SNELLVILLE PEDIATRICS, P.C.

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Dear Parents:

The attached questionnaires allow us to obtain key information in order to evaluate your concerns regarding your child's attention, behavior, and/or school related issues. Please complete the **Parent Assessment Scale** forms before your child's in-office consultation. This will ensure that we have the information necessary to evaluate your child.

In addition, it is crucial to obtain information from your child's teacher(s) regarding their performance in school. Your child cannot be properly evaluated and/or diagnosed without input from their teacher(s). Please ask your child's teacher(s) to complete the **Teacher Assessment Scale** forms. We are interested in assessing the child's school behavior, academic performance, and any interventions the school staff have attempted to help your child. The teachers may return the forms directly to you or they may send it to us via fax or mail. In addition, your child's Provider would like to review your child's **most recent report card.**

After reviewing the completed assessments, we will schedule a consultation appointment for you and your child. ***Consultations are only scheduled on Tuesdays, Wednesdays, and Thursdays.***

Please return the completed assessments at your earliest convenience. We look forward to the opportunity to assist you and your child!

Best Regards,

Triage Department
Snellville Pediatrics, P.C.

Completed forms may be faxed to Rosie at (678) 344-1965 or emailed to rcontreras@snellvillepeds.com

PATIENT NAME: _____ INSURANCE COMPANY: _____

ADVANCE BENEFICIARY NOTICE (ABN)

NOTE: You need to make a choice about receiving these health care items or services:
We expect that your insurance company will not pay for the item(s) that are listed below. Your insurance company will not pay for all of your health care costs. Your insurance company only pays for covered items and services when their rules are met. The fact that your insurance company does not pay for a particular item or service does not mean that you should not receive it. There may be a good reason your doctor recommended it. **Right now, in your case, your insurance company will probably not pay for:**

1. **VANDERBILT TESTING**
2. _____
3. _____

BECAUSE:

1. It is not a covered service under your insurance policy.
2. This service may be applied your insurance deductible.
3. _____

The purpose of this form is to help you make an informed choice about whether or not you want to receive these items or services knowing that you may have to pay for them yourself. Before you make a decision on receiving a service, you should read this ***entire*** notice carefully.

- Please ask us to explain if you don't understand why your insurance company probably won't pay for an item or service.
- Ask us how much these items or services will cost you (Estimated Cost: $_____**)** in case you have to pay for them yourself or through other insurance.

***PLEASE CHOOSE ONE OPTION. CHECK ONE 'BOX.' SIGN AND DATE BELOW.**

( ) Option 1. Yes, I want to receive these items or services. I understand that my insurance company may not pay for these items or services. Please submit my claim to my insurance company. I understand that Snellville Pediatrics will ask for payment at check out. If my insurance company does pay for these services, I will be refunded. I agree to be personally and fully responsible for payment. I also understand that I may appeal my insurance company's decision.

( ) Option 2. No, I have decided not to receive these items or services. I understand that you will not be able to submit a claim to my insurance company and that I will not be able to appeal your opinion that my insurance won't pay.

_____ _____
Patient's Name Date of Birth

_____ _____
Parent/Guardian Signature Date

Children's Healthcare of Atlanta
Dedicated to All Better

Sibley Heart Center CARDIOLOGY

Pediatric Cardiac Risk Assessment Form

Complete this form for each person under the age of 50, including children, periodically during well child visits including neonatal, preschool, before and during middle school, before and during high school, before college and every few years through adulthood. *If you answer "Yes" or "Unsure" to any questions, read the back of this form.*

Name:_____ **Age:**_____ **Date:**_____

Individual History Questions:	**Yes**	**No**	**Unsure**
Has this person fainted or passed out DURING exercise, emotion or startle?			
Has this person fainted or passed out AFTER exercise?			
Has this person had extreme fatigue associated with exercise (different from others of similar age)?			
Has this person ever had unusual or extreme shortness of breath during exercise?			
Has this person ever had discomfort, pain or pressure in his chest, shoulder, back or jaw during exercise, or complained of their heart "racing or skipping beats"?			
Has a doctor ever told this person they have: ☐ high blood pressure ☐ high cholesterol ☐ a heart murmur or ☐ a heart infection? (Check all that apply)			
Has a doctor ever ordered a test for this person's heart? If yes, what test and when?			
Has this person ever been diagnosed with an unexplained seizure disorder or exercise-induced asthma? If yes, which one and when?			
Has this person ever been diagnosed with any form of heart/cardiovascular disease? If yes, what was the diagnosis?			
Is this person adopted, or was an egg or sperm donor used for conception?			
Family History Questions (think of grandparents, parents, aunts, uncles, cousins and siblings):			
Are there any family members who had a sudden, unexpected, unexplained death before age 50? (including SIDS, car accident, drowning, passing away in their sleep, or other)			
Are there any family members who died suddenly of "heart problems" before age 50?			
Are there any family members who have had unexplained fainting or seizures?			
Are there any family members who are disabled due to "heart problems" under the age of 50?			
Are there <u>any</u> relatives with certain conditions such as:			
Check the appropriate box(es): ☐ Hypertrophic cardiomyopathy (HCM) ☐ Dilated cardiomyopathy (DCM) ☐ Arrhythmogenic right ventricular cardiomyopathy (ARVC) ☐ Long QT syndrome (LQTS) ☐ Short QT syndrome ☐ Brugada syndrome ☐ Catecholaminergic polymorphic ventricular tachycardia ☐ Aortic rupture or Marfan syndrome ☐ Ehlers-Danlos syndrome ☐ Primary pulmonary hypertension ☐ Congenital deafness (deaf at birth)			
Coronary artery atherosclerotic disease (Heart attack, age 50 years or younger)			
☐ Pacemaker or ☐ implanted cardiac defibrillator (if yes, whom and at what age was it implanted?)			
Other form of heart/cardiovascular disease or mitochondrial disease			
Has anyone in the family had genetic testing for a heart disease? If yes, for what disease? _____ Was a gene mutation found? Circle one: YES/NO			
Explain more about any "yes" answers here:			

Physical Exam from Physician should include:	**Normal**	**Abnormal**
Evaluation for heart murmur in both supine and standing position and during valsalva		
Femoral pulse		
Brachial artery blood pressure – taken in both arms		
Evaluation for Marfan syndrome stigmata		

Questions shaded in gray represent questions that we believe are of more significance and concern and a referral for cardiac evaluation should be considered.

Person Completing Form: _____
Print Name

Updated 05.11.17

Children's SM
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Sibley SM
Heart Center
CARDIOLOGY

PURPOSE STATEMENT FOR USE OF PEDIATRIC CARDIAC RISK ASSESSMENT FORM

The Cardiovascular Risk Assessment Form was developed for the purpose of identifying patients/families at risk for sudden cardiac arrest, due to the presence of underlying cardiac disorder. This form was developed through the collaboration of several organizations to identify warning signs and symptoms in the patient and family and possible physical findings that might alert the healthcare provider to the presence of one of these cardiac disorders.

This form is relatively extensive and requires complete and correct information from families completing the form. Questions shaded in gray represent questions that we believe are of more significance and concern; yes answers to these questions should prompt a referral for a comprehensive cardiac evaluation.

We have also seen through the years that there are FOUR KEY QUESTIONS that are more likely to identify patients affected by cardiac disorders predisposing to sudden cardiac arrest. These are:

1. **Have you ever fainted, passed out, or had a seizure suddenly without warning, especially during exercise or in response to auditory triggers such as door bells, alarm clocks, and ringing telephones?**
2. **Have you ever had exercise induced chest, shoulder, jaw or back pain during or immediately after exercise?**
3. **Are you related to anyone with sudden unexplained and unexpected death before the age of 50 years?**
4. **Are you related to anyone who has been diagnosed with a sudden death predisposing heart conditions such as hypertrophic cardiomyopathy, long QT syndrome, or CPVT?**

You may also be interested in two recent articles that provide more detail about pediatric sudden cardiac arrest, with specific emphasis on identification of patients and/or family members potentially affected by these cardiac disorders. If you would like a reprint of either article, please contact Richard Lamphier at richard.lamphier@choa.org. These publications are listed below:

1. Campbell RM, Berger S, Ackerman MJ. "Pediatric Sudden Cardiac Arrest". *Pediatrics* Vol. 129 No. 4 April 1, 2012. pp. e1094-e1102.

2. Dalal A, Czosek RJ, Kovach J, von Alvensleben JC, Valdes S, Ethridge SP, Ackerman MJ, Auld D, Huckaby J, McCracken C, Campbell R. Clinical Presentation of Pediatric Patients at Risk for Sudden Cardiac arrest. J *Pediatr.* 2016 Oct;177:191-6.

This form includes all screening questions suggested in the American Heart Association Recommendations for Preparticipation Screening for Cardiovascular Abnormalities in Competitive Athletes — *Circulation* 2007:115

For more information, visit choa.org/cardiology, email info@kidsheart.com or call 404-256-2593 (800-542-2233).

TURN FORM OVER TO COMPLETE ASSESSMENT

NICHQ Vanderbilt Assessment Scales

Used for diagnosing ADHD

NICHQ Vanderbilt Assessment Scale—PARENT Informant

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

Parent's Name: _____ Parent's Phone Number: _____

Directions: Each rating should be considered in the context of what is appropriate for the age of your child. When completing this form, please think about your child's behaviors in the past 6 months.

Is this evaluation based on a time when the child ☐ was on medication ☐ was not on medication ☐ not sure?

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
19. Argues with adults	0	1	2	3
20. Loses temper	0	1	2	3
21. Actively defies or refuses to go along with adults' requests or rules	0	1	2	3
22. Deliberately annoys people	0	1	2	3
23. Blames others for his or her mistakes or misbehaviors	0	1	2	3
24. Is touchy or easily annoyed by others	0	1	2	3
25. Is angry or resentful	0	1	2	3
26. Is spiteful and wants to get even	0	1	2	3
27. Bullies, threatens, or intimidates others	0	1	2	3
28. Starts physical fights	0	1	2	3
29. Lies to get out of trouble or to avoid obligations (ie, "cons" others)	0	1	2	3
30. Is truant from school (skips school) without permission	0	1	2	3
31. Is physically cruel to people	0	1	2	3
32. Has stolen things that have value	0	1	2	3

Adapted from the Vanderbilt Rating Scales developed by Mark L. Wolraich, MD.

Revised - 1102

NICHQ Vanderbilt Assessment Scale—PARENT Informant

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

Parent's Name: _____ Parent's Phone Number: _____

Symptoms (continued)	Never	Occasionally	Often	Very Often
33. Deliberately destroys others' property	0	1	2	3
34. Has used a weapon that can cause serious harm (bat, knife, brick, gun)	0	1	2	3
35. Is physically cruel to animals	0	1	2	3
36. Has deliberately set fires to cause damage	0	1	2	3
37. Has broken into someone else's home, business, or car	0	1	2	3
38. Has stayed out at night without permission	0	1	2	3
39. Has run away from home overnight	0	1	2	3
40. Has forced someone into sexual activity	0	1	2	3
41. Is fearful, anxious, or worried	0	1	2	3
42. Is afraid to try new things for fear of making mistakes	0	1	2	3
43. Feels worthless or inferior	0	1	2	3
44. Blames self for problems, feels guilty	0	1	2	3
45. Feels lonely, unwanted, or unloved; complains that "no one loves him or her"	0	1	2	3
46. Is sad, unhappy, or depressed	0	1	2	3
47. Is self-conscious or easily embarrassed	0	1	2	3

Performance	Excellent	Above Average	Average	Somewhat of a Problem	Problematic
48. Overall school performance	1	2	3	4	5
49. Reading	1	2	3	4	5
50. Writing	1	2	3	4	5
51. Mathematics	1	2	3	4	5
52. Relationship with parents	1	2	3	4	5
53. Relationship with siblings	1	2	3	4	5
54. Relationship with peers	1	2	3	4	5
55. Participation in organized activities (eg, teams)	1	2	3	4	5

Comments:

For Office Use Only

Total number of questions scored 2 or 3 in questions 1–9: _____

Total number of questions scored 2 or 3 in questions 10–18: _____

Total Symptom Score for questions 1–18: _____

Total number of questions scored 2 or 3 in questions 19–26: _____

Total number of questions scored 2 or 3 in questions 27–40: _____

Total number of questions scored 2 or 3 in questions 41–47: _____

Total number of questions scored 4 or 5 in questions 48–55: _____

Average Performance Score: _____

American Academy of Pediatrics

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NICHQ National Institute for Children's Health Quality

McNeil Consumer & Specialty Pharmaceuticals

D4 NICHQ Vanderbilt Assessment Scale—TEACHER Informant

Teacher's Name: _____ Class Time: _____ Class Name/Period: _____

Today's Date: _____ Child's Name: _____ Grade Level: _____

Directions: Each rating should be considered in the context of what is appropriate for the age of the child you are rating and should reflect that child's behavior since the beginning of the school year. Please indicate the number of weeks or months you have been able to evaluate the behaviors: _____.

Is this evaluation based on a time when the child ☐ was on medication ☐ was not on medication ☐ not sure?

Symptoms	Never	Occasionally	Often	Very Often
1. Fails to give attention to details or makes careless mistakes in schoolwork	0	1	2	3
2. Has difficulty sustaining attention to tasks or activities	0	1	2	3
3. Does not seem to listen when spoken to directly	0	1	2	3
4. Does not follow through on instructions and fails to finish schoolwork (not due to oppositional behavior or failure to understand)	0	1	2	3
5. Has difficulty organizing tasks and activities	0	1	2	3
6. Avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort	0	1	2	3
7. Loses things necessary for tasks or activities (school assignments, pencils, or books)	0	1	2	3
8. Is easily distracted by extraneous 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 in classroom or in other situations in which remaining seated is expected	0	1	2	3
12. Runs about or climbs excessively in situations in which remaining seated is expected	0	1	2	3
13. Has difficulty playing or engaging in leisure activities quietly	0	1	2	3
14. Is "on the go" or often acts as if "driven by a motor"	0	1	2	3
15. Talks excessively	0	1	2	3
16. Blurts out answers before questions have been completed	0	1	2	3
17. Has difficulty waiting in line	0	1	2	3
18. Interrupts or intrudes on others (eg, butts into conversations/games)	0	1	2	3
19. Loses temper	0	1	2	3
20. Actively defies or refuses to comply with adult's requests or rules	0	1	2	3
21. Is angry or resentful	0	1	2	3
22. Is spiteful and vindictive	0	1	2	3
23. Bullies, threatens, or intimidates others	0	1	2	3
24. Initiates physical fights	0	1	2	3
25. Lies to obtain goods for favors or to avoid obligations (eg, "cons" others)	0	1	2	3
26. Is physically cruel to people	0	1	2	3
27. Has stolen items of nontrivial value	0	1	2	3
28. Deliberately destroys others' property	0	1	2	3
29. Is fearful, anxious, or worried	0	1	2	3
30. Is self-conscious or easily embarrassed	0	1	2	3
31. Is afraid to try new things for fear of making mistakes	0	1	2	3

Adapted from the Vanderbilt Rating Scales developed by Mark L. Wolraich, MD.

Revised - 0303

American Academy of Pediatrics

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NICHQ National Initiative for Children's Health Quality

McNeil Consumer & Specialty Pharmaceuticals

D4 NICHQ Vanderbilt Assessment Scale—TEACHER Informant, continued

Teacher's Name: _____ Class Time: _____ Class Name/Period: _____

Today's Date: _____ Child's Name: _____ Grade Level: _____

Symptoms (continued)	Never	Occasionally	Often	Very Often
32. Feels worthless or inferior	0	1	2	3
33. Blames self for problems; feels guilty	0	1	2	3
34. Feels lonely, unwanted, or unloved; complains that "no one loves him or her"	0	1	2	3
35. Is sad, unhappy, or depressed	0	1	2	3

Performance *Academic Performance*	Excellent	Above Average	Average	Somewhat of a Problem	Problematic
36. Reading	1	2	3	4	5
37. Mathematics	1	2	3	4	5
38. Written expression	1	2	3	4	5

Classroom Behavioral Performance	Excellent	Above Average	Average	Somewhat of a Problem	Problematic
39. Relationship with peers	1	2	3	4	5
40. Following directions	1	2	3	4	5
41. Disrupting class	1	2	3	4	5
42. Assignment completion	1	2	3	4	5
43. Organizational skills	1	2	3	4	5

Comments:

Please return this form to: _____

Mailing address: _____

_____

Fax number: _____

For Office Use Only

Total number of questions scored 2 or 3 in questions 1–9: _____

Total number of questions scored 2 or 3 in questions 10–18: _____

Total Symptom Score for questions 1–18: _____

Total number of questions scored 2 or 3 in questions 19–28: _____

Total number of questions scored 2 or 3 in questions 29–35: _____

Total number of questions scored 4 or 5 in questions 36–43: _____

Average Performance Score: _____

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11-20/rev0303