



# ADHD Passport Intake Form

ADHD affects multiple aspects of a child life. This intake form will be used to assess the degree to which ADHD has impacted your family life and to recommend the proper course of treatment based on what is reported.

Child Name: ..... Date: .....  
Diagnosis: ..... Diagnosis Date: .....

## HEALTH AND NUTRITION

Medication(s) prescribed: .....  
How often is child medicated: ..... What time is medication given? .....  
What time does child eat breakfast? .....  
What time does child eat lunch? ..... What time does child eat dinner? .....  
What times are snack given? .....  
Does your child finish his meals? ..... What percentage of meals are eaten? .....  
When is your child most hungry? .....  
Any allergies? ..... Food Sensitivities: .....

### ■ WHAT DOES YOUR CHILD'S DIET CONSIST OF?

List names of common foods you generally provide your child:

1. ....
2. ....
3. ....
4. ....
5. ....
6. ....
7. ....
8. ....
9. ....
10. ....

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## ADHD Symptoms:

Please check those that apply:

### ■ INATTENTION

A child who shows a pattern of inattention may often:

- Fail to pay close attention to details or make careless mistakes in schoolwork
- Appear not to listen, even when spoken to directly
- Have difficulty following through on instructions and fail to finish schoolwork or chores
- Have trouble organizing tasks and activities
- Avoid or dislike tasks that require focused mental effort, such as homework
- Lose items needed for tasks or activities, for example, toys, school assignments, pencils
- Be easily distracted
- Forget to do some daily activities, such as forgetting to do chores

### ■ HYPERACTIVITY AND IMPULSIVITY

A child who shows a pattern of hyperactive and impulsive symptoms may often:

- Fidget with or tap his or her hands or feet, or squirm in the seat
- Have difficulty staying seated in the classroom or in other situations
- Be on the go, in constant motion
- Run around or climb in situations when it is not appropriate
- Have trouble playing or doing an activity quietly
- Talk too much
- Blurt out answers, interrupting the questioner
- Have difficulty waiting for his or her turn
- Interrupt or intrude on others' conversations, games, or activities

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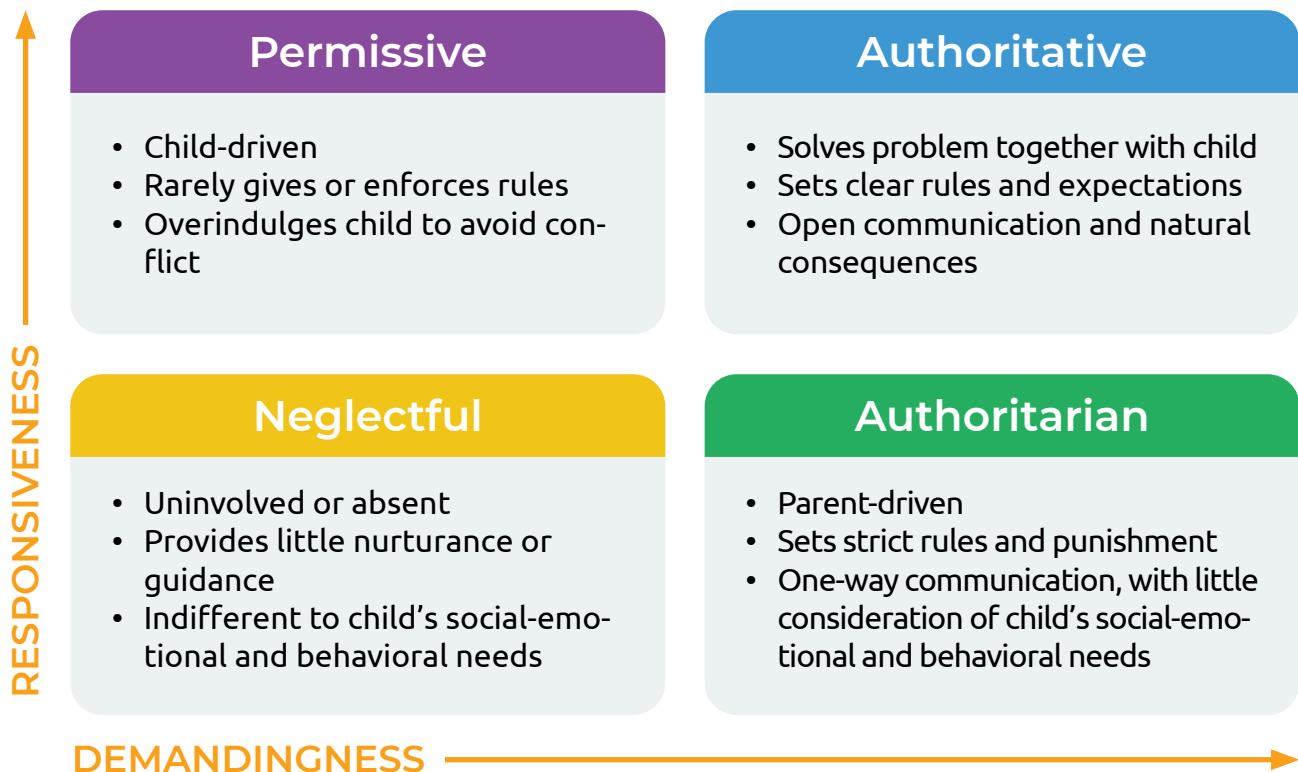


■ WHAT WAS THE LATEST ADHD INCIDENT THAT CONCERNED YOU?

## PARENTING

Which parenting Style describes you best? .....

### The 4 Parenting Styles



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- TELL US ABOUT YOUR HOME LIFE AND THE BEHAVIORS THAT CONCERN YOU THE MOST ABOUT YOUR CHILD?

Question	Parent #1	Parent #2
Which parenting Style describes you best?		
What was the style of your parents?		
Does child listen to you when you make a request?		
Does your child listen to your partner?		
What type of parenting style does your partner have?		

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Question	Parent #1	Parent #2
Do you agree with the way your partner parents?		
Do you believe parenting difference is affecting your relationship?		
Do you know or suspect, if either you or your partner has ADHD?		
How would you rate your success as a parent with your child who has ADHD?		

■ HOW DO YOU DEAL WITH SCREEN TIME AND CHORES?

■ DESCRIBE THE TYPICAL PROCESS YOU USE FOR DISCIPLINING YOUR CHILD WHO HAS ADHD?

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■ WHAT HAS BEEN EFFECTIVE?

■ WHAT HAS NOT BEEN EFFECTIVE?

■ DO YOU HAVE A REWARD SYSTEM TO REINFORCE POSITIVE BEHAVIOR?

## SIBLING RELATIONSHIP

■ Do you have other children?

Yes  No

■ Is there conflict (more than average or expected) between siblings and the child who has ADHD?

Yes  No

■ Do you ask your children to look after or supervise your child with ADHD?

Yes  No

■ Have your other children disclosed that they have resentment towards child with ADHD?

Yes  No

■ Do you play favoritism at all?

Yes  No

■ Are you more lenient with your child who has ADHD?

Yes  No

■ Are your expectations different for your child who has ADHD?

Yes  No

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- How do you manage dissension among siblings?

## SOCIAL SKILLS

- Does your child have friends at school?                      ■ How many? .....

Yes     No

- Does your child get along with other kids at school?

Yes     No

- What is the last incident with a peer that caused you concern?

- Does your child have siblings?                                      ■ How many? .....

Yes     No

- Does your child get along with siblings?

Yes     No

- What is the last incident with a sibling that caused you concern?

- Does your child get invited to birthday parties, play dates?                      ■ How many? .....

Yes     No

- Is your child engaged in sports or other group activities?

Yes     No

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■ Is there anything else you think we should know about your child's social skills?

## LEARNING SECTION

■ Is your child diagnosed with any learning disorders?

Yes    No

List:

- |         |         |
|---------|---------|
| 1. .... | 4. .... |
| 2. .... | 5. .... |
| 3. .... | 6. .... |

■ Does your child have any learning differences?

Yes    No

List:

- |         |         |
|---------|---------|
| 1. .... | 4. .... |
| 2. .... | 5. .... |
| 3. .... | 6. .... |

■ Has your child completed a Psychoeducational assessment?

Yes    No

■ Does your child have an IEP?

Yes    No

■ Is child able to complete homework without your help?

Yes    No



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■ Do you currently utilize a tutor?

Yes     No

■ Best and most successful subject:

■ Worse and least successful subject:

.....

■ Teachers' greatest complaint:

.....

■ What are your greatest concerns regarding school?

■ If your child is frustrated academically, how do they react?

■ Is your child able to independently learn, study or complete homework without your intervention?

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## Recommendations: