

Childhood History Form

Child's Legal Name: _____ Preferred Name: _____ Date: _____

Date of birth: _____ Age: _____ Pronouns (ie she/her, he/him, they/their): _____

Who referred you? _____

Reason for visit: _____

Person Filling out Form _____

Phone number: _____ Email: _____

Address: _____ City: _____ Zip: _____

School _____ Grade _____

Do you have school accommodations such as an IEP or 504 Plan? _____

Who does the child live with in the home? Please include names and ages of siblings.

Family History

Biologic Mother:

Please list any members in your family including yourself who have experienced any psychiatric disorders such as anxiety, OCD, depression, ADHD, schizophrenia, autism, bipolar disorder, eating disorders, learning disabilities, and substance abuse.

Please list any medications that have been helpful to family members with psychiatric disorders and how they have helped.

Please list any medical problems that run in your family (diabetes, asthma, thyroid problems, seizures, heart problems).

Has anyone in your family had heart problems at a young age (prior to age 40) or suddenly died at a young age for unknown reason? Yes No

Biologic Father:

Please list any members in your family including yourself who have experienced any psychiatric disorders such as anxiety, OCD, depression, ADHD, schizophrenia, autism, bipolar disorder, eating disorders, learning disabilities, and substance abuse.

Please list any medications that have been helpful to family members with psychiatric disorders and how they have helped.

Please list any medical problems that run in your family (diabetes, asthma, thyroid problems, seizures, heart problems).

Developmental History

Mother's age at time of birth _____ Father's age at time of birth _____

Any difficulties during pregnancy? _____

Exposure to substances/medications during pregnancy? _____

Any difficulties during labor/delivery? _____

Full term? Yes No If no, how many weeks early/late? _____

Was your child delayed in meeting any milestones? _____

Please list approximate age that your child met the below milestones:

Sitting up____ Crawling____ Walking ____ Running ____

Saying "Mama, Dada"____ Saying at least 10 words ____

Putting two words together____ Talking in sentences ____

Bladder trained ____ Bowel trained ____

Medical History

Food Allergies _____ Medication Allergies _____ Pediatrician _____

Medical Problems (ie diabetes, asthma):

Does your child have a history of seizures or serious head injury? _____

Does your child have a history of any heart problems? _____

Psychiatric History

Has your child ever experienced a traumatic event? _____

Does your child have a history of any of the following:

Suicide attempt _____ Cutting _____ Psychiatric Hospitalization _____

Physical Abuse _____ Sexual Abuse _____ Substance abuse _____

Treatment History

Has your child ever had talk therapy? Yes No

Name of therapist _____ Length of therapy _____

Has your child ever seen a psychiatrist before? Yes No

Name of psychiatrist _____ Length of treatment _____

Has your child ever taken psychiatric medication before? Yes No

Medication Name: Dosage: When started? When stopped? Benefits? Side effects?

_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

What are your child's greatest strengths? _____

Child's goals for treatment: _____

Parent's goals for treatment: _____

Insurance Information:

Subscriber: _____ Date of birth: _____

Member ID: _____ Group #: _____

Special Note:

All custodial parents and/or adults having guardian rights must give consent before treatment begins. Both parents must sign the Consent for Mental Health Treatment Form before the child can receive treatment. If only one parent has full legal custody, they may sign alone, but a copy of the custody paperwork must be provided.

Consent for Mental Health Treatment of Minors

Both parents are required to sign consent for mental health treatment before the child can receive treatment. If only one parent has full legal custody, they may sign alone, but a copy of the custody paperwork must be provided.

Parent 1

Print name: _____

Date: _____

I, _____, do hereby authorize that my child,
(Parent/legal guardian signature)

_____, may receive mental health treatment provided by Stacy Greeter, MD.
(Child's name)

Parent 2

Print name: _____

Date: _____

I, _____, do hereby authorize that my child,
(Parent/legal guardian signature)

_____, may receive mental health treatment provided by Stacy Greeter, MD.
(Child's name)

Stacy Greeter, MD

Board Certified in Child, Adolescent, and Adult Psychiatry

2415 University Pkwy, Suite 219
Sarasota, FL 34243

phone: (941) 413-0834
fax: (941) 761-5547

Authorization for the Release of Confidential Information

I, _____ DOB: _____, authorize Stacy Greeter, MD
(patient name)

to _____ (send) and _____ (receive) information to and from the following agencies or people:

(Name) (Address) (Phone) (Fax)

(Name) (Address) (Phone) (Fax)

(Name) (Address) (Phone) (Fax)

(Name) (Address) (Phone) (Fax)

The type of information to be disclosed can include (check as needed):

Evaluation _____ Psychological/Medical Test Results _____ Medical History _____
Diagnosis _____ Psychological/Psychiatric Reports _____ Social History _____
Treatment Plan _____ Alcohol and Substance Use History _____ **Entire Record** _____

The above information will be disclosed for the purpose of (check as needed):

Planning Appropriate Treatment _____
Continuing Appropriate Treatment _____
Collaboration Between Treatment Providers _____

Exceptions: _____

I understand that I may revoke this consent at any time providing written notice, and after one year this consent automatically expires. I have been informed what information will be given, its purpose, and who will receive the information. I understand that this authorization does not extend to the release of HIV/AIDS information unless I have placed my initials here _____. I understand that this authorization does not extend to the release of substance abuse information unless I have placed my initials here _____.

Signature of Patient _____ Date _____

Signature of Parent _____ Date _____

Signature of Witness _____ Date _____

(If patient is unable to sign.)

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**Authorization for Family, Friends, or Advisors To Receive Information
About Your Appointments or The Status of Your Bill**

I authorize only the following individual(s) to receive written and/or oral communications about my appointments and the status of my bill.

Authorized Individual(s). Please print name(s)

_____	_____
_____	_____
_____	_____
_____	_____

Signature

Print Name

Date

Stacy Greeter MD, PLLC

Board Certified in Child, Adolescent, and Adult Psychiatry

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Bradenton, FL 34243

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Prescription Renewal Policy

It is our office policy to renew prescriptions only during regularly scheduled appointments. At an appointment, our providers can provide up to 90 days of medication, and will always give you enough to last until your next appointment.

If you miss an appointment, only up to 30 days of medication can be dispensed outside of a regularly scheduled appointment. If you cancel an appointment, please reschedule within 30 days.

It is important to Dr. Greeter and her PAs that patients do not suddenly discontinue their medications, which can put their mental health at risk. Thus, in certain urgent situations, your psychiatric provider will renew prescriptions outside of regularly scheduled appointments. Patients must call at least three (3) business days in advance when needing a prescription refilled. The office requires three (3) business days to refill a prescription.

The office does not respond to refill requests from pharmacies. If you need a prescription renewed, you must leave a message with our office that includes your full name, the name of your medication, your dosage, how you take the medication, your date of birth, your phone number, and the phone number of your pharmacy. Alternatively, you may attend an appointment with one of our providers to request a refill. Under certain circumstances, our providers may require that you attend an appointment in order to obtain a refill.

Prescriptions for controlled substances will not be replaced if there is a pattern of more than two lost prescriptions.

If a Prior Authorization is needed for a medication, please allow the office one (1) week to process it.

Print Patient/Guardian Name

Signature

Date

Outstanding Balances

Payment is due at the time of your appointment. We require all patients to keep their credit card information on file. You are responsible for updating this information if your card changes.

Credit Card # _____

Exp date: _____ CVV code: _____

Billing Address: _____

Please note that you must pay your outstanding balance prior to scheduling future appointments. If you do not make payment at the time of your appointment, the office reserves the right to cancel all upcoming appointments. Patients who do not respond to a good faith effort on the behalf of the practice to pay their balance due within 30 days are subject to discharge from the practice. Thank you.

Print Patient/Guardian Name

Signature

Date

Contacting Dr. Greeter's Office Outside of Appointments

Please make every effort to address your questions/concerns to Dr. Greeter and her PAs during regularly scheduled appointments.

Questions that cannot wait for the next available appointment can be left on our providers' voicemails. To reach our providers' voicemails, please call 941-413-0834 and press the extension given for your provider. Voicemails left on our office lines will be returned by the following business day free of charge.

Please be aware that any phone calls with Dr. Greeter or her PAs lasting longer than 10 minutes will be charged an appointment fee.

Phone Calls After Hours

If your question/concern cannot wait until the next business day, you can reach our providers by calling 941-413-0834 and pressing the extension give for your provider's after-hours line. You can also reach them this way on weekends and holidays. Leave a message and the provider will return your call as soon as they are able.

Patients who call our providers' after-hours lines will automatically be charged \$45 per call for this convenience. Our providers make themselves available after hours for urgent questions about medication side effects, lost medication, and other **urgent medication issues** as a service to patients. These calls should be under 10 minutes in length, and otherwise your concern will need to be addressed during a regularly scheduled appointment.

Please note that our providers do not return calls immediately and their cell phones are turned off while they are sleeping at night, so if it is an emergency, call 911 or go directly to the emergency room. Please utilize the emergency room or call 911 for safety concerns, such as suicidal ideation/self-injurious behavior. You can also call the 24-hour suicide prevention hotline at 1-800-273-TALK (8255).

Our providers are not available to return phone calls while out of town or on vacation. The office voicemail message will provide information on how to reach the covering physician/psychiatric PA in this instance.

Our providers do not respond to email messages or text messages. Please do NOT attempt to text the office as your message will not be received.

Print Patient/Guardian Name

Signature

Date

Medical Resident and Medical Student Observers

Dr. Greeter is involved with teaching various medical students, medical residents and PA students who will on occasion be observing them in the office to learn about psychiatry.

These students have signed a confidentiality agreement and will only be observing. Students do not provide treatment and are not involved in any clinical decision-making, but may ask questions to aid in their learning. They may assist in basic tasks such as checking blood pressure and weight or collecting paper work.

At any time, you have the right to decline having a student observer present at your appointment.

Please select your preference regarding student observers below:

I agree to have a student observer present at my appointment. I understand that I can change my mind at any time and ask that the student observer leave. _____

I do not want a student observer present at my appointment. _____

Print Patient/Guardian Name

Signature

Date

Appointment Scheduling and Missed/Late Appointments

In an effort to make sure that everyone is seen at their regularly scheduled appointment time without a wait and to decrease the waitlist for new clients, Dr. Greeter has instituted the below policy for missed appointments and late cancellations:

All appointments must be cancelled or rescheduled by communicating with the office at least 48 business hours before the scheduled appointment. Missed appointments and appointments that are cancelled with less than **48 business hours notice** will automatically be charged a \$150 no show/late cancellation fee for 15 minute and 30 minute appointments. The full appointment fee will be charged for 60 minute appointments that are cancelled with less than 48 business hours notice.

Patients are encouraged to arrive early for appointments. Patients who arrive 15 minutes or more after their scheduled appointment time will NOT be seen, will be charged a \$150 missed appointment fee, and their appointment must be rescheduled if needed. Any patient who arrives five (5) minutes or more late for a 15-minute appointment will likewise not be seen by a provider, will be charged their full appointment fee, and their appointment must be rescheduled if needed.

Patients who have three (3) missed appointments or late cancellations within a 6-month period may be subject to discharge from the practice. If their provider discharges them, they will be given up to 30 days of medication upon discharge. This is, of course, subject to the patient's individual situation and our providers' discretion.

It is our office policy that patients who are prescribed a controlled substance must meet with their provider for an in-person office appointment at least once per year.

Certain crisis situations may occur that may put Dr. Greeter or her PAs behind schedule. If your provider is running behind schedule, they will still give you your full appointment time. If your provider is running behind schedule, you may choose to decrease the length of your appointment if you need to be somewhere and we will reimburse you for the un-used time.

Appointments can be scheduled/re-scheduled by calling 941-413-0834 (extension 2) any time during business hours.

By signing this form, you agree to receive messaging and reminders related to scheduled appointments.

Print Patient/Guardian Name

Signature

Date

Telehealth Consent

Patients at this practice may choose to hold their medical appointments via telehealth. Telehealth (also called telemedicine) refers to the delivery of mental health services using interactive audio, video, or other electronic communications. The purpose of telehealth is to enable you to access psychiatric care when an in-person visit is not feasible.

If you choose to participate in telehealth, you agree that sessions may include:

- Live two-way audio and video conferencing
- Use of a secure, HIPAA-compliant platform to protect your privacy
- Self-reporting of basic health data (e.g., weight, blood pressure) when requested

Before beginning a telehealth appointment, you must ensure that you are in a private space, and that your internet connection is sufficient and secure.

The services you receive via telehealth will be medical services. If you receive telehealth services from a physician assistant, they are providing the services under the delegated authority of Dr. Stacy Greeter. Upon request, Dr. Greeter is available to provide consultation, evaluation, treatment, follow-up care, and/or referrals in relation to the delegated medical services, during a regularly scheduled appointment with Dr. Greeter.

You may be asked to report basic health metrics (weight, blood pressure, pulse, etc.). By signing below, you acknowledge understanding that these self-reported data may be less accurate than those obtained by trained healthcare professionals and that this may affect your care plan.

All communications are protected under HIPAA; no recordings will be made without your written permission. Telehealth sessions are conducted via a secure, encrypted platform.

Telehealth is not appropriate for psychiatric emergencies (e.g., suicidal or homicidal ideation). If you experience an emergency, call 911 or go to your nearest emergency department.

Participation in telehealth is voluntary. You may withdraw consent at any time without affecting your right to future care. If you refuse telehealth at any time, there will be no penalty, confidentiality protections will continue to apply, and you will continue to have full access to all medical records from your telemedicine care.

By signing below, I certify that:

- I have read and understand this Consent to Telehealth Services.
- I consent to receive psychiatric care via telehealth. (This consent is required even if you do not plan to utilize telehealth.)
- I have had the opportunity to ask questions, and all have been answered to my satisfaction.
- I understand the limitations of self-reported measurements and the possible impact on my care.
- I agree to abide by the guidelines and responsibilities described above.

Print Patient/Guardian Name

Signature

Date

Past Medications

Name: _____ Date of Birth: _____ Today's Date: _____

Please mark the medications below that you have taken in the past. Trade names are in parentheses.

First-line Antidepressants + Anxiolytics:

Fluoxetine (Prozac)	<input type="checkbox"/>	Venlafaxine (Effexor)	<input type="checkbox"/>	Bupropion (Wellbutrin)	<input type="checkbox"/>
Paroxetine (Paxil)	<input type="checkbox"/>	Duloxetine (Cymbalta)	<input type="checkbox"/>	Mirtazapine (Remeron)	<input type="checkbox"/>
Sertraline (Zoloft)	<input type="checkbox"/>	Desvenlafaxine (Pristiq)	<input type="checkbox"/>	Amitriptyline (Elavil)	<input type="checkbox"/>
Citalopram (Celexa)	<input type="checkbox"/>	Vilazodone (Viibryd)	<input type="checkbox"/>	Nortriptyline (Pamelor)	<input type="checkbox"/>
Escitalopram (Lexapro)	<input type="checkbox"/>	Vortioxetine (Trintellix)	<input type="checkbox"/>		<input type="checkbox"/>

Benzodiazepines:

Alprazolam (Xanax)	<input type="checkbox"/>	Clonazepam (Klonopin)	<input type="checkbox"/>	Lorazepam (Ativan)	<input type="checkbox"/>
Chlordiazepoxide (Librium)	<input type="checkbox"/>	Diazepam (Valium)	<input type="checkbox"/>	Temazepam (Restoril)	<input type="checkbox"/>

Other sleep (hypnotic) or anxiolytics:

Buspirone (Buspar)	<input type="checkbox"/>	Gabapentin (Neurotin)	<input type="checkbox"/>	Zaleplon (Sonata)	<input type="checkbox"/>
Doxepin (Silenor)	<input type="checkbox"/>	Prazosin (Minipress)	<input type="checkbox"/>	Zolpidem (Ambien)	<input type="checkbox"/>
Hydroxyzine (Vistaril)	<input type="checkbox"/>	Pregabalin (Lyrica)	<input type="checkbox"/>		<input type="checkbox"/>
Eszopiclone (Lunestra)	<input type="checkbox"/>	Trazodone (Desyrel)	<input type="checkbox"/>		<input type="checkbox"/>

Antipsychotics / Mood stabilizers:

Haloperidol (Haldol)	<input type="checkbox"/>	Quetiapine (Seroquel)	<input type="checkbox"/>	Lithium (Lithobid/Eskalith)	<input type="checkbox"/>
Risperidone (Risperdal)	<input type="checkbox"/>	Aripiprazole (Abilify)	<input type="checkbox"/>	Divalproex/Valproate (Depakote)	<input type="checkbox"/>
Olanzapine (Zyprexa)	<input type="checkbox"/>	Lurasidone (Latuda)	<input type="checkbox"/>	Lamotrigine (Lamictal)	<input type="checkbox"/>

ADHD medications:

Methylphenidate (Ritalin/Concerta/Metadate CD)	<input type="checkbox"/>	Dexmethylphenidate (Focalin)	<input type="checkbox"/>	Atomoxetine (Strattera)	<input type="checkbox"/>
Dextroamphetamine + amphetamine (Adderall)	<input type="checkbox"/>	Dextroamphetamine (Dexedrine)	<input type="checkbox"/>	Clonidine (Catapres/Kapvay)	<input type="checkbox"/>
	<input type="checkbox"/>	Lisdexamfetamine (Vyvanse)	<input type="checkbox"/>	Guanfacine (Tenex/Intuniv)	<input type="checkbox"/>

Other psychotropic medications not listed above:

Over-the-counter, herbal, & dietary supplements (vitamins/minerals):

If you checked any of the above and/or are currently taking psychotropic medications now, please complete the next page. Otherwise, leave the next page blank.

Name: _____ Today's Date: _____

[illegible][illegible]

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE READ IT CAREFULLY.

The Health Insurance Portability & Accountability Act of 1996 ("HIPAA") is a Federal program that requests that all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally are kept properly confidential. This Act gives you, the patient, the right to understand and control how your personal health information ("PHI") is used. HIPAA provides penalties for covered entities that misuse personal health information.

As required by HIPAA, we prepared this explanation of how we are to maintain the privacy of your health information and how we may disclose your personal information.

We may use and disclose your medical records only for each of the following purposes: treatment, payment and health care operation.

- Treatment means providing, coordinating, or managing health care and related services by one or more healthcare providers. An example of this is a primary care doctor referring you to a specialist doctor.
- Payment means such activities as obtaining reimbursement for services, confirming coverage, billing or collections activities, and utilization review. An example of this would include sending your insurance company a bill for your visit and/or verifying coverage prior to a surgery.
- Health Care Operations include business aspects of running our practice, such as conducting quality assessments and improving activities, auditing functions, cost management analysis, and customer service. An example of this would be new patient survey cards.
- The practice may also be required or permitted to disclose your PHI for law enforcement and other legitimate reasons. In all situations, we shall do our best to assure its continued confidentiality to the extent possible.

We may also create and distribute de-identified health information by removing all reference to individually identifiable information.

We may contact you, by phone or in writing, to provide appointment reminders or information about treatment alternatives or other health-related benefits and services.

The following use and disclosures of PHI will only be made pursuant to us receiving a written authorization from you:

- Most uses and disclosure of psychotherapy notes;

- Uses and disclosure of your PHI for marketing purposes, including subsidized treatment and health care operations;
- Disclosures that constitute a sale of PHI under HIPAA; and
- Other uses and disclosures not described in this notice.

You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your prior authorization.

You may have the following rights with respect to your PHI.

- The right to request restrictions on certain uses and disclosures of PHI, including those related to disclosures of family members, other relatives, close personal friends, or any other person identified by you. We are, however, not required to honor a request restriction except in limited circumstances which we shall explain if you ask. If we do agree to the restriction, we must abide by it unless you agree in writing to remove it.
- The right to reasonable requests to receive confidential communications of Protected Health Information by alternative means or at alternative locations.
- The right to inspect and copy your PHI.
- The right to amend your PHI.
- The right to receive an accounting of disclosures of your PHI.
- The right to obtain a paper copy of this notice from us upon request.
- The right to be advised if your unprotected PHI is intentionally or unintentionally disclosed.

If you have paid for services "out of pocket", in full and in advance, and you request that we not disclose PHI related solely to those services to a health plan, we will accommodate your request, except where we are required by law to make a disclosure.

We are required by law to maintain the privacy of your Protected Health Information and to provide you the notice of our legal duties and our privacy practice with respect to PHI.

This notice is effective as of May 14, 2017 and it is our intention to abide by the terms of the Notice of Privacy Practices and HIPAA Regulations currently in effect. We reserve the right to change the terms of our Notice of Privacy Practice and to make the new notice provision effective for all PHI that we maintain. We will post and you may request a written copy of the revised Notice of Privacy Practice from our office.

You have recourse if you feel that your protections have been violated by our office. You have the right to file a formal, written complaint with office and with the Department of Health and Human Services, Office of Civil Rights. We will not retaliate against you for filing a complaint.

Feel free to contact Dr. Greeter for more information, in person or in writing.

Receipt of Notice

Stacy Greeter, MD, PLLC
Practice Name

I am a patient of Dr. Stacy Greeter. I hereby acknowledge receipt of Stacy Greeter, MD, PLLC's Notice of Privacy Practices.

Name [please print]: _____

Signature: _____ Date: _____

OR

I am a parent or legal guardian of _____ [patient name]. I hereby acknowledge receipt of Stacy Greeter, MD, PLLC's Notice of Privacy Practices with respect to the patient.

Name [please print]: _____

Relationship to Patient: _____ Parent _____ Legal Guardian

Signature: _____ Date: _____

Child and Adolescent Questionnaire For Parents

Child/Adolescent Name	Date of Birth / Age	Gender
Your Name	Your Relationship to Child/Adolescent	Date

INSTRUCTIONS: Please check the number that most accurately describes the child/adolescent's general behavior. Respond to each item as best as you are able.

CLASSIFICATION 1	Never	Sometimes	Frequently	Very Frequently
1A. Doesn't pay close attention to details or makes thoughtless mistakes	0	1	2	3
1B. Has a hard time focusing on tasks or activities	0	1	2	3
1C. Doesn't listen when spoken to directly	0	1	2	3
1D. Has a hard time sticking to instructions and fails to finish things	0	1	2	3
1F. Has a hard time organizing work and activities	0	1	2	3
1G. Avoids tasks that demand a lot of mental effort (homework, classwork, etc.)	0	1	2	3
1H. Loses things needed for activities	0	1	2	3
1J. Is easily distracted by other things happening	0	1	2	3
1K. Is forgetful in common activities	0	1	2	3
1L. Fidgets with hands or feet or squirms in seat	0	1	2	3
1M. Has a hard time staying seated when asked to do so	0	1	2	3

1Ni.	Runs around or climbs on things when asked not to	0	1	2	3
1Nii.	Seems restless or jittery	0	1	2	3
1P.	Has a hard time playing or doing things quietly	0	1	2	3
1Q.	Is “on the go” or acts as if “driven by a motor”	0	1	2	3
1R.	Talks excessively	0	1	2	3
1S.	Blurts answers to questions before they’ve been completed	0	1	2	3
1T.	Has a hard time waiting their turn in group activities	0	1	2	3
1U.	Interrupts or intrudes on other people’s activities	0	1	2	3

CLASSIFICATION 2		Never	Sometimes	Frequently	Very Frequently
2A.	Loses temper	0	1	2	3
2B.	Argues with adults	0	1	2	3
2C.	Resists or denies doing what’s requested of them	0	1	2	3
2D.	Intentionally irritates others	0	1	2	3
2E.	Accuses others for own mistakes or misconduct	0	1	2	3
2F.	Is touchy or easily irritated by others	0	1	2	3
2G.	Is mad and resentful	0	1	2	3
2H.	Tries to get even or takes anger out on others	0	1	2	3

CLASSIFICATION 3		Never	Sometimes	Frequently	Very Frequently
3A.	Skips school	0	1	2	3
3B.	Stays out at night when not supposed to	0	1	2	3
3C.	Lies to get things or evade responsibility	0	1	2	3
3D.	Bullies, threatens, or intimidates others	0	1	2	3
3E.	Starts physical fights	0	1	2	3
3F.	Has run away from home overnight	0	1	2	3
3G.	Has shoplifted or stolen things	0	1	2	3
3H.	Has intentionally destroyed others' property	0	1	2	3
3I.	Has intentionally started fires	0	1	2	3
3J.	Has stolen things using physical force (such as purse snatching or mugging)	0	1	2	3
3K.	Has broken into someone else's house, car, or other building	0	1	2	3
3L.	Has fought while using a weapon (such as a bat, bottle, knife, etc.)	0	1	2	3
3M.	Has been physically cruel to animals	0	1	2	3
3N.	Has been physically cruel to people	0	1	2	3
3O.	Has been preoccupied with or participated in sexual activity	0	1	2	3
3P.	Has forced someone into sexual activity	0	1	2	3

CLASSIFICATION 4	Never	Sometimes	Frequently	Very Frequently
4A. Doesn't seem to have guilt after doing something wrong	0	1	2	3
4B. Doesn't appear to care about pain or suffering they cause others	0	1	2	3

CLASSIFICATION 5	Never	Sometimes	Frequently	Very Frequently
5A. Is preoccupied about abilities in school, athletic, work, or social activities	0	1	2	3
5B. Has a hard time controlling worries	0	1	2	3
5C. Is edgy or restless	0	1	2	3
5D. Is irritable most of the day	0	1	2	3
5E. Can't relax or is overly tense	0	1	2	3
5F. Has a hard time falling or staying asleep	0	1	2	3
5G. Is extremely fearful or tries to avoid certain situations or objects (such as animals, heights, storms, insects, being alone, etc.)	0	1	2	3
5H. Complains about heart pounding, shortness of breath, dizziness, trembling, or fear of death	0	1	2	3
5I. Can't get upsetting thoughts out of their mind (worries about germs or doing things perfectly, etc.)	0	1	2	3
5J. Feels compelled to carry out unusual habits (such as washing hands, checking locks, repeating things a certain number of times)	0	1	2	3

CLASSIFICATION 6	Never	Sometimes	Frequently	Very Frequently
6A. Makes twitching or jerking movements for no discernable reason (such as blinking eyes, twitching nose, grimacing, licking lips, jerking head, etc.)	0	1	2	3
6B. Vocalizes sounds for no discernable reason (such as coughing, clearing throat, sniffing, grunting, etc.)	0	1	2	3
6C. Pulls out their hair, eyelashes, or eyebrows	0	1	2	3
6D. Picks their own skin	0	1	2	3
6E. Won't speak except to family members	0	1	2	3

CLASSIFICATION 7	Never	Sometimes	Frequently	Very Frequently
7A. Avoids contact with strangers; is unusually shy	0	1	2	3
7B. Is more nervous in social situations than others their age	0	1	2	3
7C. Is extremely shy around peers	0	1	2	3
7D. Cries, freezes, or withdraws when placed in an uncomfortable social situation	0	1	2	3

CLASSIFICATION 8	Never	Sometimes	Frequently	Very Frequently
8A. Gets very upset when they anticipate being separated from parents or home	0	1	2	3
8B. Worries that parents will be hurt or leave home and not return	0	1	2	3
8C. Worries that a disaster (such as getting kidnapped or lost, etc.) will separate them from parents	0	1	2	3
8D. Attempts to stay home from school in order to remain with parent	0	1	2	3

8E.	Worries about being left home alone or with a sitter	0	1	2	3
8F.	Is afraid to sleep unless a parent is close	0	1	2	3
8G.	Has nightmares about being separated from parent	0	1	2	3
8H.	Claims to feel sick when they anticipate being separated from parents or home	0	1	2	3

CLASSIFICATION 9		Never	Sometimes	Frequently	Very Frequently
9A.	Wets bed at night	0	1	2	3
9B.	Wets or soils underwear during daytime hours	0	1	2	3

CLASSIFICATION 10		Never	Sometimes	Frequently	Very Frequently
10A.	Has unusual beliefs or ideas that don't align with reality (such as that food is poisoned or that people are trying to get her/him)	0	1	2	3
10B.	Has auditory hallucinations (such as hearing voices talking to them or telling them to do things)	0	1	2	3
10C.	Has exceptionally strange and irrational ideas or thoughts	0	1	2	3
10D.	Speech is disorganized (thoughts blur together, ideas are incomprehensible, loses train of thought, etc.)	0	1	2	3

CLASSIFICATION 11	Never	Sometimes	Frequently	Very Frequently
11A. Is depressed most of the day	0	1	2	3
11B. Shows scant interest in or enjoyment of activities that should be enjoyable to them	0	1	2	3
11C. Talks about death or suicide	0	1	2	3
11D. Feels guilty or worthless	0	1	2	3
11E. Has low energy level or is tired for no discernable reason	0	1	2	3
11F. Has low confidence, feels inferior, or is very self-conscious	0	1	2	3
11G. Feels hopeless	0	1	2	3

CLASSIFICATION 12	Never	Sometimes	Frequently	Very Frequently
12A. Has experienced a severely upsetting event and remains bothered by it	0	1	2	3
12B. Has upsetting memories or dreams about a severely upsetting event	0	1	2	3
12C. Has become more sensitive than usual or cries more often	0	1	2	3
12D. Has experienced a very stressful event such as parents' divorce, death of relative or friend, abuse, or a serious illness	0	1	2	3

CLASSIFICATION 13	Never	Sometimes	Frequently	Very Frequently
13A. Has a strange way of relating to others (such as strange gestures or facial expressions, avoids eye contact, etc.)	0	1	2	3
13B. Doesn't play or connect well with other children	0	1	2	3

13C.	Is uninterested in making friends	0	1	2	3
13D.	Is unaware of or uninterested in other people's feelings	0	1	2	3
13E.	Has a significant problem with language	0	1	2	3
13F.	Has a hard time making socially appropriate conversation	0	1	2	3
13G.	Talks in a peculiar way (such as repeating what others say, confusing words like "you" and "I," using odd words, etc.)	0	1	2	3
13H.	Can't "make believe" or pretend while playing	0	1	2	3
13I.	Is excessively preoccupied with one topic	0	1	2	3
13J.	Gets very irritated over small changes in surroundings or routine	0	1	2	3
13K.	Makes unusual repetitive movements (such as flapping arms, etc.)	0	1	2	3
13L.	Has an unusual fascination with parts of objects	0	1	2	3
13M.	Is excessively sensitive to sounds, smells, or the way things feel	0	1	2	3
13N.	Doesn't appear to feel pain or respond to extreme cold or heat	0	1	2	3
13O.	Seems unaware of how to communicate with people (such as talking like a professor, not considering the listener's interests, has a hard time taking turns talking)	0	1	2	3
13P.	Has a hard time comprehending humor, words with double meanings, etc., when interacting with others	0	1	2	3

CLASSIFICATION 14	Never	Sometimes	Frequently	Very Frequently
14A. Uncommonly underweight or thin	0	1	2	3
14B. Won't eat enough food to maintain a healthy body weight	0	1	2	3
14C. Has excessive worries about getting fat or growing overweight	0	1	2	3
14D. Thinks they're fat or overweight even though they are not	0	1	2	3
14E. Binge eats (i.e. eats an extreme amount of food in a short period of time)	0	1	2	3
14F. Can't stop eating or control how much they eat	0	1	2	3
14G. Controls weight via very strict diets, vomiting, laxatives, or excessive exercise	0	1	2	3
14H. Appears preoccupied about their weight or figure	0	1	2	3

CLASSIFICATION 15	Never	Sometimes	Frequently	Very Frequently
15A. Smokes cigarettes containing tobacco	0	1	2	3
15B. Drinks beverages containing alcohol (such as beer, wine, spirits, or liquor)	0	1	2	3
15C. Gets into trouble because of alcohol use	0	1	2	3
15D. Smokes marijuana	0	1	2	3
15E. Uses other illegal drugs (such as cocaine, methamphetamines, LSD, etc.)	0	1	2	3
15F. Gets into trouble because of illegal drug use	0	1	2	3

Thank you!

Child and Adolescent Questionnaire For Teachers

Student's Name	Age	Gender
School	Grade	Date

Name of person completing this form: _____ Position: _____

How long have you known this student? _____

How many hours per day do you spend with this student? _____

How well do you know this student (check one) well moderately well not well

Your type of class (regular 2nd grade, 8th grade English, resource room, etc.): _____

Current special education services (resource room, speech therapy, etc.): _____

Current special education label (learning disability, etc.): _____

To your knowledge, has this student ... (check all that apply)

___ ever repeated a grade ___ missed a lot of school recently

___ ever been referred to child study team ___ had serious disciplinary problems recently

___ ever received special education ___ been suspended or expelled during the current school year

___ ever been suspended or expelled

Please check the appropriate number for each item below representing the student's current functioning in your class.

Activities	Poor	Below Average	Average	Above Average	Superior
Tests and quizzes	0	1	2	3	4
Homework	0	1	2	3	4
Participation in class	0	1	2	3	4
Behavior in class	0	1	2	3	4

Please check the appropriate grade level for the student's current academic performance in your class.

Subject	2 or more years below grade level	1 to 2 years below grade level	At or near grade level	1 to 2 years above grade level	2 or more years above grade level
English/Reading	0	1	2	3	4
Writing	0	1	2	3	4
Math	0	1	2	3	4
Social Studies	0	1	2	3	4
Science	0	1	2	3	4

INSTRUCTIONS: Please check the number that most accurately describes the student's general behavior. Respond to each item as best as you are able.

CLASSIFICATION 1		Never	Sometimes	Frequently	Very Frequently
1A.	Doesn't pay close attention to details or makes thoughtless mistakes	0	1	2	3
1B.	Has a hard time focusing on tasks or activities	0	1	2	3
1C.	Doesn't listen when spoken to directly	0	1	2	3
1D.	Has a hard time sticking to instructions and fails to finish things	0	1	2	3
1F.	Has a hard time organizing work and activities	0	1	2	3
1G.	Avoids tasks that demand a lot of mental effort (homework, classwork, etc.)	0	1	2	3
1H.	Loses things needed for activities	0	1	2	3
1J.	Is easily distracted by other things happening	0	1	2	3
1K.	Is forgetful in common activities	0	1	2	3
1L.	Fidgets with hands or feet or squirms in seat	0	1	2	3

1M.	Has a hard time staying seated when asked to do so	0	1	2	3
1Ni.	Runs around or climbs on things when asked not to	0	1	2	3
1Nii.	Seems restless or jittery	0	1	2	3
1P.	Has a hard time playing or doing things quietly	0	1	2	3
1Q.	Is “on the go” or acts as if “driven by a motor”	0	1	2	3
1R.	Talks excessively	0	1	2	3
1S.	Blurts answers to questions before they’ve been completed	0	1	2	3
1T.	Has a hard time waiting their turn in group activities	0	1	2	3
1U.	Interrupts or intrudes on other people’s activities	0	1	2	3

CLASSIFICATION 2		Never	Sometimes	Frequently	Very Frequently
2A.	Loses temper	0	1	2	3
2B.	Argues with adults	0	1	2	3
2C.	Resists or denies doing what’s requested of them	0	1	2	3
2D.	Intentionally irritates others	0	1	2	3
2E.	Accuses others for own mistakes or misconduct	0	1	2	3
2F.	Is touchy or easily irritated by others	0	1	2	3
2G.	Is mad and resentful	0	1	2	3
2H.	Tries to get even or takes anger out on others	0	1	2	3

CLASSIFICATION 3		Never	Sometimes	Frequently	Very Frequently
3A.	Skips school	0	1	2	3
3B.	Stays out at night when not supposed to	0	1	2	3
3C.	Lies to get things or evade responsibility	0	1	2	3
3D.	Bullies, threatens, or intimidates others	0	1	2	3
3E.	Starts physical fights	0	1	2	3
3F.	Has run away from home overnight	0	1	2	3
3G.	Has shoplifted or stolen things	0	1	2	3
3H.	Has intentionally destroyed others' property	0	1	2	3
3I.	Has intentionally started fires	0	1	2	3
3J.	Has stolen things using physical force (such as purse snatching or mugging)	0	1	2	3
3K.	Has broken into someone else's house, car, or other building	0	1	2	3
3L.	Has fought while using a weapon (such as a bat, bottle, knife, etc.)	0	1	2	3
3M.	Has been physically cruel to animals	0	1	2	3
3N.	Has been physically cruel to people	0	1	2	3
3O.	Has been preoccupied with or participated in sexual activity	0	1	2	3
3P.	Has forced someone into sexual activity	0	1	2	3

CLASSIFICATION 4	Never	Sometimes	Frequently	Very Frequently
4A. Doesn't seem to have guilt after doing something wrong	0	1	2	3
4B. Doesn't appear to care about pain or suffering they cause others	0	1	2	3

CLASSIFICATION 5	Never	Sometimes	Frequently	Very Frequently
5A. Is preoccupied about abilities in school, athletic, work, or social activities	0	1	2	3
5B. Has a hard time controlling worries	0	1	2	3
5C. Is edgy or restless	0	1	2	3
5D. Is irritable most of the day	0	1	2	3
5E. Can't relax or is overly tense	0	1	2	3
5F. Has a hard time falling or staying asleep	0	1	2	3
5G. Is extremely fearful or tries to avoid certain situations or objects (such as animals, heights, storms, insects, being alone, etc.)	0	1	2	3
5H. Complains about heart pounding, shortness of breath, dizziness, trembling, or fear of death	0	1	2	3
5I. Can't get upsetting thoughts out of their mind (worries about germs or doing things perfectly, etc.)	0	1	2	3
5J. Feels compelled to carry out unusual habits (such as washing hands, checking locks, repeating things a certain number of times	0	1	2	3

CLASSIFICATION 6		Never	Sometimes	Frequently	Very Frequently
6A.	Makes twitching or jerking movements for no discernable reason (such as blinking eyes, twitching nose, grimacing, licking lips, jerking head, etc.)	0	1	2	3
6B.	Vocalizes sounds for no discernable reason (such as coughing, clearing throat, sniffing, grunting, etc.)	0	1	2	3
6C.	Pulls out their hair, eyelashes, or eyebrows	0	1	2	3
6D.	Picks their own skin	0	1	2	3
6E.	Won't speak in class	0	1	2	3

CLASSIFICATION 7		Never	Sometimes	Frequently	Very Frequently
7A.	Avoids contact with strangers; is unusually shy	0	1	2	3
7B.	Is more nervous in social situations than others their age	0	1	2	3
7C.	Is extremely shy around peers	0	1	2	3
7D.	Cries, freezes, or withdraws when placed in an uncomfortable social situation	0	1	2	3

CLASSIFICATION 8	Never	Sometimes	Frequently	Very Frequently
10A. Has unusual beliefs or ideas that don't align with reality (such as that food is poisoned or that people are trying to get her/him)	0	1	2	3
10B. Has auditory hallucinations (such as hearing voices talking to them or telling them to do things)	0	1	2	3
10C. Has exceptionally strange and irrational ideas or thoughts	0	1	2	3
10D. Speech is disorganized (thoughts blur together, ideas are incomprehensible, loses train of thought, etc.)	0	1	2	3

CLASSIFICATION 9	Never	Sometimes	Frequently	Very Frequently
11A. Is depressed most of the day	0	1	2	3
11B. Acts sad or unhappy	0	1	2	3
11C. Shows scant interest in or enjoyment of activities that should be enjoyable to them	0	1	2	3
11D. Talks about death or suicide	0	1	2	3
11E. Feels guilty or worthless	0	1	2	3
11F. Has low energy level or is tired for no discernable reason	0	1	2	3
11G. Has low confidence, feels inferior, or is very self-conscious	0	1	2	3
11H. Feels hopeless	0	1	2	3
11I. Has a hard time focusing or making decisions	0	1	2	3
11J. Is very sensitive or cries often	0	1	2	3
11K. Has experienced a very stressful event such as parents' divorce, death of relative or friend, abuse, or a serious illness	0	1	2	3

CLASSIFICATION 10	Never	Sometimes	Frequently	Very Frequently
13A. Has a strange way of relating to others (such as strange gestures or facial expressions, avoids eye contact, etc.)	0	1	2	3
13B. Doesn't play or connect well with other students	0	1	2	3
13C. Is uninterested in making friends	0	1	2	3
13D. Is unaware of or uninterested in other people's feelings	0	1	2	3

13E.	Has a significant problem with language development	0	1	2	3
13F.	Has a hard time making socially appropriate conversation	0	1	2	3
13G.	Talks in a peculiar way (such as repeating what others say, confusing words like “you” and “I,” using odd words, etc.)	0	1	2	3
13H.	Can’t “make believe” or pretend while playing	0	1	2	3
13I.	Is excessively preoccupied with one topic	0	1	2	3
13J.	Gets very irritated over small changes in surroundings or routine	0	1	2	3
13K.	Makes unusual repetitive movements (such as flapping arms, etc.)	0	1	2	3
13L.	Has an unusual fascination with parts of objects	0	1	2	3
13M.	Is excessively sensitive to sounds, smells, or the way things feel	0	1	2	3
13N.	Doesn’t appear to feel pain or respond to extreme cold or heat	0	1	2	3
13O.	Seems unaware of how to communicate with people (such as talking like a professor, not considering the listener’s interests, has a hard time taking turns talking)	0	1	2	3
13P.	Has a hard time comprehending humor, words with double meanings, etc., when interacting with others	0	1	2	3

Most recent IQ and achievement tests:

Measure	Date	Subject	Score

Other problems or comments: _____

Thank you!