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PATIENT INFORMATION

Patient's Name: _____ Date of Birth: _____ Age: _____

Sex: Male Female

Home Address: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

Student

School _____ School Phone: (_____) _____

School Address: _____

RESPONSIBLE PARTY INFORMATION

Responsible Party: _____ SS# _____ - _____ Date of Birth: _____

Home Address: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

Employer: _____ Work Phone: (_____) _____

Employer Address: _____ Occupation: _____

Driver's License No.: _____

Marital Status: Single Married Separated Divorced Widowed

Spouse's Name: _____ SS# _____ - _____ Date of Birth: _____

Spouse's Employer: _____ Address: _____

INSURANCE BILLING: We do not bill insurance. We will provide patients with receipts that may be submitted to insurance carriers for reimbursement. The responsible party is responsible for all charges whether or not they are covered by your insurance.

PAYMENT POLICY: Payment for services is required at the time the services are rendered. Payment may be made by cash, personal check or credit card (Discover, MasterCard or Visa). As patients are expected to maintain a zero balance, our office does not send patients statements on a regular basis. Accounts need to stay current in order to maintain ongoing treatment. Unpaid accounts over 60 days old are routinely reviewed for submission to our collection agency.

FEES CHARGED: The fees charged are based on the amount of time scheduled for dealing with patient issues. The minimum amount of time scheduled/charged is for a half session (20-30 minutes in length). If additional time beyond the scheduled time is taken to assist patients, there will be a charge for the amount of time used. In addition, patients are charged for time spent with a patient on the telephone, time taken to write duplicate prescriptions outside of scheduled appointments, and time taken to write reports or correspondence on patient's behalf.

APPOINTMENT CANCELLATION POLICY: Cancellations for scheduled appointments must be received 24 hours in advance during regular office hours Monday thru Friday. **Not kept or cancelled appointments that do not follow this policy will be charged an un-kept appointment fee.** This fee can equal but will not exceed the fee for the time originally scheduled. Insurance companies do not pay for un-kept appointment fees and the responsible party is held fully accountable for this charge.

I have read and understand the above stated policies.

Signature of Responsible Party (required): _____

Name: _____

PRIOR ATTEMPTS TO CORRECT PROBLEMS/PRIOR PSYCHIATRIC HISTORY

(Please include contact with other professionals, medications, types of treatment, etc.)

MEDICAL HISTORY

Current medical problems & medications: _____

Past medical problems & medications: _____

Other doctors/clinics seen regularly: _____

Any history of head trauma? (describe): _____

Ever any seizures or seizure-like activity? _____

Any periods of spaciness or confusion? _____

Prior hospitalizations (place, cause, date, outcome): _____

Prior abnormal lab tests, X-rays, EEG, etc: _____

Allergies/drug intolerances (describe): _____

Present Height _____ *Present Weight* _____

Current Stresses (please list factors that are a source of stress in the family) _____

FAMILY HISTORY

Family Structure (who lives in the current household with the child; please give relationship to the child):

Current Marital Situation/Satisfaction of Parents _____

Family Development (include marriages, separations, divorces, deaths, traumatic events, losses, etc.)

Natural Mother's History: Age _____ Outside work? _____

School: highest grade completed _____

Learning problems? (specify) _____

Behavior problems? (specify) _____

Name: _____

Natural Mother's History, Continued

Marriages _____

Medical Problems _____

Childhood atmosphere (family position, abuse, illnesses, etc) _____

Has mother ever sought psychiatric treatment? Yes No

If yes, for what purpose? _____

Mother's alcohol/drug use history _____

Have any of mother's blood relatives ever had any learning problems or psychiatric problems including such things as alcohol/drug abuse, depression, anxiety, suicide attempts, psychiatric hospitalizations? (specify) _____

Natural Father's History: Age _____ Outside work? _____

School: highest grade completed _____

Learning problems? (specify) _____

Behavior problems? (specify) _____

Marriages _____

Medical Problems _____

Childhood atmosphere (family position, abuse, illnesses, etc) _____

Has father ever sought psychiatric treatment? Yes No

If yes, for what purpose? _____

Father's alcohol/drug use history _____

Have any of father's blood relatives ever had any learning problems or psychiatric problems including such things as alcohol/drug abuse, depression, anxiety, suicide attempts, psychiatric hospitalizations? (specify) _____

(If Applicable)

Step or Adoptive Mother's History (indicate which): Age _____ Outside work? _____

School: highest grade completed _____

Learning problems? (specify) _____

Behavior problems? (specify) _____

Marriages _____

Medical Problems _____

Childhood atmosphere (family position, abuse, illnesses, etc) _____

Has step or adoptive mother ever sought psychiatric treatment? Yes No

If yes, for what purpose? _____

Step or adoptive mother's alcohol/drug use history _____

Step or Adoptive Father's History (indicate which): Age _____ Outside work? _____

School: highest grade completed _____

Learning problems? (specify) _____

Behavior problems? (specify) _____

Marriages _____

Medical Problems _____

Childhood atmosphere (family position, abuse, illnesses, etc) _____

Name: _____

Step or Adoptive Father's History, Continued

Has step or adoptive father ever sought psychiatric treatment? Yes No

If yes, for what purpose? _____

Step or adoptive father's alcohol/drug use history _____

Siblings (names, ages, problems, strengths, relationship to patient)

CHILD'S DEVELOPMENTAL HISTORY

Prenatal events:

Parents' attitude toward pregnancy _____

Conception--ease _____ planned _____ unplanned _____

Pregnancy complications (bleeding, excess vomiting, medication, infections, x-rays, smoking, alcohol/drug use, etc) _____

Birth and Postnatal period:

Birth weight ____ Length ____ Labor duration ____ Delivery: vaginal ____ C section ____ Problems _____

APGAR scores (if known) _____ Any jaundice? Yes ____ No ____ Time in hospital _____

Other complications? _____

Mother's health after delivery _____

Post delivery blues? _____ If yes, how long ? _____

Primary caretaker for child: First year _____ **Thereafter** _____

Feeding history: breast vs bottle _____ age weaned _____ Food allergies _____

Current eating problems _____

Sleep behavior: sleepwalking, nightmares, recurrent dreams, current problems (getting up, going to bed)

Separations from mother and/or father: age, duration, reaction to _____

Toilet training: Age reached bowel control: day _____ night _____ Bladder control: day _____ night _____

Methods used _____ Ease _____ Current function _____

Motor development: (please provide age; parentheses are approximate normal limits)

Rolls over (3-5mo) _____ Sits without support (5-7mo) _____ Crawls (5-8mo) _____

Walks well (11-16mo) _____ Runs well (2yr) _____ Rides tricycle (3yr) _____

Throws ball overhand (4yr) _____ Current level of activity _____

Fine and gross motor coordination _____ Compared to peers _____

Name: _____

Language development: (please provide age; parentheses are approximate normal limits)

Several words besides dada, mama (1yr) _____ Names several objects - ball, cup (15mo) _____
3 words together--subject, verb, object (24mo) _____ Vocabulary _____ Articulation _____
Comprehension _____ Compared to peers _____
Any current problems? _____

Social development: (please provide age; parentheses are approximate normal limits)

Smiles (2mo) _____ Is shy with strangers (6-10mo) _____ Separates from mother easily (2-3yr) _____
Cooperative play with others (4yr) _____
Quality of attachment to mother _____ Quality of attachment to father _____
Relationships to family members _____
Early peer interactions _____
Current peer interactions _____
Special interests/hobbies _____

Sexual development: Gender identity _____

Any problems _____

Behavioral/Discipline:

Compliance vs. non-compliance _____
Lying/stealing _____ Rule breaking _____
Methods of discipline _____
Other problems _____

Emotional development: Early temperament _____

Current personality _____
Mood _____ Fears/phobias _____
Habits _____
Special objects (blankets, dolls, etc.) _____ Ability to express feelings _____

Physical/Sexual Abuse: _____

School History: Current grade _____ School contact _____

Number of schools attended _____ Average grades _____
Homework problems _____
Specific learning disabilities _____
Strengths _____
What have teachers said about your child? _____

Please bring school report cards and any state, national or special testing that has been performed.

Overall Strengths -- as viewed by parents _____

Overall Strengths -- as viewed by child _____

Name: _____

Child/Teen General Symptom Checklist

Parents please rate your child or teen on each of the symptoms listed below using the following scale. If possible, to give us the most complete picture, have the child or teen rate him/herself as well. For young children it may not be practical to have them fill out the questionnaire. Use your best judgment and do the best you can.

0 1 2 3 4 NA
Never Rarely Occasionally Frequently Very Frequently Not Applicable/Not Known

Ch/Tn Parent

- ___ ___ 1. depressed or sad mood
- ___ ___ 2. not as much interest in things that are usually fun
- ___ ___ 3. significant recent weight or appetite changes
- ___ ___ 4. recurrent thoughts of death or suicide
- ___ ___ 5. sleep changes, lack of sleep or marked increase in sleep
- ___ ___ 6. low energy or feelings of tiredness
- ___ ___ 7. feelings of being worthless, helpless, hopeless or guilty
- ___ ___ 8. plays alone or appears socially withdrawn
- ___ ___ 9. cries easily
- ___ ___ 10. negative thinking
- ___ ___ 11. periods of an elevated, high or irritable mood
- ___ ___ 12. periods of a very high self esteem or big thinking
- ___ ___ 13. periods of decreased need for sleep without feeling tired
- ___ ___ 14. more talkative than usual or feel pressure to keep talking
- ___ ___ 15. fast thoughts or frequent jumping from one subject to another
- ___ ___ 16. easily distracted by irrelevant things
- ___ ___ 17. marked increase in activity level
- ___ ___ 18. cyclic periods of angry, mean or violent behavior
- ___ ___ 19. periods of time where he/she feels intensely anxious or nervous
- ___ ___ 20. periods of trouble breathing or feeling smothered
- ___ ___ 21. periods of feeling dizzy, faint or unsteady on your feet
- ___ ___ 22. periods of heart pounding, fast heart rate or chest pain
- ___ ___ 23. periods of trembling, shaking or sweating
- ___ ___ 24. periods of nausea, abdominal upset or choking
- ___ ___ 25. intense fear of dying
- ___ ___ 26. lacks confidence in abilities
- ___ ___ 27. needs lots of reassurance
- ___ ___ 28. needs to be perfect
- ___ ___ 29. seems fearful and anxious
- ___ ___ 30. seems shy or timid
- ___ ___ 31. easily embarrassed
- ___ ___ 32. sensitive to criticism
- ___ ___ 33. bites fingernails or chews clothing
- ___ ___ 34. persistent refusal to go to school
- ___ ___ 35. excessive fear of interacting with other children or adults
- ___ ___ 36. persistent, excessive fear (heights, closed spaces, specific animals, etc.) please list _____
- ___ ___ 37. excessive anxiety concerning separation from home or from those to whom the child is attached.
- ___ ___ 38. recurrent bothersome thoughts, ideas or images which he/she tries to ignore
- ___ ___ 39. trouble getting "stuck" on certain thoughts, or having the same thought over and over
- ___ ___ 40. excessive or senseless worrying
- ___ ___ 41. others complain that he/she worries too much or gets "stuck" on the same thoughts
- ___ ___ 42. compulsive behaviors that he/she must do or he/she feels very anxious, such as excessive hand washing,

cleaning, checking locks, or counting or spelling

___ 43. needs to have things done a certain way or he/she becomes very upset

Name: _____

- ___ 44. recurrent and upsetting thoughts of a past traumatic event (molest, accident, fire, etc.), please list _____
- ___ 45. recurrent distressing dreams of a past upsetting event
- ___ 46. feelings of reliving a past upsetting event
- ___ 47. spend effort avoiding thoughts or feelings related to a past trauma
- ___ 48. feeling that your future is shortened
- ___ 49. startle easily
- ___ 50. feel like you're always watching for bad things to happen
- ___ 51. refusal to maintain body weight above a level most people consider healthy
- ___ 52. intense fear of gaining weight or becoming fat even though underweight
- ___ 53. feelings of being fat, even though you're underweight
- ___ 54. recurrent episodes of eating large amounts of food
- ___ 55. a feeling of lack of control over eating behavior
- ___ 56. engage in activities to eliminate excess food, such as self induced vomiting, laxatives, strict dieting or strenuous exercise
- ___ 57. persistent worry with body shape and weight
- ___ 58. involuntary physical movements or motor tics (such as eye blinking, shoulder shrugging, head jerking or picking). How long have motor tics been present? _____ How often? _____ describe _____
- ___ 59. involuntary vocal sounds or verbal tics (such as coughing, puffing, blowing, whistling, swearing). How long have verbal tics been present? _____ How often? _____ describe _____
- ___ 60. repetitive, seemingly driven motor behavior (e.g., hand shaking or waving, body rocking, head banging, mouthing of objects, self-biting, picking at skin or bodily orifices, hitting own body) that interferes with normal activities or results in self-inflicted bodily injury that requires medical treatment (or would result in an injury if preventive measures were not used).
- ___ 61. passage of feces in inappropriate places (e.g., clothing or floor).
- ___ 62. bed wetting. If present, how often? _____
- ___ 63. failure to speak in specific social situations (in which there is an expectation for speaking, e.g., at school) despite speaking in other situations.
- ___ 64. delusional or bizarre thoughts (thoughts you know others would think are false)
- ___ 65. visual hallucination, seeing objects or images are not really present
- ___ 66. hearing voices that are not really present
- ___ 67. odd behaviors
- ___ 68. poor personal hygiene or grooming
- ___ 69. inappropriate mood for the situation (i.e., laughing at sad events)
- ___ 70. frequent feelings that someone or something is out to hurt you
- ___ 71. problems with social relatedness before the age of 5, either by failing to respond appropriately to others or becoming indiscriminately attached to others
- ___ 72. multiple changes in caregivers before the age of 5
- ___ 73. steals
- ___ 74. bullies, threatens, or intimidates others
- ___ 75. initiates physical fights
- ___ 76. cruel to animals
- ___ 77. force others into things they do not want to do (sexually or criminally)
- ___ 78. sets fires
- ___ 79. destroys property
- ___ 80. break in to others home, school, car or place of business
- ___ 81. lies
- ___ 82. stays out at night despite parental prohibitions
- ___ 83. runs away overnight
- ___ 84. cuts school

___ ___ 85. doesn't seem sorry for hurting others

___ ___ 86. negative, hostile, or defiant behavior

Name: _____

___ ___ 87. loses temper

___ ___ 88. argues with adults

___ ___ 89. actively defies or refuses to comply with adults' requests or rules

___ ___ 90. deliberately annoys people

___ ___ 91. blames others for his or her mistakes or misbehavior

___ ___ 92. touchy or easily annoyed by others

___ ___ 93. angry and resentful

___ ___ 94. spiteful or vindictive

___ ___ 95. impairment in communication as manifested by at least one of the following:

- delay in, or total lack of, the development of spoken language (not accompanied by an attempt to compensate through alternative modes of communication such as gesture or mime)
- in individuals with adequate speech, marked impairment in the ability to initiate or sustain a conversation with others
- repetitive use of language or odd language
- lack of varied, spontaneous make-believe play or social imitative play appropriate to developmental level

___ ___ 96. impairment in social interaction, with at least two of the following:

- marked impairment in the use of multiple nonverbal behaviors such as eye-to-eye gaze, facial expression, body postures, and gestures to regulate social interaction
- failure to develop peer relationships appropriate to developmental level
- lack of spontaneous seeking to share enjoyment, interests, or achievements with other people (e.g., by a lack of showing, bringing, or pointing out objects of interest)
- lack of social or emotional reciprocity

___ ___ 97. repetitive patterns of behavior, interests, and activities, as manifested by at least one of following:

- preoccupation with an area of that is abnormal either in intensity or focus
- rigid adherence to specific, nonfunctional routines or rituals
- repetitive motor mannerisms (e.g., hand or finger flapping or twisting, or complex whole-body movements)
- persistent preoccupation with parts of objects

___ ___ 98. stutters

___ ___ 99. feel tired during the day

___ ___ 100. feel cold when others feel fine or they are warm

___ ___ 101. often feel warm when others feel fine or they are cold

___ ___ 102. problems with brittle or dry hair

___ ___ 103. problems with dry skin

___ ___ 104. problems with sweating

___ ___ 105. problems with chronic anxiety or tension

Name: _____

Child/Teen Amen Brain System Checklist

Please rate your child/teen on each of the symptoms listed below using the following scale. If practical and/or possible, to give us the most complete picture, have the child/teen (Ch/Tn) rate himself or herself. List who filled this out. _____

0	1	2	3	4	NA
Never	Rarely	Occasionally	Frequently	Very Frequently	Not Applicable/Not Known

Ch/Tn Parent

- ___ ___ 1. Fails to give close attention to details or makes careless mistakes
- ___ ___ 2. Trouble sustaining attention in routine situations (i.e., homework, chores, paperwork)
- ___ ___ 3. Trouble listening
- ___ ___ 4. Fails to finish things
- ___ ___ 5. Poor organization for time or space (such as backpack, room, desk, paperwork)
- ___ ___ 6. Avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort
- ___ ___ 7. Loses things
- ___ ___ 8. Easily distracted
- ___ ___ 9. Forgetful
- ___ ___ 10. Poor planning skills
- ___ ___ 11. Lack clear goals or forward thinking
- ___ ___ 12. Difficulty expressing feelings
- ___ ___ 13. Difficulty expressing empathy for others
- ___ ___ 14. Excessive daydreaming
- ___ ___ 15. Feeling bored
- ___ ___ 16. Feeling apathetic or unmotivated
- ___ ___ 17. Feeling tired, sluggish or slow moving
- ___ ___ 18. Feeling spacey or "in a fog"
- ___ ___ 19. Fidgety, restless or trouble sitting still
- ___ ___ 20. Difficulty remaining seated in situations where remaining seated is expected
- ___ ___ 21. Runs about or climbs excessively in situations in which it is inappropriate
- ___ ___ 22. Difficulty playing quietly
- ___ ___ 23. "On the go" or acts as if "driven by a motor"
- ___ ___ 24. Talks excessively
- ___ ___ 25. Blurts out answers before questions have been completed
- ___ ___ 26. Difficulty awaiting turn
- ___ ___ 27. Interrupts or intrudes on others (e.g., butts into conversations or games)
- ___ ___ 28. Impulsive (saying or doing things without thinking first)
- ___ ___ 29. Excessive or senseless worrying
- ___ ___ 30. Upset when things do not go your way
- ___ ___ 31. Upset when things are out of place
- ___ ___ 32. Tendency to be oppositional or argumentative
- ___ ___ 33. Tendency to have repetitive negative thoughts
- ___ ___ 34. Tendency toward compulsive behaviors
- ___ ___ 35. Intense dislike for change
- ___ ___ 36. Tendency to hold grudges
- ___ ___ 37. Trouble shifting attention from subject to subject
- ___ ___ 38. Trouble shifting behavior from task to task
- ___ ___ 39. Difficulties seeing options in situations
- ___ ___ 40. Tendency to hold on to own opinion and not listen to others
- ___ ___ 41. Tendency to get locked into a course of action, whether or not it is good
- ___ ___ 42. Needing to have things done a certain way or you become very upset

- ___ 43. Others complain that you worry too much
- ___ 44. Tend to say no without first thinking about question

Name: _____

- ___ 45. Tendency to predict fear
- ___ 46. Frequent feelings of sadness
- ___ 47. Moodiness
- ___ 48. Negativity
- ___ 49. Low energy
- ___ 50. Irritability
- ___ 51. Decreased interest in others
- ___ 52. Decreased interest in things that are usually fun or pleasurable
- ___ 53. Feelings of hopelessness about the future
- ___ 54. Feelings of helplessness or powerlessness
- ___ 55. Feeling dissatisfied or bored
- ___ 56. Excessive guilt
- ___ 57. Suicidal feelings
- ___ 58. Crying spells
- ___ 59. Lowered interest in things usually considered fun
- ___ 60. Sleep changes (too much or too little)
- ___ 61. Appetite changes (too much or too little)
- ___ 62. Chronic low self-esteem
- ___ 63. Negative sensitivity to smells/odors
- ___ 64. Frequent feelings of nervousness or anxiety
- ___ 65. Panic attacks
- ___ 66. Symptoms of heightened muscle tension (headaches, sore muscles, hand tremor)
- ___ 67. Periods of heart pounding, rapid heart rate or chest pain
- ___ 68. Periods of trouble breathing or feeling smothered
- ___ 69. Periods of feeling dizzy, faint or unsteady on your feet
- ___ 70. Periods of nausea or abdominal upset
- ___ 71. Periods of sweating, hot or cold flashes
- ___ 72. Tendency to predict the worst
- ___ 73. Fear of dying or doing something crazy
- ___ 74. Avoid places for fear of having an anxiety attack
- ___ 75. Conflict avoidance
- ___ 76. Excessive fear of being judged or scrutinized by others
- ___ 77. Persistent phobias
- ___ 78. Low motivation
- ___ 79. Excessive motivation
- ___ 80. Tics (motor or vocal)
- ___ 81. Poor handwriting
- ___ 82. Quick startle
- ___ 83. Tendency to freeze in anxiety provoking situations
- ___ 84. Lacks confidence in their abilities
- ___ 85. Seems shy or timid
- ___ 86. Easily embarrassed
- ___ 87. Sensitive to criticism
- ___ 88. Bites fingernails or picks skin
- ___ 89. Short fuse or periods of extreme irritability
- ___ 90. Periods of rage with little provocation
- ___ 91. Often misinterprets comments as negative when they are not
- ___ 92. Irritability tends to build, then explodes, then recedes, often tired after a rage
- ___ 93. Periods of spaciness or confusion
- ___ 94. Periods of panic and/or fear for no specific reason
- ___ 95. Visual or auditory changes, such as seeing shadows or hearing muffled sounds
- ___ 96. Frequent periods of deja vu (feelings of being somewhere you have never been)

- ___ ___97. Sensitivity or mild paranoia
- ___ ___98. Headaches or abdominal pain of uncertain origin

Name: _____

- ___ ___99. History of a head injury or family history of violence or explosiveness
- ___ ___100. Dark thoughts, may involve suicidal or homicidal thoughts
- ___ ___101. Periods of forgetfulness or memory problems

Name: _____

Childhood Depression Inventory

Name: _____

Date: _____

INSTRUCTIONS:

Kids sometimes have different feelings and ideas.

This form lists the feelings and ideas in groups of three statements. From each group pick one sentence that describes you best for the past two weeks. After you pick a sentence from the first group, then go on to the next group of three statements.

There is no right or wrong answer. Just pick the sentence that best describes the way you have been feeling recently. Put a mark like this **X** next to your answer. Put the mark in the box next to the sentence that you pick.

Here is an example how this form works. Try it, put a mark next to the sentence that describes you best.

EXAMPLE:

- I read books all the time.
- I read books once in a while.
- I never read books.

Remember, pick out the sentences that describe your feelings and thoughts in the past two weeks.

1. I am sad once in a while.
 I am sad many times.
 I am sad all the time.
2. Nothing will ever work out for me.
 I am not sure if things will work out for me.
 Things will work out for me OK.
3. I do most things OK.
 I do many things wrong.
 I do everything wrong.
4. I have fun in many things.
 I have fun in some things.
 Nothing is fun at all.
5. I am bad all the time.
 I am bad many times.

I am bad once in a while.

Name: _____

6. I think about bad things happening to me once in a while.
 I worry that bad things will happen to me.
 I am sure that terrible things will happen to me.
7. I hate myself.
 I do not like myself.
 I like myself.
8. All bad things are my fault.
 Many bad things are my fault.
 Bad things are not usually my fault.
9. I do not think about killing myself.
 I think about killing myself but would not do it.
 I want to kill myself.
10. I feel like crying everyday.
 I feel like crying many days.
 I feel like crying once in a while.
11. Things bother me all the time.
 Things bother me many times.
 Things bother me once in a while.
12. I like being with people.
 I do not like being with people many times.
 I do not want to be with people at all.
13. I can not make up my mind about things.
 It is hard to make up my mind about things.
 I make my mind about things easily.
14. I look O.K.
 There are some bad things about my looks.
 I look ugly.
15. I have to push myself all the time to do my schoolwork.
 I have to push myself many times to do my schoolwork.
 Doing schoolwork is not a big problem.
16. I have trouble sleeping every night.
 I have trouble sleeping many nights.
 I sleep pretty well.
17. I am tired once in a while.
 I am tired many days.
 I am tired all the time.

Name: _____

18. Most days I do not feel like eating.
 Many days I do not feel like eating.
 I eat pretty well.
19. I do not worry about aches and pains.
 I worry about aches and pains many times.
 I worry about aches and pains all the time.
20. I do not feel alone.
 I feel alone many times.
 I feel alone all the time.
21. I never have fun at school.
 I have fun at school only once in a while.
 I have fun at school many times.
22. I have plenty of friends.
 I have some friends but I wish I had more.
 I do not have any friends.
23. My school work is alright.
 My school work is not as good as before.
 I do very poorly in subjects I used to be good in.
24. I can never be as good as other kids.
 I can be as good as other kids if I want to.
 I am just as good as other kids.
25. Nobody really loves me.
 I am not sure if anybody loves me.
 I am sure that somebody loves me.
26. I usually do what I am told.
 I do not do what I am told most times.
 I never do what I am told.
27. I get along with people.
 I get into fights many times.
 I get into fights all the time.

Name: _____

Learning Disability Child/Teen Screening Questionnaire

Please have the child or teen rate themselves on each of the symptoms listed below using the following scale. If there are questions not appropriate to age put NA. Also, please have another person who knows the child/teen well (such as a parent, tutor or teacher) rate the child/teen as well. List other person _____

0	1	2	3	4	NA
Never	Rarely	Occasionally	Frequently	Very Frequently	Not Applicable/Not Known

Ch/Tn Parent/Other

Reading

- ___ ___ 1. I am a poor reader.
- ___ ___ 2. I do not like reading.
- ___ ___ 3. I make mistakes when reading like skipping words or lines.
- ___ ___ 4. I read the same line twice.
- ___ ___ 5. I have problems remembering what I read even though I have read all the words.
- ___ ___ 6. I reverse letters when I read (such as b/d, p/q).
- ___ ___ 7. I switch letters in words when reading (such as god and dog).
- ___ ___ 8. My eyes hurt or water when I read.
- ___ ___ 9. Words tend to blur when I read.
- ___ ___ 10. Words tend to move around the page when I read.
- ___ ___ 11. When reading I have difficulty understanding the main idea or identifying important details from a story.

Writing

- ___ ___ 12. I have "messy" handwriting.
- ___ ___ 13. My work tends to be messy.
- ___ ___ 14. I prefer print rather than writing in cursive.
- ___ ___ 15. My letters run into each other or there is no space between words.
- ___ ___ 16. I have trouble staying within lines.
- ___ ___ 17. I have problems with grammar or punctuation.
- ___ ___ 18. I am a poor speller.
- ___ ___ 19. I have trouble copying off the board or from a page in a book.
- ___ ___ 20. I have trouble getting thoughts from my brain to the paper.
- ___ ___ 21. I can tell a story but cannot write it.

Body Awareness/ Spatial Relationships

- ___ ___ 22. I have trouble with knowing my left from my right.
- ___ ___ 23. I have trouble keeping things within columns or coloring within lines.
- ___ ___ 24. I tend to be clumsy, uncoordinated.
- ___ ___ 25. I have difficulty with eye hand coordination.
- ___ ___ 26. I have difficulty with concepts such as up, down, over or under.
- ___ ___ 27. I tend to bump into things when walking.

Oral Expressive language

- ___ ___ 28. I have difficulty expressing myself in words.
- ___ ___ 29. I have trouble finding the right word to say in conversations.
- ___ ___ 30. I have trouble talking around a subject or getting to the point in conversations.

Name: _____

Receptive language

- ___ ___ 31. I have trouble keeping up or understanding what is being said in conversations.
- ___ ___ 32. I tend to misunderstand people and give the wrong answers in conversations.
- ___ ___ 33. I have trouble understanding directions people tell me.
- ___ ___ 34. I have trouble telling the direction sound is coming from.
- ___ ___ 35. I have trouble filtering out background noises.

Math

- ___ ___ 36. I am poor at basic math skills for my age (adding, subtracting, multiplying and dividing)
- ___ ___ 37. I makes "careless mistakes" in math.
- ___ ___ 38. I tend to switch numbers around.
- ___ ___ 39. I have difficulty with word problems.

Sequencing

- ___ ___ 40. I have trouble getting everything in the right order when I speak.
- ___ ___ 41. I have trouble telling time.
- ___ ___ 42. I have trouble using the alphabet in order.
- ___ ___ 43. I have trouble saying the months of the year in order.

Abstraction

- ___ ___ 44. I have trouble understanding jokes people tell me.
- ___ ___ 45. I tend to take things too literally.

Organization

- ___ ___ 46. My notebook/paperwork is messy or disorganized.
- ___ ___ 47. My room is messy.
- ___ ___ 48. I tend to shove everything into my backpack, desk or closet.
- ___ ___ 49. I have multiple piles around my room.
- ___ ___ 50. I have trouble planning my time.
- ___ ___ 51. I am frequently late or in a hurry.
- ___ ___ 52. I often do not write down assignments or tasks and end up forgetting what to do.

Memory

- ___ ___ 53. I have trouble with my memory.
- ___ ___ 54. I remember things from long ago but not recent events.
- ___ ___ 55. It is hard for me to memorize things for school or work.
- ___ ___ 56. I know something one day but do not remember it to the next.
- ___ ___ 57. I forget what I am going to say right in the middle of saying it.
- ___ ___ 58. I have trouble following directions that have more than one or two steps.

Social Skills

- ___ ___ 59. I have few or no friends.
- ___ ___ 60. I have trouble reading body language or facial expressions of others.
- ___ ___ 61. My feelings are often or easily hurt.
- ___ ___ 62. I tend to get into trouble with friends, teachers, parents or bosses.
- ___ ___ 63. I feel uncomfortable around people I do not know well.
- ___ ___ 64. I am teased by others.
- ___ ___ 65. Friends do not call and ask me to do things with them.
- ___ ___ 66. I do not get together with others outside of school or work.

Name: _____

Scotopic Sensitivity

- ___ ___ 67. I am light sensitive. Bothered by glare, sunlight, headlights or streetlights.
- ___ ___ 68. I become tired, experience headaches, mood changes, feel restless or an inability to stay focused with bright or fluorescent lights.
- ___ ___ 69. I have trouble reading words that are on white, glossy paper.
- ___ ___ 70. When reading words or letters shift, shake, blur, move, run together, disappear or become difficult to perceive.
- ___ ___ 71. I feel tense, tired, sleepy, or even get headaches with reading
- ___ ___ 72. I have problems judging distance and have difficulty with such things as escalators, stairs, ball sports, or driving..

Sensory Integration Issues

- ___ ___ 73. I seem to be more sensitive to the environment than others.
- ___ ___ 74. I am more sensitive to noise than others.
- ___ ___ 75. I am particularly sensitive to touch or very sensitive to certain clothing or tags on the clothing.
- ___ ___ 76. I have unusual sensitivity to certain smells.
- ___ ___ 77. I have unusual sensitivity to light.
- ___ ___ 78. I am sensitive to movement or craves spinning activities?
- ___ ___ 79. I tend to be clumsy or accident prone.

Name: _____

Mother's Brain System Checklist

This form should be filled out by the *biological or adoptive mother on herself*, if possible. (If it is not possible please have it filled out by someone who knows her well.) Please rate yourself on each of the symptoms listed below using the following scale. If possible have the father or other person who knows the biological mother rate her as well. List who completed this . _____

0 1 2 3 4 NA
Never Rarely Occasionally Frequently Very Frequently Not Applicable/Not Known

Other Mother

- ___ ___ 1. Fails to give close attention to details or makes careless mistakes
- ___ ___ 2. Trouble sustaining attention in routine situations (i.e., homework, chores, paperwork)
- ___ ___ 3. Trouble listening
- ___ ___ 4. Fails to finish things
- ___ ___ 5. Poor organization for time or space (such as backpack, room, desk, paperwork)
- ___ ___ 6. Avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort
- ___ ___ 7. Loses things
- ___ ___ 8. Easily distracted
- ___ ___ 9. Forgetful
- ___ ___ 10. Poor planning skills
- ___ ___ 11. Lack clear goals or forward thinking
- ___ ___ 12. Difficulty expressing feelings
- ___ ___ 13. Difficulty expressing empathy for others
- ___ ___ 14. Excessive daydreaming
- ___ ___ 15. Feeling bored
- ___ ___ 16. Feeling apathetic or unmotivated
- ___ ___ 17. Feeling tired, sluggish or slow moving
- ___ ___ 18. Feeling spacey or "in a fog"
- ___ ___ 19. Fidgety, restless or trouble sitting still
- ___ ___ 20. Difficulty remaining seated in situations where remaining seated is expected
- ___ ___ 21. Runs about or climbs excessively in situations in which it is inappropriate
- ___ ___ 22. Difficulty playing quietly
- ___ ___ 23. "On the go" or acts as if "driven by a motor"
- ___ ___ 24. Talks excessively
- ___ ___ 25. Blurts out answers before questions have been completed
- ___ ___ 26. Difficulty waiting turn
- ___ ___ 27. Interrupts or intrudes on others (e.g., butts into conversations or games)
- ___ ___ 28. Impulsive (saying or doing things without thinking first)
- ___ ___ 29. Excessive or senseless worrying
- ___ ___ 30. Upset when things do not go your way
- ___ ___ 31. Upset when things are out of place
- ___ ___ 32. Tendency to be oppositional or argumentative
- ___ ___ 33. Tendency to have repetitive negative thoughts
- ___ ___ 34. Tendency toward compulsive behaviors
- ___ ___ 35. Intense dislike for change
- ___ ___ 36. Tendency to hold grudges
- ___ ___ 37. Trouble shifting attention from subject to subject
- ___ ___ 38. Trouble shifting behavior from task to task
- ___ ___ 39. Difficulties seeing options in situations
- ___ ___ 40. Tendency to hold on to own opinion and not listen to others
- ___ ___ 41. Tendency to get locked into a course of action, whether or not it is good

___ 42. Needing to have things done a certain way or you become very upset

Name: _____

- ___ 43. Others complain that you worry too much
- ___ 44. Tend to say no without first thinking about question
- ___ 45. Tendency to predict fear
- ___ 46. Frequent feelings of sadness
- ___ 47. Moodiness
- ___ 48. Negativity
- ___ 49. Low energy
- ___ 50. Irritability
- ___ 51. Decreased interest in others
- ___ 52. Decreased interest in things that are usually fun or pleasurable
- ___ 53. Feelings of hopelessness about the future
- ___ 54. Feelings of helplessness or powerlessness
- ___ 55. Feeling dissatisfied or bored
- ___ 56. Excessive guilt
- ___ 57. Suicidal feelings
- ___ 58. Crying spells
- ___ 59. Lowered interest in things usually considered fun
- ___ 60. Sleep changes (too much or too little)
- ___ 61. Appetite changes (too much or too little)
- ___ 62. Chronic low self-esteem
- ___ 63. Negative sensitivity to smells/odors
- ___ 64. Frequent feelings of nervousness or anxiety
- ___ 65. Panic attacks
- ___ 66. Symptoms of heightened muscle tension (headaches, sore muscles, hand tremor)
- ___ 67. Periods of heart pounding, rapid heart rate or chest pain
- ___ 68. Periods of trouble breathing or feeling smothered
- ___ 69. Periods of feeling dizzy, faint or unsteady on your feet
- ___ 70. Periods of nausea or abdominal upset
- ___ 71. Periods of sweating, hot or cold flashes
- ___ 72. Tendency to predict the worst
- ___ 73. Fear of dying or doing something crazy
- ___ 74. Avoid places for fear of having an anxiety attack
- ___ 75. Conflict avoidance
- ___ 76. Excessive fear of being judged or scrutinized by others
- ___ 77. Persistent phobias
- ___ 78. Low motivation
- ___ 79. Excessive motivation
- ___ 80. Tics (motor or vocal)
- ___ 81. Poor handwriting
- ___ 82. Quick startle
- ___ 83. Tendency to freeze in anxiety provoking situations
- ___ 84. Lacks confidence in their abilities
- ___ 85. Seems shy or timid
- ___ 86. Easily embarrassed
- ___ 87. Sensitive to criticism
- ___ 88. Bites fingernails or picks skin
- ___ 89. Short fuse or periods of extreme irritability
- ___ 90. Periods of rage with little provocation
- ___ 91. Often misinterprets comments as negative when they are not
- ___ 92. Irritability tends to build, then explodes, then recedes, often tired after a rage
- ___ 93. Periods of spaciness or confusion
- ___ 94. Periods of panic and/or fear for no specific reason

- ___ ___95. Visual or auditory changes, such as seeing shadows or hearing muffled sounds
- ___ ___96. Frequent periods of deja vu (feelings of being somewhere you have never been)

Name: _____

- ___ ___97. Sensitivity or mild paranoia
- ___ ___98. Headaches or abdominal pain of uncertain origin
- ___ ___99. History of a head injury or family history of violence or explosiveness
- ___ ___100. Dark thoughts, may involve suicidal or homicidal thoughts
- ___ ___101. Periods of forgetfulness or memory problems

Name: _____

Father's Brain System Checklist

This form should be filled out by the *biological or adopted father on himself*, if possible. If it is not possible please have it filled out by someone who knows him well. Please rate yourself on each of the symptoms listed below using the following scale. If possible have the mother or other person who knows the biological father rate him as well. List who filled this out. _____

0 1 2 3 4 NA
Never Rarely Occasionally Frequently Very Frequently Not Applicable/Not Known

Other Father

- ___ ___ 1. Fails to give close attention to details or makes careless mistakes
- ___ ___ 2. Trouble sustaining attention in routine situations (i.e., homework, chores, paperwork)
- ___ ___ 3. Trouble listening
- ___ ___ 4. Fails to finish things
- ___ ___ 5. Poor organization for time or space (such as backpack, room, desk, paperwork)
- ___ ___ 6. Avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort
- ___ ___ 7. Loses things
- ___ ___ 8. Easily distracted
- ___ ___ 9. Forgetful
- ___ ___ 10. Poor planning skills
- ___ ___ 11. Lack clear goals or forward thinking
- ___ ___ 12. Difficulty expressing feelings
- ___ ___ 13. Difficulty expressing empathy for others
- ___ ___ 14. Excessive daydreaming
- ___ ___ 15. Feeling bored
- ___ ___ 16. Feeling apathetic or unmotivated
- ___ ___ 17. Feeling tired, sluggish or slow moving
- ___ ___ 18. Feeling spacey or "in a fog"
- ___ ___ 19. Fidgety, restless or trouble sitting still
- ___ ___ 20. Difficulty remaining seated in situations where remaining seated is expected
- ___ ___ 21. Runs about or climbs excessively in situations in which it is inappropriate
- ___ ___ 22. Difficulty playing quietly
- ___ ___ 23. "On the go" or acts as if "driven by a motor"
- ___ ___ 24. Talks excessively
- ___ ___ 25. Blurts out answers before questions have been completed
- ___ ___ 26. Difficulty awaiting turn
- ___ ___ 27. Interrupts or intrudes on others (e.g., butts into conversations or games)
- ___ ___ 28. Impulsive (saying or doing things without thinking first)
- ___ ___ 29. Excessive or senseless worrying
- ___ ___ 30. Upset when things do not go your way
- ___ ___ 31. Upset when things are out of place
- ___ ___ 32. Tendency to be oppositional or argumentative
- ___ ___ 33. Tendency to have repetitive negative thoughts
- ___ ___ 34. Tendency toward compulsive behaviors
- ___ ___ 35. Intense dislike for change
- ___ ___ 36. Tendency to hold grudges
- ___ ___ 37. Trouble shifting attention from subject to subject
- ___ ___ 38. Trouble shifting behavior from task to task
- ___ ___ 39. Difficulties seeing options in situations

- ___ 40. Tendency to hold on to own opinion and not listen to others
- ___ 41. Tendency to get locked into a course of action, whether or not it is good
- ___ 42. Needing to have things done a certain way or you become very upset

Name: _____

- ___ 43. Others complain that you worry too much
- ___ 44. Tend to say no without first thinking about question
- ___ 45. Tendency to predict fear
- ___ 46. Frequent feelings of sadness
- ___ 47. Moodiness
- ___ 48. Negativity
- ___ 49. Low energy
- ___ 50. Irritability
- ___ 51. Decreased interest in others
- ___ 52. Decreased interest in things that are usually fun or pleasurable
- ___ 53. Feelings of hopelessness about the future
- ___ 54. Feelings of helplessness or powerlessness
- ___ 55. Feeling dissatisfied or bored
- ___ 56. Excessive guilt
- ___ 57. Suicidal feelings
- ___ 58. Crying spells
- ___ 59. Lowered interest in things usually considered fun
- ___ 60. Sleep changes (too much or too little)
- ___ 61. Appetite changes (too much or too little)
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- ___ 63. Negative sensitivity to smells/odors
- ___ 64. Frequent feelings of nervousness or anxiety
- ___ 65. Panic attacks
- ___ 66. Symptoms of heightened muscle tension (headaches, sore muscles, hand tremor)
- ___ 67. Periods of heart pounding, rapid heart rate or chest pain
- ___ 68. Periods of trouble breathing or feeling smothered
- ___ 69. Periods of feeling dizzy, faint or unsteady on your feet
- ___ 70. Periods of nausea or abdominal upset
- ___ 71. Periods of sweating, hot or cold flashes
- ___ 72. Tendency to predict the worst
- ___ 73. Fear of dying or doing something crazy
- ___ 74. Avoid places for fear of having an anxiety attack
- ___ 75. Conflict avoidance
- ___ 76. Excessive fear of being judged or scrutinized by others
- ___ 77. Persistent phobias
- ___ 78. Low motivation
- ___ 79. Excessive motivation
- ___ 80. Tics (motor or vocal)
- ___ 81. Poor handwriting
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- ___ 83. Tendency to freeze in anxiety provoking situations
- ___ 84. Lacks confidence in their abilities
- ___ 85. Seems shy or timid
- ___ 86. Easily embarrassed
- ___ 87. Sensitive to criticism
- ___ 88. Bites fingernails or picks skin
- ___ 89. Short fuse or periods of extreme irritability
- ___ 90. Periods of rage with little provocation
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- ___ ___94. Periods of panic and/or fear for no specific reason
- ___ ___95. Visual or auditory changes, such as seeing shadows or hearing muffled sounds
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Name: _____

- ___ ___97. Sensitivity or mild paranoia
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- ___ ___101. Periods of forgetfulness or memory problems