

Developmental Behavioral Pediatrics of Central Florida, PA

Follow-up Visit Questionnaire

Patient Name: _____ Date: _____

Person completing this form: _____

School: _____ Grade: _____

Pediatrician: _____

Please Circle Current Therapies: ST OT PT ABA Social Skills

Therapies provided in: Home / School / Center

Medications patient is currently taking:

Allergies: _____

Describe changes in school and/or IEP:

Describe your current concerns:

Describe any changes in mood:

Current sports/clubs/activities: _____

Any of the following symptoms since last visit:

Headache: Y / N Seizures: Y / N Appetite changes: Y / N Tics: Y / N

Heart problems: Y / N Weight: Gain / Loss / No change Problems sleeping: Y / N

Any change in medical history: Y / N

Any change in family medical history: Y / N

Any change in family history or structure: Y / N

Continues on the back

Name: _____ Date: _____

Directions: Please rate your child's behavior since his/her last appointment. Circle one:

Symptoms	Never	Occasionally	Often	Very Often
1. Does not pay attention to details or makes careless mistakes with, for example, homework	0	1	2	3
2. Has difficulty keeping attention to what needs to be done	0	1	2	3
3. Does not seem to listen when spoken to directly	0	1	2	3
4. Does not follow through when given directions and fails to finish activities (not due to refusal or failure to understand)	0	1	2	3
5. Has difficulty organizing tasks and activities	0	1	2	3
6. Avoids, dislikes, or does not want to start tasks that require ongoing mental effort	0	1	2	3
7. Loses things necessary for tasks or activities (toys, assignments, pencils, or books)	0	1	2	3
8. Is easily distracted by noises or other stimuli	0	1	2	3
9. Is forgetful in daily activities	0	1	2	3
10. Fidgets with hands or feet or squirms in seat	0	1	2	3
11. Leaves seat when remaining seated is expected	0	1	2	3
12. Runs about or climbs too much when remaining seated is expected	0	1	2	3
13. Has difficulty playing or beginning quiet play activities	0	1	2	3
14. Is "on the go" or often acts as if "driven by a motor"	0	1	2	3
15. Talks too much	0	1	2	3
16. Blurts out answers before questions have been completed	0	1	2	3
17. Has difficulty waiting his or her turn	0	1	2	3
18. Interrupts or intrudes in on others' conversations and/or activities	0	1	2	3

Comments:

Parent's Signature

Provider's Signature