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Date

INITIAL AND FOLLOW UP QUERIES : CHILD AND ADOLESCENT

Patient Name
DOB
Please check mark the symptoms present often or very often
□ Argues with adults
□ Loses temper
□ Actively disobeys or refuses to follow an adults'
requests or rules
□ Bothers people on purpose
□ Blames others for his or her mistakes or misbehaviors
Is touchy or easily annoyed by others
□ Is angry or bitter
$\square$ Is hateful and wants to get even
Bullies, threatens, or scares others
Starts physical fights
$\square$ Lies to get out of trouble or to avoid jobs
Is physically unkind to people
$\square$ Has stolen things that have value
Is physically mean to animals
🗆 Is fearful, nervous, or worried
$\square$ Is afraid to try new things for fear of making
mistakes
Feels useless or inferior
Blames self for problems, feels at fault
□ Feels lonely, unwanted, or unloved; complains that
"no one loves him/her"
🗆 Is sad or unhappy
Feels different and easily embarrassed
Has separation anxiety
Has phobias of
Does not pay attention to details or
makes careless mistakes, for example homework
$\square$ Has difficulty attending to what needs to be done
Does not seem to listen when spoken to directly
Does not follow through when given directions

and fails to finish things

 $\square$  Has difficulty organizing tasks and activities

□ Avoids, dislikes, or does not want to start tasks

that require ongoing mental effort □ Loses things needed for tasks or activities (assignments, pencils, books) □ Is easily distracted by noises or other things □ Is forgetful in daily activities □ Fidgets with hands or feet or squirms in seat □ Leaves seat when supposed to stay in his seat □ Runs about or climbs too much when he is supposed to stay seated □ Has difficulty playing or starting quiet games  $\Box$  Is "on the go" or often acts as if "driven by a motor" Talks too much Blurts out answers before questions have been completed □ Has difficulty waiting his/her turn □ Gets paranoid Has hallucinations Has compulsive behaviors Moodiness/Irritability in the afternoon when effect of medication is wearing off ? Yes No Have you changed or added anything to child's medications? Yes No Is the child getting medications as prescribed? Yes No Another doctor changed or added anything to medications? Yes No Academic Performance: Excellent Above Average Average Problematic Poor Problematic in Reading Writing Math Response/problems from medications:\_\_\_\_\_ Problems at home:\_\_\_\_ Problems at School: