

**GWINNETT PEDIATRICS & ADOLESCENT MEDICINE**  
**Behavior or School Performance Consultation Basics**

Dear Parent or Guardian:

You have expressed concerns about your child's behavior or school performance. We would like to help identify your child's problems and develop a treatment plan. Please submit the materials listed below for your child's pediatrician to review. Since our doctors cannot provide quality care until they review the information, we will not schedule a consultation visit until we receive and review all requested information. After your child's pediatrician has reviewed the materials, we will contact you to set up a consultation with the doctor. If your child has not had a recent well child check-up, we will likely ask you to schedule two separate appointments: one for a checkup and one for a consultation.

**List of Materials in Packet to Be Completed:**

- ADHD Intake Form-To be completed by parent
- Cardiac Questionnaire-To be completed by parent
- Vanderbilt Parent Rating Scale for each parent
- Vanderbilt Teacher Rating Scale to be completed by child's teacher. If your child has more than one teacher, please have it completed by the teacher who spends the most time with your child. You may also have multiple teachers complete
- Feel free to submit any additional information with the forms that may be beneficial: report cards, school work, test scores, etc.

**Please note:** If your child has had Psycho-educational testing (done through the school or privately), please provide our office with a copy of the evaluation along with the ADHD forms above. We **do not** require this testing for the initial consult; however, we may require that this testing be done after the initial consultation if it is determined by your child's doctor that your child may benefit from a more detailed evaluation.

**Please return the completed packet to Beth Garner:**

- By fax at 770-831-7285
- By email at [bgarner@gwinnettpeds.com](mailto:bgarner@gwinnettpeds.com)
- By mail at GPAM-Dacula 2089 Teron Trace Ste 100 Dacula, GA 30019
- You may drop it off at any of the offices to her attention

If you have additional questions or need further instruction, please contact Beth at 770-995-0823 x9000

We appreciate your time and attention and look forward to working with you and your child!



GWINNETT PEDIATRICS & ADOLESCENT MEDICINE



## ADD/ADHD Testing Options

### **Pedia IQ Screening**

Gwinnett Pediatrics now offers the Pedia IQ screening in our office. This testing is performed in our **Hamilton Mill** office location-2089 Teron Trace Ste 100 Dacula, GA 30019 and takes approximately 2 hours. If after the initial consultation with your child's pediatrician, he/she determines that your child would benefit from this type of brief evaluation, our ADD intake coordinator will contact you to discuss scheduling, cost, and answer any questions you may have regarding the screening. For more information regarding the screening itself, you may visit [www.pediaiq.com](http://www.pediaiq.com).

***\*Please note: The age limit for this screening is 6yrs to 16yrs old. Not all patients will qualify for this screening. Your pediatrician can discuss further during the initial consultation.***

### **Psycho-Educational Testing**

If after the initial consultation with your child's pediatrician, he/she determines your child would benefit from a full evaluation through a private psychologist, we offer psycho-educational and neuropsychological testing to our established patients. Rebecca L. Marshall, Ph.D., completes the evaluations on-site at our office. Brief and comprehensive evaluations are available for academic, learning, emotional, and attention concerns. Counseling for parenting, behavioral, and emotional concerns are also available. Please note: Dr. Marshall does not file insurance but can provide you with the necessary codes to seek reimbursement from your insurance company. If interested in discussing the services she offers and cost or to schedule an evaluation with her, you may contact our ADD intake coordinator, Beth at 770-995-0823 x9000. Beth will have Dr. Marshall contact you via phone to discuss and schedule.

For your convenience, we have also included in this packet a list of additional psychologists that perform psychoeducational evaluations as well. Some of these providers file insurance while others are self-pay. You may contact one of these providers to discuss scheduling or you may consult with your insurance company to locate a provider in your area that is covered under your insurance plan.



## Pedia IQ Screening

The Pedia IQ Screening is comprised of a **mental health screening, learning disability screening, and ADHD screening**. The assessment is completed on site in the physician's office and interpreted by a psychologist who sends the report directly to the physician.

### Mental Health and Learning Disability Screenings

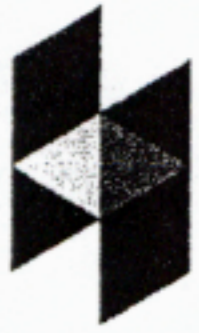
**Mental health screenings** are an important part of diagnosing ADHD and learning disabilities. Pedia IQ evaluations include an analysis of emotional and behavioral concerns. **Mental health screening** allows for documentation when treating mental health disorders, including depression and anxiety.

**Learning disability screenings** are comprised of intellectual ability and academic achievement measurements. Screenings help determine whether comprehensive testing is warranted.



## ADHD Testing

An objective, standardized measurement of sustained attention is performed when ADHD is suspected. **Attention tests** allow physicians to compare a child's behavior relative to normative data.



# Psychoeducational Testing

## **Buford Psychology**

### **Buford**

Dr. Erica Kasler

(678) 825-5660

[www.bufordpsychology.com](http://www.bufordpsychology.com)

Specialty: assessment of autism spectrum disorder, anxiety, depression (*accepting new patients for psychological assessment/testing only*)

Insurance: BCBS Anthem, Cigna, MCD, Peachstate

Hours: M - Th, 9:30 AM - 3:30 PM

Ages served: 7+

## **Behavioral Institute of Atlanta**

### **Atlanta**

Dr. Beth Seidel

(404) 256-9325, ext. 728

[www.bia1.com](http://www.bia1.com)

Specialty: anxiety, depression, and mood disorders

Insurance: self-pay

Hours: M - F, 10 AM - 6 PM

Ages served: 14+

## **Dr. Rebecca Marshall**

### **Duluth, Lawrenceville**

(770) 995-0823

[www.gwinnettpeds.com](http://www.gwinnettpeds.com)

Specialty: psychoeducational and neuropsychiatric testing at GPAM

Insurance: self-pay

Hours: vary

## **Dr. Mary Grace Danielak**

### **Alpharetta**

(404) 442-9447, ext. 111

[www.yourshrink.com](http://www.yourshrink.com)

Specialty: dyslexia, ADHD, reading disorders, written expression disorders, mathematics disorders, processing issues

Insurance: self-pay (superbill given to submit)

Hours: M - F, 8 AM - 6 PM

Ages served: 5 - 25

## **Dr. Elizabeth Ellis**

### **Duluth**

(770) 476-1967

[www.dr-elizabethellis.net](http://www.dr-elizabethellis.net)

Specialty: teens/parents, ADHD/ODD, autism assessments for 2 to 3 year-olds

Insurance: all major plans

Hours: Tu - Th, 9:30 AM - 6:30 PM, F, occasional 1/2 day

Appointment types: in-person

Ages served: 2+

## **Fresh Start for the Mind**

### **Suwanee**

Dr. Denise McKinney

(404) 808-1161

[www.freshstartmind.com](http://www.freshstartmind.com)

Specialty: ADHD, learning disabilities, autism spectrum disorder

Insurance: Aetna, BCBS, Cigna, Humana, Medicaid, TRICARE, Comppsych

Hours: M - F, 9 AM - 5 PM

## **Midtown Psychotherapy Associates**

### **Atlanta**

(404) 685-1600

[www.midtownpsychotherapy.org](http://www.midtownpsychotherapy.org)

Specialty: child/teen diagnostic assessment, autism assessment, psychoeducational assessment (ADHD, learning disorders)

## **Psychological Solutions of North Atlanta**

### **Johns Creek**

Dr. Stacey Gabriel

(404) 202-1309

[www.psnallc.com](http://www.psnallc.com)

Specialty: intelligence, processing skills, problem-solving, attention, academics, social skills, emotional functioning

Insurance: self-pay

Hours: M - Th, 9 AM - 5 PM

Ages served: 5+

## **SBS Psychological Associates of**

### **Gwinnett**

#### **Dacula**

Dr. Shirley Boone-Sanford

(678) 205-0838

[www.psychologygwinnett.com](http://www.psychologygwinnett.com)

Specialty: adolescent girls and women, psychological/psychoeducational testing and evaluations for ADHD, learning disabilities

Ages served: 6+

## **Leslie A. Stuart and Associates**

### **Atlanta (near CHOA)**

Dr. Leslie Stuart

(404) 943-9494

[www.drlesliestuart.com](http://www.drlesliestuart.com)

Specialty: dyslexia

Insurance: self-pay (superbill given to submit)

Hours: weekday mornings

Ages served: 4+



**GWINNETT PEDIATRICS & ADOLESCENT MEDICINE**

**Date:**

**Attention Deficit Disorder Intake Form:**

**Patient:**  
**DOB:**  
**Age:**  
**Grade:**

Was your child born premature or at term? If premature, how early?      YES      NO

Were there any complications with the pregnancy or delivery of your child? If so, please describe:      YES      NO

Does your child have any problems with sleep such as snoring, poor quality, frequent nightmares or trouble initiating sleep? If so please describe:

Does your child have a difficult temperament (i.e. had colic, lots of tantrums, picky eating, troubles with babysitters, etc?)      YES      NO

Has your child ever needed speech therapy, physical therapy or occupational therapy? If so please describe.      YES      NO

Have you ever been concerned that your child might seriously harm his/herself or someone else?      YES      NO

Has your child ever heard voices that weren't there, described visions that didn't exist?      YES      NO

Have you ever sought psychological counseling for your child?      YES      NO

Has your child had conflict with teachers, staff or peers at school?      YES      NO

Has your child ever been suspended from school?      YES      NO

Has there ever been discussion regarding repeating a grade at school?      YES      NO

Has your child ever had an Individualized Education Plan (IEP)?      YES      NO



**GWINNETT PEDIATRICS & ADOLESCENT MEDICINE**

**Has your child had a history of:**

Learning problems?	YES	NO
Serious head injury?	YES	NO
Loss of consciousness?	YES	NO
Meningitis?	YES	NO
Seizures?	YES	NO
Staring Spells?	YES	NO
Tics?	YES	NO
Depression?	YES	NO
Recurrent headaches?	YES	NO
Recurrent abdominal pain?	YES	NO

**If you answered yes to any of the above questions, please describe here:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any medications, including vitamins and herbal supplements, that your child currently takes. \_\_\_\_\_

\_\_\_\_\_

**Please circle any of the following that occur in your family:**

- Attention Deficit Disorder
- Mental Illness
- Drug or Alcohol Abuse
- Neurological disorder
- Learning/reading difficulties
- Birth defects
- Trouble with the criminal justice system
- Physical or sexual abuse
- Thyroid disease
- Toxic exposures (e.g. Lead, mercury)

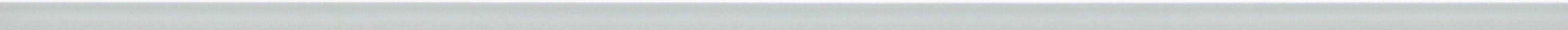
**If you circled any of the above conditions, please describe here:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Who lives in your home?**

\_\_\_\_\_  
\_\_\_\_\_

Reviewed \_\_\_\_\_



# Pediatric Cardiac Risk Assessment Form



**Children's<sup>SM</sup>**  
**Healthcare of Atlanta**  
**Cardiology**

Please complete this form for all children (athletic participant or not) starting at the age of 6, when the American Academy of Pediatrics recommends starting preparticipation examinations (PPE). It should be completed a minimum of every 3 years, including on entry into middle school and high school. Depending on family and primary care provider concerns, more frequent or earlier screening may be appropriate.

Patient Name: \_\_\_\_\_

Age: \_\_\_\_\_

Person Completing Form: \_\_\_\_\_

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

Symptom Questions:	Yes	No	Unsure
Have you (patient) ever fainted, passed out, or had an unexplained seizure suddenly and without warning?			
If so, was it during exercise or in response to sudden loud noises, such as doorbells, alarm clocks, or ringing telephones?			
Have you (patient) ever had either of the following during <b>exercise</b> : 1. Exercise-related chest pain, particularly pressure-like and not occurring at rest? 2. Unusual or extreme shortness of breath during exercise, not explained by asthma?			
Family History:	Yes	No	Unsure
Are there any immediate family members (include patient's parents or siblings) who have died before age 50 from heart problems or had an unexpected sudden death? <i>Including drownings, passing away in their sleep, sudden infant death syndrome (SIDS), or unexplained automobile crashes in which the relative was driving.</i>			
Are there any immediate relatives (patient's parents or siblings) with the following conditions?			
<input type="checkbox"/> Hypertrophic cardiomyopathy or hypertrophic obstructive cardiomyopathy (HCM/HOCM) <input type="checkbox"/> Long QT syndrome (LQTS) or short QT syndrome <input type="checkbox"/> Marfan syndrome or Loeys-Dietz syndrome <input type="checkbox"/> Arrhythmogenic right ventricular cardiomyopathy (ACM) <input type="checkbox"/> Catecholaminergic polymorphic ventricular tachycardia (CPVT) <input type="checkbox"/> Brugada syndrome (BrS) <input type="checkbox"/> Anyone younger than 50 years old with a pacemaker or implantable defibrillator? <input type="checkbox"/> <b><i>I have no known immediate family members with the above conditions.</i></b>			
Please explain more about any "yes" answers here:			



# **NICHQ Vanderbilt Assessment Scales**

Used for diagnosing ADHD



## 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: \_\_\_\_\_

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

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McNeil  
Consumer & Specialty Pharmaceuticals

HE0351

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	Above Average	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: \_\_\_\_\_

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