no cubra los servicios o las provisiones que solicite \_\_\_\_\_, Por no considerarios razonables ni medicamente necesarios para mi salud. Comprendo que el Departamento de Salud de Texas o su agente seguros de salud determina la necesidad medica de los servisonso de las provisiones que solite y que reciba si despues se determina que esis servicios y provisiones no so razonables ni mediciamente necesario para me salud.

**ALL OTHER INSURANCE**

I hereby authorize CHILDREN'S CENTER OF VICTORIA to submit a claim to my insurance carrier or its intermediaries to issue payment directly to the physician rendering the covered services for the next twelve month period. I authorize CHILDREN'S CENTER OF VICTORIA to furnish complete information to my insurance carrier or its intermediaries regarding services rendered.

I authorize my insurance carrier to release any private health information requested from my physician or employees of CHILDREN'S CENTER OF VICTORIA when necessary to determine coverage benefits or eligibility.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CHILD'S NAME

I understand that I am Financially responsible for any balance not covered by my child's insurance carrier.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CHILD'S NAME

**OFFICE POLICY**

I understand that my child needs Routine Well Child Physicals. I also understand that if my child is not seen within Five (5) years for a routine physical that he/she will no longer be considered under the care of CHILDREN'S CENTER OF VICTORIA.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CHILD'S NAME

The following people are knowledgeable of my child's health and health history. By my signature below, I authorize the following people to bring my child in for medical treatment, medical check ups & immunizations.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_



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 4304 N. LAURENT  
 VICTORIA, TX 77901  
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Yogesh C. Dhingra, M.D., P.A.

Authorization for Disclosure/Access of Protected Health Information

I hereby authorize \_\_\_\_\_ to disclose the following protected health information to the following individual/health care facility. I understand the release of my protected health information could be shared with agencies or business who may not be covered by federal law.

Person/Physician/Health Care Facility: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

I hereby authorize the disclosure/access of protected health information on:

Patient's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Admit & Discharge Dates: \_\_\_\_\_

I hereby authorize the disclosure/access of the following protected health information, including, if applicable, any test results or treatment for alcohol and/or drug abuse, behavioral health services/psychiatric care, or reportable communicable and/or sexually transmitted diseases, including acquired immune deficiency syndrome or human immune-deficiency virus infection.

\_\_\_\_\_ Immunization record \_\_\_\_\_ Progress Notes \_\_\_\_\_ Radiology Report

\_\_\_\_\_ Laboratory Report \_\_\_\_\_ Complete Record

The above personal health information is requested for the following purpose and the purpose and that purpose only:

\_\_\_\_\_ Personal Reasons \_\_\_\_\_ Insurance Claims \_\_\_\_\_ Further Treatment \_\_\_\_\_ Litigation

\_\_\_\_\_ Other: \_\_\_\_\_

I understand that I may revoke, in writing, this authorization at any time but not retroactive to the disclosure of personal health information made in good faith. I also understand this authorization will expire in 180 days from the date of my signature.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Next of Kin/Legal Guardian/Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# VANDERBILT ADHD DIAGNOSTIC PARENT RATING SCALE

Patient Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Grade: \_\_\_\_\_

Each rating should be considered in the context of what is appropriate for the age of your child.

Frequency Code: 0 = Never; 1 = Occasionally; 2 = Often; 3 = Very Often

1. Does not pay attention to details or makes careless mistakes, such as in homework	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 instruction and fails to finish schoolwork (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
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 excessively in situations when 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 too much	0	1	2	3
16. Blurts out answers before questions have been completed	0	1	2	3
17. Has difficulty waiting his or her turn	0	1	2	3
18. Interrupts or intrudes on others (butts into conversations or games)	0	1	2	3
19. Argues with adults	0	1	2	3
20. Loses temper	0	1	2	3
21. Actively defies or refuses to comply with adults' requests or rules	0	1	2	3

# VANDERBILT ADHD DIAGNOSTIC PARENT RATING SCALE

Each rating should be considered in the context of what is appropriate for the age of your child.

Frequency Code: 0 = Never; 1 = Occasionally; 2 = Often; 3 = Very Often

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 vindictive	0	1	2	3
27. Bullies, threatens, or intimidates others	0	1	2	3
28. Initiates physical fights	0	1	2	3
29. Lies to obtain goods for favors or to avoid obligations ("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 items of nontrivial 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
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
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

## VANDERBILT ADHD DIAGNOSTIC PARENT RATING SCALE

Each rating should be considered in the context of what is appropriate for the age of your child.

Frequency Code: 0 = Never; 1 = Occasionally; 2 = Often; 3 = Very Often

45. Feels lonely, unwanted, or unloved; complains that "no one loves" him or 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

### PERFORMANCE

	Problematic		Average		Above Average
<b>Academic Performance</b>					
1. Reading	1	2	3	4	5
2. Mathematics	1	2	3	4	5
3. Written expression	1	2	3	4	5
<b>Classroom Behavior</b>					
1. Relationships with peers	1	2	3	4	5
2. Following directions/rules	1	2	3	4	5
3. Disrupting class	1	2	3	4	5
4. Assignment completion	1	2	3	4	5
5. Organizational skills	1	2	3	4	5

# VANDERBILT ADHD DIAGNOSTIC TEACHER RATING SCALE

Patient Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
 Grade: \_\_\_\_\_

Each rating should be considered in the context of what is appropriate for the age of the children you are rating.

Frequency Code: 0 = Never; 1 = Occasionally; 2 = Often; 3 = Very Often

1. Falls 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 instruction and fails to finish schoolwork (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 sustaining 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
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 (eg, bursts into conversations or games)	0	1	2	3
19. Loses temper	0	1	2	3
20. Actively defies or refuses to comply with adults' requests or rules	0	1	2	3
21. Is angry or resentful	0	1	2	3

# VANDERBILT ADHD DIAGNOSTIC TEACHER RATING SCALE

Each rating should be considered in the context of what is appropriate for the age of the children you are rating.

Frequency Code: 0 = Never; 1 = Occasionally; 2 = Often; 3 = Very Often

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 (ie, "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
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 or her.	0	1	2	3
35. Is sad, unhappy, or depressed	0	1	2	3

## PERFORMANCE

	Problematic		Average		Above Average
<b>Academic Performance</b>					
1. Reading	1	2	3	4	5
2. Mathematics	1	2	3	4	5
3. Written expression	1	2	3	4	5
<b>Classroom Behavioral Performance</b>					
1. Relationships with peers	1	2	3	4	5
2. Following directions/rules	1	2	3	4	5
3. Disrupting class	1	2	3	4	5
4. Assignment completion	1	2	3	4	5
5. Organisational skills	1	2	3	4	5