

YOGESH DHINGRA, MD, PA, FAAP CHILDREN'S CENTER OF VICTORIA

ANTONIO BRAGA, MD PA FAAP

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4304 N LAURENT

VICTORIA, TX 77901

961-573-4913 FAX 961-573-4327

DATE: \_\_\_\_\_

\*\*EMAIL ADDRESS REQUIRED: \_\_\_\_\_

NAME OF CHILD: \_\_\_\_\_ S.S.#: \_\_\_\_\_

PRIMARY LANGUAGE SPOKE AT HOME: \_\_\_\_\_ CEL #: \_\_\_\_\_

ETHNICITY: \_\_\_\_\_ HOME PH #: \_\_\_\_\_

AGE: \_\_\_\_\_ SEX: \_\_\_\_\_ M \_\_\_\_\_ F DATE OF BIRTH: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY, STATE & ZIP \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

EMPLOYED BY: \_\_\_\_\_ D.L.#: \_\_\_\_\_

WORK PH #: \_\_\_\_\_ S.S.#: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

EMPLOYED BY: \_\_\_\_\_ D.L.#: \_\_\_\_\_

WORK PH #: \_\_\_\_\_ S.S.#: \_\_\_\_\_

FRIEND OR RELATIVE TO NOTIFY IN CASE OF EMERGENCY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PH #: \_\_\_\_\_

**INSURANCE INFORMATION REQUIRED**

INSURANCE COMPANY NAME: \_\_\_\_\_

INSURED'S NAME: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_

INSURED'S ADDRESS: \_\_\_\_\_

INSURED'S DATE OF BIRTH: \_\_\_\_\_ S.S.#: \_\_\_\_\_

PHARMACY: \_\_\_\_\_ LOCATION: \_\_\_\_\_

SIGNATURE OF PERSON RESPONSIBLE: \_\_\_\_\_

CHILDREN'S CENTER OF VICTORIA,  
INFANTS, CHILDREN, AND ADOLESCENTS

HIPAA COMPLIANCE PATIENT CONSENT FORM

Our Notice of Privacy Practices provides information about how we may use or disclose protected health information about you. The notice contains a patient's rights section describing your rights under the law. You have the right to review our notice before signing this consent.

The terms of the notice change, if so, you will be notified at your next visit to update your signature/data.

You have the right to restrict how your protected health information is used and disclosed for treatment, payment, or healthcare operations. You understand that we are not required to agree with this restriction, but if we do, we shall honor this agreement. The HIPAA (Health Insurance Portability and Accountability Act of 1996) law allows for the use of the information for treatment, payment or healthcare operations.

By signing this form, you consent to our use and disclosure of your protected healthcare information about you for treatment, payment, and health care operations. You have the right to revoke this consent, in writing, signed by you. However, such a revocation shall not affect any disclosure we have already made in reliance on your prior consent. The practice has provided this form to comply with the HIPAA (Health Insurance Portability and Accountability Act of 1996). Copies of our Notice of Privacy Practices is available upon request.

By signing this form, I understand that:

- Protected health information may be disclosed or used for treatment, payment, or healthcare operations.
- The practice reserves the right to change the privacy policy as allowed by law.
- The practice has the right to restrict the use of the information but the practice does not have to agree to those restrictions.
- The patient has the right to revoke this consent in writing at any time and all full disclosures will then cease.
- The practice may condition receipt of treatment upon execution of this consent.

- May we phone, email, or send a text to you to confirm appointments? YES NO
- May we leave a message on your answering machine/voicemail? YES NO
- May we discuss your medical condition with any member of your family? YES NO

If YES, please name the members allowed and their relationship to the patient:

Name	Relationship
Name	Relationship
Name	Relationship

This consent was signed by (PRINT NAME PLEASE): \_\_\_\_\_

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

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

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 may or 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.

**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 (12) 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.

\_\_\_\_\_  
DATE CHILD'S NAME SIGNATURE

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

\_\_\_\_\_  
DATE CHILD'S NAME SIGNATURE

**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.

\_\_\_\_\_  
DATE CHILD'S NAME SIGNATURE

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 checkups and immunizations.

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

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

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



## CHILDREN'S CENTER OF VICTORIA

Name \_\_\_\_\_ Date First Seen \_\_\_\_\_

Address \_\_\_\_\_ Birth Date \_\_\_\_\_

Father \_\_\_\_\_ Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Mother \_\_\_\_\_

Address \_\_\_\_\_ Referred By \_\_\_\_\_

Phone \_\_\_\_\_ Friend Or Relative To Notify In Emergency \_\_\_\_\_

Previous Doctor \_\_\_\_\_ Name \_\_\_\_\_

Insurance \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_

Family History	Birth History	Feeding History
Mothers Age _____	Term _____	Breast _____
Fathers Age _____	Trem At _____ Months _____	Formula _____
Siblings Age Sex Health	Pregnancy No _____	Vitamin Supp _____
1. _____	Delivery Type _____	Soft Foods Added _____
2. _____	Instruments _____	Appetite _____
3. _____	Labor Length _____	Stools _____
4. _____	<b>CONDITION AT BIRTH</b>	Hives _____
Mis- Month Cause	Weight _____	Vomiting _____
Carriages _____	Activity _____	Idiosyncrasies _____
History Of Hypertension _____	Asphyxia A Cyn _____	Others _____
Diabetes _____	Jaundice _____	
Allergies _____	Snuffles _____	
Tbc Contacts _____	Convulsions _____	
Others _____	Deformities _____	
	Lesions _____	
	Other _____	

### ILLNESS HISTORY

### DEVELOPMENTAL HISTORY

Gen Health _____	Held Up Head _____
Allergies _____	Crept _____
Chicken Pox _____	Sat Aided _____
Mumps _____	Sat Alone _____
Pneumonia _____	Stood Alone _____
Scarlet Fever _____	Walked _____
T & A _____	Said Words _____
Tonsillitis _____	Sentences _____
Injuries _____	Vol. Urine _____
Operations _____	Vol. Stools _____
Other _____	First Teeth _____

TEXAS DEPARTMENT OF STATE HEALTH SERVICES  
IMMUNIZATION REGISTRY (ImmTrac)  
MINOR CONSENT FORM



(Please print clearly)

Child's Last Name

Child's Last Name

Child's First Name

Child's First Name

Child's Date of Birth

Child's Date of Birth

\*Children under 18 years only.

Child's Middle Name

Child's Middle Name

Child's Gender:  Male  Female

Child's Address

Child's Address

Apartment #

Apartment #

Telephone

Telephone

City

City

State

State

Zip Code

Zip Code

County

County

Mother's First Name

Mother's First Name

Mother's Maiden Name

Mother's Maiden Name

ImmTrac, the Texas immunization registry, is a free service of the Texas Department of State Health Services (DSHS). The immunization registry is a secure and confidential service that consolidates and stores your child's (under 18 years of age) immunization records. With your consent, your child's immunization information will be included in ImmTrac. Doctors, public health departments, schools and other authorized professionals can access your child's immunization history to ensure that important vaccines are not missed.

The Texas Department of State Health Services encourages your voluntary participation in the Texas immunization registry.

Consent for Registration of Child and Release of Immunization Records to Authorized Entities

I understand that, by granting the consent below, I am authorizing release of the child's immunization information to DSHS and I further understand that DSHS will include this information in the state's central immunization registry ("ImmTrac"). Once in ImmTrac, the child's immunization information may by law be accessed by:

- a public health district or local health department, for public health purposes within their areas of jurisdiction;
- a physician, or other health-care provider legally authorized to administer vaccines, for treating the child as a patient;
- a state agency having legal custody of the child;
- a Texas school or child-care facility in which the child is enrolled;
- a payor, currently authorized by the Texas Department of Insurance to operate in Texas, regarding coverage for the child.

I understand that I may withdraw this consent to include information on my child in the ImmTrac Registry and my consent to release information from the Registry at any time by written communication to the Texas Department of State Health Services, ImmTrac Group - MC 1946, P.O. Box 149347, Austin, Texas 78714-9347.

By my signature below, I **GRANT** consent for registration. I wish to **INCLUDE** my child's information in the Texas immunization registry.

Parent, legal guardian or managing conservator.

Printed Name

Date

Signature

Privacy Notification: With few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See <http://www.dshs.state.tx.us> for more information on Privacy Notification. (Reference: Government Code, Section 662.021, 662.023, 659.003 and 659.004)

Upon completion, please fax or mail form to the DSHS ImmTrac Group or a registered Health-care provider.

Questions? (800) 252-9152 • (512) 776-7284 • Fax: (866) 624-0180 • [www.ImmTrac.com](http://www.ImmTrac.com)  
Texas Department of State Health Services • ImmTrac Group - MC 1946 • P.O. Box 149347 • Austin, TX 78714-9347

Stack No. C-7  
Revised 05/11/2012



**PROVIDERS REGISTERED WITH ImmTrac** - Please enter client information in ImmTrac and affirm that consent has been granted. **DO NOT** fax to ImmTrac. Retain this form in your client's record.

YOGESH DHINGRA, MD, PA, FAAP  
 SHEILA MARTINKA, MSN, FNP

ANTONIO BRAGA, MD

**AUTHORIZATION FOR DISCLOSURE / ACCESS OF PROTECTED HEALTH INFORMATION**

I hereby authorize (previous physician/clinic) \_\_\_\_\_

address \_\_\_\_\_

telephone \_\_\_\_\_ to disclose the following  
protected information to CHILDREN'S CENTER OF VICTORIA

I understand the release of my protected health information could be shared with agencies or  
business who may not be covered by federal law.

Release records to: CHILDREN'S CENTER OF VICTORIA

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

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 immune deficiency syndrome or human immunodeficiency  
virus infection.

Immunization Record \_\_\_\_ Progress Notes \_\_\_\_ Radiology Report \_\_\_\_ Lab Report \_\_\_\_

Complete Record  X

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

Personal Reason \_\_\_\_ Insurance Claim \_\_\_\_ Further Treatment \_\_\_\_ Litigation \_\_\_\_

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 \_\_\_\_\_ Date \_\_\_\_\_

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

**NICHQ Vanderbilt Assessment Scale—PARENT Informant**

Today's Date: \_\_\_\_\_ Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Parent's Phone Number: \_\_\_\_\_

**Directions:** Each rating should be considered in the context of what is appropriate for the age of your child.  
When completing this form, please think about your child's behaviors in the past 6 months.

Is this evaluation based on a time when the child  was on medication  was not on medication  not sure?

Symptoms	Never	Occasionally	Often	Very Often
1. Does not pay attention to details or makes careless mistakes with, for example, homework	0	1	2	3
2. Has difficulty keeping attention to what needs to be done	0	1	2	3
3. Does not seem to listen when spoken to directly	0	1	2	3
4. Does not follow through when given directions and fails to finish activities (not due to refusal or failure to understand)	0	1	2	3
5. Has difficulty organizing tasks and activities	0	1	2	3
6. Avoids, dislikes, or does not want to start tasks that require ongoing mental effort	0	1	2	3
7. Loses things necessary for tasks or activities (toys, assignments, pencils, or books)	0	1	2	3
8. Is easily distracted by noises or other 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 too much when remaining seated is expected	0	1	2	3
13. Has difficulty playing or beginning quiet play activities	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 in on others' conversations and/or activities	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 go along with adults' requests or rules	0	1	2	3
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 wants to get even	0	1	2	3
27. Bullies, threatens, or intimidates others	0	1	2	3
28. Starts physical fights	0	1	2	3
29. Lies to get out of trouble or to avoid obligations (ie, "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 things that have value	0	1	2	3

The information contained in this publication should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances.

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

Revised - 1102

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**NICHQ Vanderbilt Assessment Scale—PARENT Informant**

Today's Date: \_\_\_\_\_ Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Parent's Name: \_\_\_\_\_ Parent's Phone Number: \_\_\_\_\_

Symptoms (continued)	Never	Occasionally	Often	Very Often
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
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	Excellent	Above Average	Average	Somewhat of a Problem	Problematic
48. Overall school performance	1	2	3	4	5
49. Reading	1	2	3	4	5
50. Writing	1	2	3	4	5
51. Mathematics	1	2	3	4	5
52. Relationship with parents	1	2	3	4	5
53. Relationship with siblings	1	2	3	4	5
54. Relationship with peers	1	2	3	4	5
55. Participation in organized activities (eg, teams)	1	2	3	4	5

**Comments:**

**For Office Use Only**

Total number of questions scored 2 or 3 in questions 1-9: \_\_\_\_\_

Total number of questions scored 2 or 3 in questions 10-18: \_\_\_\_\_

Total Symptom Score for questions 1-18: \_\_\_\_\_

Total number of questions scored 2 or 3 in questions 19-26: \_\_\_\_\_

Total number of questions scored 2 or 3 in questions 27-40: \_\_\_\_\_

Total number of questions scored 2 or 3 in questions 41-47: \_\_\_\_\_

Total number of questions scored 4 or 5 in questions 48-55: \_\_\_\_\_

Average Performance Score: \_\_\_\_\_

**D4 NICHQ Vanderbilt Assessment Scale—TEACHER Informant**

Teacher's Name: \_\_\_\_\_ Class Time: \_\_\_\_\_ Class Name/Period: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Child's Name: \_\_\_\_\_ Grade Level: \_\_\_\_\_

**Directions:** Each rating should be considered in the context of what is appropriate for the age of the child you are rating and should reflect that child's behavior since the beginning of the school year. Please indicate the number of weeks or months you have been able to evaluate the behaviors: \_\_\_\_\_

Is this evaluation based on a time when the child  was on medication  was not on medication  not sure?

Symptoms	Never	Occasionally	Often	Very Often
1. Fails 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 instructions 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 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, butts into conversations/games)	0	1	2	3
19. Loses temper	0	1	2	3
20. Actively defies or refuses to comply with adult's requests or rules	0	1	2	3
21. Is angry or resentful	0	1	2	3
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 (eg, "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

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.

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HE0351

**D4 NICHQ Vanderbilt Assessment Scale—TEACHER Informant, continued**

Teacher's Name: \_\_\_\_\_ Class Time: \_\_\_\_\_ Class Name/Period: \_\_\_\_\_  
 Today's Date: \_\_\_\_\_ Child's Name: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Symptoms (continued)	Never	Occasionally	Often	Very Often
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	Somewhat				
	Excellent	Above Average	Average	of a Problem	Problematic
<b>Academic Performance</b>					
36. Reading	1	2	3	4	5
37. Mathematics	1	2	3	4	5
38. Written expression	1	2	3	4	5

Classroom Behavioral Performance	Somewhat				
	Excellent	Above Average	Average	of a Problem	Problematic
39. Relationship with peers	1	2	3	4	5
40. Following directions	1	2	3	4	5
41. Disrupting class	1	2	3	4	5
42. Assignment completion	1	2	3	4	5
43. Organizational skills	1	2	3	4	5

**Comments:**

Please return this form to: \_\_\_\_\_  
 Mailing address: \_\_\_\_\_  
 \_\_\_\_\_  
 Fax number: \_\_\_\_\_

**For Office Use Only**

Total number of questions scored 2 or 3 in questions 1–9: \_\_\_\_\_  
 Total number of questions scored 2 or 3 in questions 10–18: \_\_\_\_\_  
 Total Symptom Score for questions 1–18: \_\_\_\_\_  
 Total number of questions scored 2 or 3 in questions 19–28: \_\_\_\_\_  
 Total number of questions scored 2 or 3 in questions 29–35: \_\_\_\_\_  
 Total number of questions scored 4 or 5 in questions 36–43: \_\_\_\_\_  
 Average Performance Score: \_\_\_\_\_

**NICHQ Vanderbilt Assessment Scale—TEACHER Informant**

Teacher's Name: \_\_\_\_\_ Class Time: \_\_\_\_\_ Class Name/Period: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Child's Name: \_\_\_\_\_ Grade Level: \_\_\_\_\_

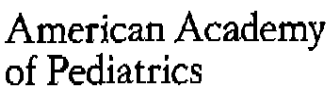
**Directions:** Each rating should be considered in the context of what is appropriate for the age of the child you are rating and should reflect that child's behavior since the beginning of the school year. Please indicate the number of weeks or months you have been able to evaluate the behaviors: \_\_\_\_\_.

Is this evaluation based on a time when the child  was on medication  was not on medication  not sure?

Symptoms	Never	Occasionally	Often	Very Often
1. Fails 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 instructions 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 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, butts into conversations/games)	0	1	2	3
19. Loses temper	0	1	2	3
20. Actively defies or refuses to comply with adult's requests or rules	0	1	2	3
21. Is angry or resentful	0	1	2	3
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 (eg, "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

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.

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**NICHQ Vanderbilt Assessment Scale—TEACHER Informant**

Teacher's Name: \_\_\_\_\_ Class Time: \_\_\_\_\_ Class Name/Period: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Child's Name: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Symptoms (continued)	Never	Occasionally	Often	Very Often
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	Excellent	Average	Above Average	Somewhat of a Problem	Problematic
<b>Academic Performance</b>					
36. Reading	1	2	3	4	5
37. Mathematics	1	2	3	4	5
38. Written expression	1	2	3	4	5

Classroom Behavioral Performance	Excellent	Above Average	Average	Somewhat of a Problem	Problematic
39. Relationship with peers	1	2	3	4	5
40. Following directions	1	2	3	4	5
41. Disrupting class	1	2	3	4	5
42. Assignment completion	1	2	3	4	5
43. Organizational skills	1	2	3	4	5

Comments:

Please return this form to: \_\_\_\_\_

Mailing address: \_\_\_\_\_

\_\_\_\_\_

Fax number: \_\_\_\_\_

**For Office Use Only**

Total number of questions scored 2 or 3 in questions 1-9: \_\_\_\_\_

Total number of questions scored 2 or 3 in questions 10-18: \_\_\_\_\_

Total Symptom Score for questions 1-18: \_\_\_\_\_

Total number of questions scored 2 or 3 in questions 19-28: \_\_\_\_\_

Total number of questions scored 2 or 3 in questions 29-35: \_\_\_\_\_

Total number of questions scored 4 or 5 in questions 36-43: \_\_\_\_\_

Average Performance Score: \_\_\_\_\_

