

CHILD or ADOLESCENT INTAKE

Patient name: _____ Age: _____ Date of Birth: ____/____/____

Name of person completing form: _____

Relationship to Child: _____ Today's Date: ____/____/____

School: _____ Grade: _____

Race: _____ Ethnicity: _____

Parent: _____ Mother / Father / Guardian
(last name) (first name)

Parent: _____ Mother / Father / Guardian
(last name) (first name)

Parent relationship: ___ partners ___ married ___ separated ___ divorced ___ widowed

If separated or divorced, provide date of separation: _____

If widowed, date of death: _____

Sibling(s) (name/age): _____

Who suggested that you seek assessment and/or counseling for your child?

___ School teacher ___ School counselor ___ Myself as a caregiver ___ Other: _____

Describe the overall problem that led you to seek help for your child:

My child has difficulty with a relationship in our family (parent, sibling, parent's partner): Yes No

If yes, please explain: _____

Has your child had any severe, long-term illnesses or accidents? Yes No

If yes, please explain: _____

Is your child on any medication? Yes No

If yes, please explain: _____

Does your child have any digestive problems? Yes No

If yes, please explain: _____

Does your child have any allergies? Yes No

If yes, please explain: _____

Does your child have any physical pain? Yes No

If yes, please explain: _____

Does your child ever appear disoriented or dizzy? Yes No

If yes, please explain: _____

Family Mental Health History

The following is to provide information about your family history. Please mark each as yes or no. If yes, please indicate family member/relation affected.

Autism	Yes	No	_____
Attention Deficit	Yes	No	_____
Depression	Yes	No	_____
Anxiety Disorder	Yes	No	_____
Bipolar Disorder	Yes	No	_____
Panic Attacks	Yes	No	_____

Alcohol/Substance Abuse	Yes	No	_____
Eating Disorder	Yes	No	_____
Learning Disability	Yes	No	_____
Trauma History	Yes	No	_____
Domestic Violence	Yes	No	_____
Obesity	Yes	No	_____
Obsessive Compulsive Behavior	Yes	No	_____
Schizophrenia	Yes	No	_____
Other			_____

Any other information you would like to share?

Amen Clinics Healing ADD Brain Type Questionnaire

Copyright © 2016 Daniel G. Amen, M.D.

Please rate yourself on each of the symptoms listed below using the following scale. If possible, to give yourself the most complete picture, have another person who knows you well (such as a spouse, lover, or parent) rate you as well. List other person: _____

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

Other Self

- | | | |
|-------|-------|--|
| _____ | _____ | 1. Easily distracted |
| _____ | _____ | 2. Difficulty sustaining attention span for most tasks in play, school, or work |
| _____ | _____ | 3. Trouble listening when others are talking |
| _____ | _____ | 4. Difficulty following through (procrastination) on tasks or instructions |
| _____ | _____ | 5. Difficulty keeping an organized area (room, desk, book bag, filing cabinet, locker, etc.) |
| _____ | _____ | 6. Trouble with time, for example, frequently late or hurried, tasks take longer than expected, projects or homework are "last minute" or turned in late |
| _____ | _____ | 7. Tendency to lose things |
| _____ | _____ | 8. Makes careless mistakes, poor attention to detail |
| _____ | _____ | 9. Forgetful |
| _____ | _____ | 10. Restless or hyperactive |
| _____ | _____ | 11. Trouble sitting still |
| _____ | _____ | 12. Fidgety, constant motion (hands, feet, body) |
| _____ | _____ | 13. Noisy, hard time being quiet |
| _____ | _____ | 14. Acts as if "driven by a motor" |
| _____ | _____ | 15. Talks excessively |
| _____ | _____ | 16. Impulsive (doesn't think through comments or actions before they are said or done) |
| _____ | _____ | 17. Difficulty waiting for turn |
| _____ | _____ | 18. Interrupts or intrudes on others (e.g., butts into conversations or games) |
| _____ | _____ | 19. Excessive or senseless worrying |
| _____ | _____ | 20. Super organized |
| _____ | _____ | 21. Oppositional, argumentative |

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

Other Self

- | | | |
|-------|-------|--|
| _____ | _____ | 22. Strong tendency to get locked into negative thoughts, having the same thought over and over |
| _____ | _____ | 23. Tendency toward compulsive behavior |
| _____ | _____ | 24. Intense dislike for change |
| _____ | _____ | 25. Tendency to hold grudges |
| _____ | _____ | 26. Trouble shifting attention from subject to subject |
| _____ | _____ | 27. Difficulty seeing options in situations |
| _____ | _____ | 28. Tendency to hold onto own opinion and not listen to others |
| _____ | _____ | 29. Tendency to get locked into a course of action, whether or not it is good for the person |
| _____ | _____ | 30. Need to have things done a certain way or you become very upset |
| _____ | _____ | 31. Others complain that you worry too much |
| _____ | _____ | 32. Periods of quick temper or rage with little provocation |
| _____ | _____ | 33. Misinterprets comments as negative when they are not |
| _____ | _____ | 34. Irritability tends to build, then explodes, then recedes, often tired after a rage |
| _____ | _____ | 35. Periods of spaciness or confusion |
| _____ | _____ | 36. Periods of panic and/or fear for no specific reason |
| _____ | _____ | 37. Visual changes, such as seeing shadows or objects changing shape |
| _____ | _____ | 38. Frequent periods of <i>déjà vu</i> (feelings of being somewhere before even though you never have) |
| _____ | _____ | 39. Sensitivity or mild paranoia |
| _____ | _____ | 40. Headaches or abdominal pain of uncertain origin |
| _____ | _____ | 41. History of a head injury |
| _____ | _____ | 42. Dark thoughts, may involve suicidal or homicidal thoughts |
| _____ | _____ | 43. Periods of forgetfulness or memory problems |
| _____ | _____ | 44. Short fuse or periods of extreme irritability |
| _____ | _____ | 45. Moodiness |
| _____ | _____ | 46. Negativity |
| _____ | _____ | 47. Low energy |
| _____ | _____ | 48. Frequent irritability |
| _____ | _____ | 49. Tendency to be socially isolated |
| _____ | _____ | 50. Frequent feelings of hopelessness, helplessness, or excessive guilt |
| _____ | _____ | 51. Lowered interest in things that are usually considered fun |
| _____ | _____ | 52. Sleep changes (too much or too little) |
| _____ | _____ | 53. Chronic low self-esteem |

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

Other Self

- | | | |
|-------|-------|--|
| _____ | _____ | 54. Angry or aggressive |
| _____ | _____ | 55. Sensitive to noise, light, clothes, or touch |
| _____ | _____ | 56. Frequent or cyclic mood changes (highs and lows) |
| _____ | _____ | 57. Inflexible, rigid in thinking |
| _____ | _____ | 58. Demanding to have their way, even when told no multiple times |
| _____ | _____ | 59. Periods of mean, nasty, or insensitive behavior |
| _____ | _____ | 60. Periods of increased talkativeness |
| _____ | _____ | 61. Periods of increased impulsivity |
| _____ | _____ | 62. Unpredictable behavior |
| _____ | _____ | 63. Grandiose or "larger than life" thinking |
| _____ | _____ | 64. Appears anxious or fearful |
| _____ | _____ | 65. Predicts the worst |
| _____ | _____ | 66. Freezes in social situation |
| _____ | _____ | 67. Physical stress symptoms, like headaches or excessive muscle tension |
| _____ | _____ | 68. Conflict avoidant |
| _____ | _____ | 69. Fear of being judged |
| _____ | _____ | 70. Excessive motivation |