**AR Psychiatric And Counseling Center**

# Follow Up Information-Child

**Date**_____

Patient Name _____ DOB_____

Please check mark the symptoms present ***often*** or ***very often***

- ☐ Does not pay attention to details or makes careless mistakes, for example homework
- ☐ Has difficulty attending to what needs to be done
- ☐ Does not seem to listen when spoken to directly
- ☐ Does not follow through when given directions and fails to finish things
- ☐ Has difficulty organizing tasks and activities
- ☐ Avoids, dislikes, or does not want to start tasks that require ongoing mental effort
- ☐ Loses things needed for tasks or activities (assignments, pencils, books)
- ☐ Is easily distracted by noises or other things
- ☐ Is forgetful in daily activities
- ☐ Fidgets with hands or feet or squirms in seat
- ☐ Leaves seat when supposed to stay in his seat
- ☐ Runs about or climbs too much when he is supposed to stay seated
- ☐ Has difficulty playing or starting quiet games
- ☐ Is "**on the go**" or often acts as if "driven by a motor"
- ☐ Talks too much
- ☐ Blurts out answers before questions have been completed
- ☐ Has difficulty waiting his/her turn
- ☐ Gets paranoid
- ☐ Has hallucinations
- ☐ Has compulsive behaviors_____
- ☐ Argues with adults
- ☐ Loses temper
- ☐ Actively disobeys or refuses to follow an adults' requests or rules
- ☐ Bothers people on purpose
- ☐ Blames others for his or her mistakes or mis-behaviors
- ☐ Is touchy or easily annoyed by others
- ☐ Is angry or bitter
- ☐ Is hateful and wants to get even
- ☐ Bullies, threatens, or scares others
- ☐ Starts physical fights
- ☐ Lies to get out of trouble or to avoid jobs
- ☐ Is physically unkind to people
- ☐ Has stolen things that have value
- ☐ Is physically mean to animals
- ☐ Is fearful, nervous, or worried
- ☐ Is afraid to try new things for fear of making mistakes
- ☐ Feels useless or inferior
- ☐ Blames self for problems, feels at fault
- ☐ Feels lonely, unwanted, or unloved; complains that "no one loves him/her"
- ☐ Is sad or unhappy
- ☐ Feels different and easily embarrassed
- ☐ Has separation anxiety
- ☐ Has phobias of_____

Moodiness/Irritability in the afternoon when effect of medication is wearing off ? ☐ Yes ☐ No

Have you changed or added anything to child's medications? ☐Yes ☐ No

Is the child getting medications as prescribed? ☐Yes ☐No

Another doctor changed or added anything to medications? ☐ Yes ☐No

Academic Performance: ☐ Excellent ☐ Above Average ☐ Average ☐Problematic ☐ Poor

Problematic in ☐ Reading ☐Writing ☐Math_____

Response/problems from medications:_____

_____

Problems at home:_____

_____

_____

Problems at School:_____

_____

_____

Parent or Legal Guardian Signature :_____

**General-**
- ☐ Weight loss
- ☐ Weight Gain
- ☐ Decrease in appetite
- ☐ Increase in appetite
- ☐ Fever or chills
- ☐ Fatigue
- ☐ Trouble sleeping

**Skin-**
- ☐ Rashes
- ☐ Itching
- ☐ Dryness

**Ears-**
- ☐ Ringing in ears
- ☐ Earache
- ☐ Drainage

**Eyes-**
- ☐ Blurry vision

**Nose-**
- ☐ Stuffiness
- ☐ Discharge
- ☐ Itching

**Throat-**
- ☐ Dry mouth
- ☐ Sore throat
- ☐ Hoarseness

**Respiratory-**
- ☐ Cough
- ☐ Sputum
- ☐ Coughing up blood
- ☐ Shortness of breath
- ☐ Wheezing

**Cardiovascular-**
- ☐ Chest pain
- ☐ Tightness
- ☐ Palpitations
- ☐ Shortness of breath

**Gastrointestinal-**
- ☐ Swallowing difficulties
- ☐ Nausea
- ☐ Vomitings
- ☐ Constipation
- ☐ Diarrhea

**Urinary-**
- ☐ Frequency
- ☐ Urgency
- ☐ Bedwetting

**Neurologic-**
- ☐ Dizziness
- ☐ Fainting
- ☐ Seizures
- ☐ Sedation
- ☐ Tics
- ☐ Tremor
- ☐ Involuntary movements

**Hematologic-**
- ☐ Ease of bruising
- ☐ Ease of bleeding

**Endocrine-**
- ☐ Heat intolerance
- ☐ Cold intolerance
- ☐ Sweating
- ☐ Frequent urination
- ☐ Thirst

**Breasts-**
- ☐ Enlargement
- ☐ Discharge

**OTHERS:**
- ☐ _____
- ☐ _____