

Stephen J. Harris, Ph.D.

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FOR OFFICE USE ONLY

Patient Acct # _____ **Start Date** _____ **DX** _____ **#Visits** _____ **Ded** _____
Copay _____

Hello! And welcome to my practice. Attached is a confidential questionnaire and payment information I will appreciate you filling out. The questionnaire will help me understand who you are as a unique individual and what you are seeking from therapy. We will go over this information when we meet. Please complete all pages. This paperwork will take about 20 minutes to complete.

Patient Information

Today's Date: _____

Last Name _____ **First Name** _____ **MI** _____ **Date of Birth** _____

Gender: M / F **Status:** Single Married/Other **SSN** _____ **Employment:** Full-time/Part-time/Full-time student

Address _____ **City, State, Zip:** _____

Home Phone _____ **Work Phone** _____ **Cell Phone** _____

Fax _____ **Email** _____ **Ok to leave message at:** Home Cell
 Work

Employment Information

Employer Name _____ **Phone** _____ **Address** _____

Primary Insurance

Insurance Name _____

Insurance Address _____ **Ins Phone** _____

Primary Insured ID _____ **Insured Name** _____ **Relationship to Patient** _____

Primary's Date of Birth: _____ **Group No** _____ **Plan Name** _____

Deductible _____ **CoPay** _____ **Name or Type of Plan:** PPO EPO HMO EAP

Other: _____

Secondary Insurance

Insurance Name _____

Insurance Address _____ **Ins Phone** _____

Secondary Insured ID _____ **Insured Name** _____ **Relationship to Patient** _____

Secondary's Date of Birth: _____ **Group No** _____ **Plan Name** _____

Deductible _____ **CoPay** _____ **Name or Type of Plan:** PPO EPO HMO EAP

Other: _____

Emergency Contact

Name _____ Address _____

Home Phone _____ Cell Phone _____ Relationship to Patient _____

Guarantor (Responsible Party) if different from patient

Name _____ Address _____

Home Phone _____ Cell Phone _____ Relationship to Patient _____

Ethnicity (optional): White Black Hispanic Oriental Asian Other: _____

Payment Information (Please Read Carefully):

A. Fee Schedule

\$350 for 90-minute Initial Assessment and Evaluation

\$175 per 45-minute session for Individual, Couple or Family Sessions

\$115 per 30-minute session

B. Payment for Services

Payment is due at the time services are rendered and may be paid by check, cash or credit card. For insurance coverage, please read the information on the following page.

Please check how you wish to pay for services:

Check (make out to "Stephen J. Harris, Ph.D.") Cash Credit Card (MC/Visa)

_____-_____-_____-_____ Exp Date ____/____

C. Keeping Appointments

Each therapy session is about 45 minutes. The last few minutes are generally reserved to review the session and schedule any further appointments.

Sessions cancelled less than 24 hours or failure to show for appointments are charged a \$75.00 fee.

_____ Please initial here if you are willing to make and keep this agreement.

D. Confidentiality

You have a right of confidentiality that is covered by law. This means that the material you share with a therapist may not be revealed to anyone unless you give your written permission. There are, however, particular conditions in which a therapist is obligated by law to break confidence and report certain incidents to the authorities. These are: 1)

Subpoena by a judge in a court of law, 2) If you have abused or molested a child or elder adult or if you reveal that such incidents have occurred by others, 3) If you indicate that you intend to harm or kill yourself or someone else.

I have read and understood the above information.

Signature: _____ Date: _____

E. Insurance Reimbursements (Please read carefully)

Check here if no insurance or not using insurance

In regards to insurance companies I am not a provider for; I appreciate payment directly from you as we go along. For insurance companies that I am a provider for, I will ask you to pay all applicable co-payments and deductibles at the time of the session. I will gladly bill your insurance company for you so that you may be reimbursed directly by them. Claims are filed immediately after each session and, generally, any reimbursement to you is made within 2-3 weeks. Or, if you choose, I will give you an itemized statement at the end of each month or a billing slip each session so that you can request reimbursement yourself. If you would like me to bill your insurance company for you, please fill in the information below completely and accurately. Some insurance plans require an authorization and are very limited in mental health benefits so it would serve you well to become familiar with your plan. The items with an asterisk (*) are required for accurate billing.

Please indicate below which insurance reimbursement plan you wish to observe.

I will pay you for services as we go; I would like you to bill my insurance company for the cost of our sessions with any reimbursements going to me. (Please fill out insurance information below)

I will pay you for services as we go; I would like you to give me a statement at the end of the month or at the time of the session so that I can bill my insurance company myself for reimbursements [you will be given a simple statement that is accepted by most insurance companies] (Go to questionnaire).

I will pay you my deductible and co-payment as I go since you are a provider for my insurance company; I would like you to bill my insurance for me.

Name of Primary Care Physician (PCP): _____ Phone # of PCP: _____

Check here if you want me to contact your PCP and please sign below:

Signature

Date

Notice of Psychologists' Policies and Practices to Protect the Privacy of Your Health Information

This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

Please review it carefully!

With your consent, my practice is permitted by federal privacy laws to make uses and disclosures of your health information for purposes of treatment, payment, and health care operations. Protected health information is the information we create and obtain in providing our services to you. Such information may include documenting your symptoms, examination and test results, diagnoses, treatment, and applying for future care or treatment. It also includes billing documents for those services.

Example of use of your health information for treatment purposes:

I obtain treatment information about you and record it in your case record. During the course of your treatment, I determine a need to consult with another specialist in the area. I will share the information with such specialist for input.

Example of use of your health information for payment purposes:

I submit a request for payment to your health insurance company. The insurance company requests information from me regarding psychological care given. I will provide information to them about you and the care given.

Example of use of your information for health care operations:

I obtain services from my insurers or other business associates such as quality assessment, quality improvement, outcome evaluation, protocol and clinical guidelines development, training programs, credential, medical review, legal services, and insurance. I will share information about you with such insurers or other business associates as necessary to obtain these services.

Your Health Information Rights

The health record I maintain and billing records are the physical property of my practice. The information in it, however, belongs to you. You have a right to:

- Request a restriction on certain uses and disclosures of your health information by delivering the request in writing to our office. We are not required to grant the request but we will comply with any request granted;
- Request that you be allowed to inspect and copy your health record and billing record—you may exercise this right by delivering the request in writing to our office;
- Appeal a denial of access to your protected health information except in certain circumstances;
- Request that your health care record be amended to correct incomplete or incorrect information by delivering a written request to our office;
- File a statement of disagreement if your amendment is denied, and require that the request for amendment and any denial be attached in all future disclosures of your protected health information;
- Obtain an accounting of disclosures of your health information as required to be maintained by law by delivering a written request to our office. An accounting will not include internal uses of information for treatment, payment, or operations, disclosures made to you or made at your request, or disclosures made to family members or friends in the course of providing care;
- Request that communication of your health information as required to be maintained by law by delivering a written request to my office; and,
- Revoke authorizations that you made previously to use or disclose information except to the extent information or action has already been taken by delivering a written revocation to my office.

If you want to exercise any of the above rights, please contact my office, in person or in writing, during normal hours. I will provide you with assistance on the steps to take to exercise your rights.

Our Responsibilities

My practice is required to:

- Maintain the privacy of your health information as required by law;
- Provide you with a notice of my duties and privacy practices as to the information I collect and maintain about you;
- Abide by the terms of this Notice;
- Notify you if I cannot accommodate a requested restriction or request; and
- Accommodate your reasonable requests regarding methods to communicate health information with you.

I reserve the right to amend, change, or eliminate provisions in my privacy practices and access practices and to enact new provisions regarding the protected health information I maintain. If my information practices change, I will amend my Notice. You are entitled to receive a revised copy of the Notice by calling and requesting a copy of my "Notice" or by visiting my office and picking up a copy.

To Request Information or File a Complaint

If you have a question, would like additional information, or want to report a problem regarding the handling of your information, you may contact my office.

Additionally, if you believe your privacy rights have been violated, you may file a written complaint at my office. You may also file a complaint by mailing it or e-mailing it to the Secretary of Health and Human Services whose street address is: Federal Office Building, 50 United Nations Plaza- Room 322, San Francisco, CA 94102.

- I cannot, and will not, require you to waive the right to file a complaint with the Secretary of Health and Human Services (HHS) as a condition of receiving treatment from the practice.
- I cannot, and will not, retaliate against you for filing a complaint with the Secretary of HHS.

Other Disclosures and Uses**Notification**

Unless you object, I may use or disclose your protected health information to notify, or assist in notifying, a family member, personal

representation, or other person responsible for your care, about your location, and about your general condition, or your death.

Communication with Family

Using my best judgment, I may disclose to a family member, other relative, close personal friend, or any other person you identify, health information relevant to that person's involvement in your care or in payment for such care if you do not object or in an emergency.

Food and Drug Administration (FDA)

I may disclose to the FDA your protected health information relating to adverse events with respect to products and product defects, or post-marketing surveillance information to enable product recalls, repairs, or replacement.

Workers Compensation

If you are seeking compensation through Workers Compensation, I may disclose your protected health information to the extent necessary to comply with laws relating to Workers Compensation.

Public Health

As required by law, I may disclose your protected health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

Abuse and Neglect

I may disclose your protected health information to public authorities as allowed by law to report abuse or neglect.

Correctional Institutions

If you are an inmate of a correctional institution, I may disclose to the institution, or its agents, your protected health information necessary for your health and the health and safety of other individuals.

Law Enforcement

I may disclose your protected health information for law enforcement purposes as required by law, such as when required by a court order, or in cases involving felony prosecutions, or the extent an individual is in the custody of law enforcement.

Research

I may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.

Disaster Relief

I may use and disclose your protected health information to assist in disaster relief efforts.

Organ Procurement Organizations

Consistent with applicable law, I may disclose your protected health information to organ procurement organization or other entities engaged in the procurement; banking; or transplantation of organs for the purpose of tissue donation and transplant.

For Specialized Government Function

I may disclose your protected health information for specialized government functions as authorized by law, such as to Armed Forces personnel, for national security purposes, or to public assistance program personnel.

Health Oversight

Federal law allows us to release your protected health information to appropriate health oversight agencies or for health oversight activities.

Judicial/Administrative Proceedings

I may disclose your protected health information in the course of any judicial or administrative proceeding as allowed or required by law, with your consent, or as directed by a proper court order.

Other Uses

Other uses and disclosures besides those identified in this Notice will be made only as otherwise authorized by law or with your written authorization and you may revoke the authorization as previously provided.

Website

If I maintain a website that provides information about my entity, this Notice will be on the website.

Acknowledgement of Receipt of "Notice of Psychologists' Policies and Practices to Protect the Privacy of Your Health Information"

The federal government mandated that as of April 14, 2003 all health care patients are to receive from their clinicians a notice (hereafter referred to as "Notice") regarding the protection of their private health care information in compliance with the Health Insurance

Portability and Accountability Act ("HIPAA") Privacy Rule (45 C.F.R. parts 160 and 164).

This acknowledgement documents that your mental health care provider has given you the "Notice" that is required. HIPAA covers what is called "protected health information" (PHI) that is used for treatment, payment, and health care operations. PHI is information in your health record that could identify you.

The Notice contains basic information about:

1. how your PHI may be used and disclosed for treatment, payment and health care operations (these terms are defined in the Notice) .
2. which uses and disclosures require authorization from you and which don't
3. how you may revoke an authorization you have made
4. certain rights you have to restrict use and disclosure of PHI, to receive confidential communications by alternative means and at alternative locations, to inspect and copy your records, to amend your records, to have an accounting of disclosures
5. a list of my duties to protect the privacy of your PHI, my right to change the privacy policies and practices described in the Notice, and how I will inform you of changes
6. what you can do if you have any complaints about violations of your privacy rights, about decisions about access to your records I may make
7. any restrictions and limitations you or I wish to put on the use and disclosure of your PHI.

The Privacy Notice is a few pages in length. Generally, this Notice is given on a patient's first visit unless there is good reason to delay. I will also give you a copy of this notice if you request it. This page documents that I have given you a copy of the Notice. I acknowledge that Dr. Harris has given me a copy of the Privacy Notice (version dated 8/24/03) as required by the federal government's HIPAA legislation. I have been given the opportunity to ask any questions I may have regarding this Notice.

Date	Print Client's Name	Signature
Print name of Parent/Legal Guardian if client is a minor		Signature

Family Information Form

Date Completed: _____

Child's Name: _____ Birthdate: _____ Age: _____

Sex: M or F (circle) Race: _____

Information supplied by: _____ Relationship to Child: _____

Father's Name: _____ Birthdate: _____ Race: _____

Mother's Name: _____ Birthdate: _____ Race: _____

Any prior contact with Dr. Harris? Y or N (circle) If so, when? _____

Who referred you to Dr. Harris? _____

School attended: _____ Phone _____

Teacher: _____ Grade: _____

Did your child even repeat a grade? Y or N (circle) Which grade? _____

Highest grade your child has completed? _____

Is your child now in a special class? Y or N (circle) If so, what type of class? _____

Have you received any previous special help from therapists, tutors or other agencies (who and when)?

Current Family Doctor: _____ Address: _____

Phone Number: (_____) _____ - _____

History:

Is child adopted or natural?
age adoption occurred:

If adopted, please describe circumstances surrounding adoption and

Any complication(s) during pregnancy?

Any problems during your past pregnancy?

Medications taken, smoking, or alcohol consumed during these pregnancies?

Were the pregnancies planned?

What was mother's health condition during pregnancies?

Any sickness during the pregnancy? (excessive vomiting, measles, etc.)

Were any drugs taken during the pregnancy (legal or illegal)? What?

When?

Who administered pre-natal care?

What was the length of the pregnancy?

Where was the child delivered? (hospital, home, etc.)

Birth

Was the birth spontaneous, induced, or Caesarian?

Was there anesthesia? What kind?

Were forceps used during the delivery?

Were there forceps marks on the child?

How long was labor?

Any complications during the birth?

Weight of child at birth?

Injuries at birth?

Condition of child at birth. (Jaundiced, blue, yellow, birth defects, etc.)

Apgar Scores at birth?

At birth did the child cry immediately, or need oxygen?

Neonatal Course

How long was mother in hospital?

How long was baby in the hospital?

Any special procedures used during hospitalization? (incubator, intravenous feeding, given oxygen?)

Was the sucking reflex strong?

Breast or bottle fed?

Feeding

Any Colic during child's infancy?

Did child have trouble eating or did he/she have a good appetite?

Were any special diets required?

Age of weaning for child?

Sleeping

What was the age when child slept all night?

Are there any sleep problems, past or present? (nightmares, restlessness, sleep walking, etc.)

Is/was there any rocking behavior, head banging?

Where does the child sleep? With parent, with siblings?

Toilet Training

When did toilet training begin?

For bladder?

For bowel?

When was toilet training completed?

For day?

For night?

What were the methods used for toilet training?

What was your attitude about toilet training?

Child's responses to toilet train? (resistance, smearing)

Does child wet or soil now?

When?

Speech

At what age did child speak? (other than ma-ma or da-da)

What language is used at home?

Are there any problems with speech? (stuttering, no speech, reversals)

Motor and other Development

What age did child roll over?

Sit with support?

Sit with no support?

Crawl?

Walk?

Ride Trike?

Ride Bike? (w/o training wheels)

Button Clothing?

Tie Shoelaces?

Name colors?

Said alphabet in order?

Began to read?

What type of coordination does the child have? (Slow, sluggish, quick, athletic, level of activity)

What is the child's preferred activity?

What does he like to play with the best?

What was the child's personality like as a young child? Happy/optimistic? Sad/pessimistic?

Outgoing/introverted? Calm/jumpy? Flexible/stubborn?

Leader/follower?

Health

How is the child's general health?

Current height:

Weight:

Date of last physical exam:

Last hearing check:

Last vision check:

Hours of sleep per night?

Any serious accidents?

When?

What happened?

Child's response to accident?

Any serious illnesses?

When/Age?

What?

Any hospitalization? When? Where? Why?

Any operations?

What was the effect of hospitalization on parents?

 On child?

Is child taking any medications currently?

 Past Medications?

School History

Was child in pre-school or nursery? Age: Where?

When did child enter kindergarten?

What was reaction of child to beginning school?

What was/is feeling of child towards school?

Has child demonstrated any separation difficulties when you left child at school?

What are child's strongest and weakest academic areas? (also list GPA)

Is child currently at grade level in all subjects?

Was child ever retained or did child ever fail a subject?

Was child ever placed in special class?

What is child's current class placement?

Please list the kinds of special therapy or remedial work child is receiving?

Please describe child's study habits?

Any behavioral problems at school?

Does child hold membership in formal recreational or academic groups: Dance? Sports? Scouts? Church?

Membership in informal groups: Neighborhood? Family?

Describe child's relationship with teachers.

Do you help your child with homework?

Average amount of time spend on homework?

Parents' feelings about child's school performance?

How well does child get along with classmates?

How well does child understand directions?

Rate child's overall intelligence:

Play Activity

Does child play well with others, or prefer to play alone?

Will he share things easily?

Are the child's friends, older, younger, or the same age?

Does the child frequently play by himself?

What are the child's leadership qualities?

What are the child's favorite play activity? Hobbies? Interests?

Expression of Feeling

Does the child show affection easily?

Is the child's personality: Shy, sociable, even-tempered, tantrums, moody, reserved, aggressive?

Does the child strike out at parents or siblings?

What does parent do when child shows aggressive behavior?

Discipline

Who administers discipline?

What approaches are used?

Parent's attitudes toward discipline are:

Child's responses to discipline are:

When child pleases you, how do you let him or her know?

How do parents respond to child's desire for autonomy?

Relationships

	Mother	Father
Name		
Birthdate		
Occupation		
Education		
General Health		

Serious Illness(es)		
Learning Problems.		
Family History of Mental Illness? Indicate which close relatives had the problem and what it was.		
Family History of Alcohol, Drug or Criminal Problems? Indicate which relatives had the problem and what it was.		
Family History of ADHD, Learning problems, or other Neurological Problems (e.g., epilepsy) in relatives. Indicate the problem and which relative had it.		
Family History of Endocrine problems (e.g., thyroid, diabetes, adrenal)? Who had it and what was it?		

Parent(s) Marital Status-and appropriate dates:

Single? (circle): Yes or No
 Divorced (date):

Married (date):
 Mother or Father Remarried (date):

Separated (date):

Siblings and other persons living in home where child lives:

	Name	Relationship	Birth-date	Job or School & Grade	Employer
1.					
2.					
3.					
4.					
5.					

Other siblings or parents living outside of home

	Name	Relationship	Birthdate	Job or School	Employer
1.					
2.					
3.					

Is there or has there been any psychiatric/psychological counseling for anybody in the family?
If so, who, when, where, why?

Have any other members of the family (parents or siblings) had serious illnesses or specific learning problems?

Presenting Problem(s):

1. What is currently concerning you about your child or family?

2. When did the problem(s) start?

3. What happened that led you to come here?

4. What changes in your family have you noticed since this problem began?

5. What would you like to change?

6. Do both parents see the problem the same way?

7. Does the child agree that there is a problem?

8. What major changes have occurred in your family over the past few years (moves, changes in income or employment, changes in family composition)?

Relationship with parents:

A. Child's relation with father:

1. Describe nature of contacts between child and father in home:

2. Have there been separations?

a. How old was child at time of separations?

b. How often does father see child?

c. Under what circumstances?

B. Child's relation with mother:

1. Describe nature of contacts between child and mother in home:

2. Have there been separations?

a. How old was child at time of separations?

b. How often does mother see child?

c. Under what circumstances?

C. Discipline:

1. What kinds of things does child do that mother disciplines him/her for?

2. What does she do about it?

3. What kinds of things does child do that father disciplines him for?

4. What does he do about it?

D. Feelings between parents and the child:

1. Do you like being with the child? (Elaborate)

2. Do you find it difficult to be with child? (Elaborate)

3. What things do you most enjoy about the child?

4. What does the child do well?

5. Who is the child closest with?
6. How does the child relate to: siblings, relatives, teachers?
7. Does the child have any special relationships? (Teacher, neighbors, etc.)

Legal Problems

1. Has child ever been in trouble with the law?
2. If so, how many times?
3. Give approximate dates?
4. What was the court's disposition?
5. Is the child currently on probation?
6. If yes, who is the probation officer?

Telephone:

7. Is there any legal action currently pending?

Adolescence

Does child have any difficulties with alcohol?

Drugs?

What has been child's reaction to physical changes and physical appearance?

How comfortable is child with his/her gender identity?

How is child dealing with the issues of independence vs. dependence?

What is the child's work experience?

How are the issues of money and allowances handled in the family?

Does child have any career interests or goals?

Does child have any college or vocational plans?

What are parental values towards:

Sexuality?

Independence?

College attendance?

Please share any additional information which you feel is pertinent but may not have been asked for. Please feel free to use the back side of this page to elucidate on any other pertinent information or on any earlier topics for which you ran out of room).

Child and Adolescent Symptom Checklist

Please rate your child on each symptoms listed below on a scale from 0-4.

In rating yourself, please use the following scale:

0----- 1----- 2----- 3-----4
Never Rarely Occasionally Often Very Often

Questions with a Y (Yes) or N (No) in front of them should be circled with the correct answer.

- _____ 1. Fails to give close attention to details or makes careless mistakes in schoolwork, work, or other activities.
- _____ 2. Has difficulty sustaining attention in tasks or play activities.
- _____ 3. Does not seem to listen when spoken to directly.

- _____ 4. Does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace (not due to oppositional behavior or failure to understand instructions).
- _____ 5. Has difficulty organizing tasks and activities.
- _____ 6. Avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (such as paperwork, schoolwork or homework).
- _____ 7. Loses things necessary for tasks or activities (e.g., toys, school assignments, pencil, books, or tools).
- _____ 8. Is easily distracted by extraneous stimuli.
- _____ 9. Is forgetful in daily activities.

ADD-I: (314.00) 6/14

- _____ 10. Fidgets with hands or feet or squirms in seat.
- _____ 11. Leaves seat in classroom or in other situations in which remaining seated is expected.
- _____ 12. Runs about or climbs excessively in situations in which it is inappropriate (in adolescents or adults, may be limited to subjective feelings of restlessness).
- _____ 13. Is has difficulty playing or engaging in leisure activities quietly.
- _____ 14. Is "on the go" or often acts as if "driven by a motor".
- _____ 15. Talks excessively.
- _____ 16. Blurts out answers before questions have been completed.
- _____ 17. Has difficulty waiting turn.
- _____ 18. Interrupts or intrudes on others (e.g., butts into conversations or games).

ADD-HI: (314.01) 6/9

- _____ 19. Excessive daydreaming.
- _____ 20. Complains of being bored.
- _____ 21. Appears to be apathetic or unmotivated.
- _____ 22. Frequently tired, sluggish or slow moving.
- _____ 23. Frequently spacey or internally preoccupied.

ADD-I (314.00)

- _____ 24. Excessive or senseless worrying.
- _____ 25. Disorganized or superorganized.
- _____ 26. Oppositional, argumentative.
- _____ 27. Strong tendency to get locked into negative thoughts, having the same thought over and over.
- _____ 28. Tendency toward compulsive behavior.
- _____ 29. Intense dislike for change.
- _____ 30. Tendency to hold grudges.

- _____ 31. Trouble shifting attention from subject to subject.
- _____ 32. Difficulties seeing options in situations.
- _____ 33. Tendency to hold on to own opinion and not listen to others.
- _____ 34. Tendency to get locked into a course of action, whether or not it is good for the person.
- _____ 35. Needing to have things done a certain way or you become very upset.
- _____ 36. Others complain that you worry too much.

ADD-OF 6/13

- _____ 37. Moodiness.
- _____ 38. Negativity.
- _____ 39. Low energy.
- _____ 40. Frequent irritability.
- _____ 41. Tendency to be socially isolated.
- _____ 42. Frequent feelings of hopelessness, helplessness or excessive guilt.
- _____ 43. Lowered interest in things that are usually considered fun.
- _____ 44. Sleep changes (too much or too little).
- _____ 45. Chronic low self-esteem.

ADD-D 5/9

- _____ 46. Short fuse or periods of extreme irritability.
- _____ 47. Periods of rages with little provocation.
- _____ 48. Misinterprets comments as negative when they are not.
- _____ 49. Irritability tends to build, then explodes, then recedes, often tired after a rage.
- _____ 50. Periods of spaciness or confusion.
- _____ 51. Periods of panic and/or fear for no specific reason.
- _____ 52. Visual changes, such as seeing shadows or objects changing shape.
- _____ 53. Frequent periods of de ja vu (feelings of being somewhere before even though you never have).
- _____ 54. Sensitivity or mild paranoia.
- _____ 55. Headaches or abdominal pain of uncertain origin.
- _____ 56. History of a head injury or family history of violence or explosiveness.
- _____ 57. Dark thoughts, may involve suicidal or homicidal thoughts.
- _____ 58. Periods of forgetfulness or memory problems.

ADD-T 6/13

- _____ 59. Loses temper.
- _____ 60. Argues with adults.
- _____ 61. Actively defies or refuses to comply with adults' requests or rules.
- _____ 62. Deliberately annoys people.

_____ 63. Blames others for his or her mistakes or misbehavior.

_____ 64. Touchy or easily annoyed by others.

_____ 65. Angry and resentful.

_____ 66. Spiteful or vindictive.

ODD (313.81): 4/8

_____ 67. Bullies, threatens, or intimidates others.

_____ 68. Initiates physical fights.

_____ 69. Has used a weapon that can cause serious physical harm to others (e.g., bat, brick, broken bottle, knife, gun).

_____ 70. Has been physically cruel to people.

_____ 71. Has been physically cruel to animals.

_____ 72. Has stolen while confronting a victim (e.g. mugging, purse snatching, extortion, armed robbery).

_____ 73. Has forced someone into sexual activity.

_____ 74. Has deliberately engaged in fire setting with the intention of causing serious damage.

_____ 75. Has deliberately destroyed others' property (other than by fire setting).

_____ 76. Has broken into someone else's house, building, or car.

_____ 77. Lies to obtain goods or favors or to avoid obligations (i.e., "cons" others).

_____ 78. Has stolen items of nontrivial value without confronting a victim (e.g., shoplifting, but without breaking and entering; forgery).

_____ 79. Stays out at night despite parental prohibitions, beginning before age 13 years.

Y or N 80. Has run away from home overnight at least twice while living in parental or parental surrogate home (or once without returning for a lengthy period).

Y or N 81. Is often truant from school, beginning before age 13 years.

Y or N 82. The disturbance in behavior causes significant impairment in social, academic, or occupational functioning.

Onset of at least one of the above criterion was (circle one): prior to 10, after age 10.

Y or N 83. The above behaviors demonstrate a repetitive and persistent pattern of behavior in which the basic right of other or major age-appropriate societal norms or rules are violated and have occurred in the last 12 months, with at least one criterion present in the past 5 months.

CD: (312.8) 3/15

Y or N 84. Both multiple motor and one or more vocal tics have been present at some time during the illness, although not necessarily concurrently. (A tic is a sudden, rapid, recurrent, nonrhythmic, stereotyped motor movement or vocalization, e.g., throat clearing, clicks, grunts, yelps, barks, sniffs, snorts and coughs or uttering obscenities.

Y or N 85. The tics occur many times a day (usually in bouts nearly every day or intermittently

throughout a period of more than 1 year, and during this period there was never a tic-free period of more than 3 consecutive months.

Y or N 86. The disturbance causes marked distress or significant impairment in social, occupational, or other important areas of functioning.

Y or N 87. Onset of above symptoms before age 18 years.

Tour: (307.23) All

Y or N 88. Repeated passage of feces into inappropriate places (e.g., clothing or floor) whether involuntary or intentional.

Y or N 89. At least one such event a month for at least 3 months.

Y or N 90. Chronological age is at least 4 years old.

Y or N 91. Behavior is not due exclusively to the direct effects of a laxative or a medical condition except through a mechanism involving constipation.

ENCO: All 787.6 (with constipation) 307.7 (without constipation)

Y or N 92. Repeated voiding of urine into bed or clothes (whether involuntary or intentional).

Y or N 93. Voiding has occurred either twice a week for at least 3 consecutive months or is significant as manifested by the presence of significant distress or impairment in social, academic (occupational), or other important areas of functioning.

Y or N 94. Chronological age is at least 5 years old

ENUR: All 307.6 (nocturnal, diurnal, both)

Y or N 95. Recurrent excessive distress when separation from home or major attachment figures occurs or is anticipated.

Y or N 96. Persistent and excessive worry about losing, or about possible harm befalling, major attachment figures.

Y or N 97. Persistent and excessive worry that some event will lead to separation from a major attachment figure.

Y or N 98. Persistent reluctance or refusal to go to school or elsewhere because of fear of separation.

Y or N 99. Persistently and excessively fearful or reluctant to be alone or without major attachment figures at home or without significant adults in other settings.

Y or N 100. Persistent reluctance or refusal to go to sleep without being near a major attachment figure or to sleep away from home.

Y or N 101. Repeated nightmares involving the theme of separation.

Y or N 102. Repeated complaints of physical symptoms (such as headaches, stomachaches, nausea, or vomiting) when separation from major attachment figures occurs or is anticipated.

Y or N 103. The duration of the above symptoms is at least 4 weeks.

Y or N 104. The onset is before age 18, the onset is before age 6 (circle the appropriate age if applicable).

Y or N 105. This disturbance causes clinically significant distress or impairment in social, academic (occupational), or other important areas of functioning.

SEPANX (309.21) 3 needed/95-102 + 103-105 early onset is age 6

Y or N 106. Shows impairment in use of multiple nonverbal behaviors such as eye to eye gaze, facial expression, body postures, and gestures to regulate social interaction.

Y or N 107. Failure to develop peer relationships appropriate to developmental level.

Y or N 108. A lack of spontaneous seeking to share enjoyment, interests, or achievement with other people (e.g., by a lack of showing, bringing, or pointing out objects of interest to other people).

Y or N 109. A lack of social or emotional reciprocity (e.g., not actively participating in simple social play or games, preferring solitary activities, or involving others in activities only as tools or "mechanical" aids).

Y or N 110. Encompassing preoccupation with one or more stereotyped and restricted patterns of interest that is abnormal either in intensity or focus.

Y or N 111. Apparently inflexible adherence to specific, nonfunctional routines or rituals.

Y or N 112. Stereotyped and repetitive motor mannerisms (e.g., hand or finger flapping or twisting, or complex whole-body movements).

Y or N 113. Persistent preoccupation with parts of objects.

Y or N 114. The disturbance causes significant impairment in social, occupational, or other important areas of functioning.

Y or N 115. There is no significant general delay in language (e.g., single words used by age 2 years, communicative phrases used by age 3 years).

Y or N 116. There is no significant delay in mental development or in the development of age-appropriate self-help skills, adaptive behavior (other than in social interaction), and curiosity about the environment.

ASPER (299.80) 2 needed/106-109+ 1 needed/110-113 + all 114-116

_____ 117. Depressed, irritable or sad mood.

_____ 118. Decreased interest in things that are usually fun.

_____ 119. Significant weight gain or loss, or marked appetite changes, increased/decreased.

_____ 120. Recurrent thoughts of death or suicide.

_____ 121. Sleep changes, lack of sleep or marked increase in sleep.

_____ 122. Physically agitated or "slowed down".

_____ 123 Low energy or feelings of tiredness.

_____ 124 Feelings of worthlessness, helplessness, hopelessness or guilt.

_____ 125. Decreased concentration or memory.

Y or N 126. Symptoms present for at least 2 weeks

Y or N 127. Symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

Y or N 128. Symptoms are not due to the direct physiological effects of a substance or a general medical condition.

Y or N 129. Symptoms are not better accounted for by Bereavement.

DEP (296.21) 5 needed @ score of 3or + (1 must be 117 or 118) + 126-129

_____ 130. Periods of an elevated, high or irritable mood.

_____ 131. Periods of a very high self esteem or grandiose thinking.

_____ 132. Periods of decreased need for sleep without feeling tired.

_____ 133. More talkative than usual or pressure to keep talking.

_____ 134. Racing thoughts or frequent jumping from one subject to another.

_____ 135. Easily distracted by irrelevant things.

_____ 136. Marked increase in activity level.

_____ 137. Excessive involvement in pleasurable activities that have the potential for painful consequences (spending money, sexual indiscretions, gambling, foolish business).

BIP 130 + 131-137(3 present @ 3 or +)

_____ 138. Panic attacks, which are periods of intense, unexpected fear or emotional discomfort (list number per month _____).

_____ 139. Periods of trouble breathing or feeling smothered.

_____ 140. Periods of feeling dizzy, faint or unsteady on your feet.

_____ 141. Periods of heart pounding or rapid heart rate.

_____ 142. Periods of trembling or shaking.

_____ 143. Periods of sweating.

_____ 144. Periods of choking.

_____ 145. Periods of nausea or abdominal upset.

_____ 146. Feelings of a situation "not being real".

_____ 147. Numbness or tingling sensations.

_____ 148. Hot or cold flashes.

_____ 149. Periods of chest pain or discomfort.

_____ 150. Fear of dying.

_____ 151. Fear of going crazy or doing something uncontrolled.

_____ 152. Avoiding everyday places for fear of having a panic attack or having to go with others in order to feel comfortable.

PAN: 138 + 139-151 (4 present @ 3 or +)

AGO: 152 w/ or w/o PAN

_____ 153. Excessive fear of being judged or scrutinized by other people which causes you to

avoid or panic in everyday situations.

SOCPHO (153)

_____ 154. Persistent, excessive phobia (heights, closed spaces, specific animals, etc.).
please list phobia(s): _____

SIMPHO (154)

- _____ 155. Recurrent bothersome thoughts, ideas or images which you try to ignore.
- _____ 156. Trouble getting "stuck" on certain thoughts, having same thought over and over.
- _____ 157. Excessive or senseless worrying.
- _____ 158. Others complain that you worry too much or get "stuck" on the same thoughts.
- _____ 159. Compulsive behaviors that you must do or you feel very anxious, such as excessive hand washing, checking locks, or counting or spelling.
- _____ 160. Needing to have things done a certain way or you become very upset.
- _____ 161. Others complain that you do the same thing over and over to an excessive degree.
(such as cleaning or checking)

OCDX (155-161)

- _____ 162. Recurrent and upsetting thoughts of a past traumatic event (molest, accident, fire, etc.), please list _____.
- _____ 163. Recurrent distressing dreams of a past upsetting event.
- _____ 164. A sense of reliving a past upsetting event.
- _____ 165. A sense of panic or fear to events that resemble an upsetting past event.
- _____ 166. You spend effort avoiding thoughts or feelings associated with a past trauma.
- _____ 167. Persistent avoidance of activities or situations that cause you to remember a past upsetting event.
- _____ 168. Inability to recall an important aspect of a past upsetting event.
- _____ 169. Marked decreased interest in important activities.
- _____ 170. Feeling detached or distant from others.
- _____ 171. Feeling numb or restricted in your feelings.
- _____ 172. Feeling that your future is shortened.
- _____ 173. Quick startle.
- _____ 174. Feel like you're always watching for bad things to happen.
- _____ 175. Marked physical response to events that remind you of a past upsetting event, i.e., sweating when getting in a car if you had been in a car accident.
- _____ 176. Marked irritability or anger outbursts.
- _____ 177. Unrealistic or excessive worry in at least a couple areas of your life.

PTSD (162-165 1 present @ 3 or +) (166-172 3 present @ 3 or +) (173-177 2 @ 3 or +)

- _____ 178. Trembling, twitching or feeling shaky.
- _____ 179. Muscle tension, aches or soreness.

- ___ 180. Feelings of restlessness.
- ___ 181. Easily fatigued.
- ___ 182. Shortness of breath or feeling smothered.
- ___ 183. Heart pounding or racing.
- ___ 184. Sweating or cold clammy hands.
- ___ 185. Dry mouth.
- ___ 186. Dizziness or lightheadedness.
- ___ 187. Nausea, diarrhea or other abdominal distress.
- ___ 188. Hot or cold flashes.
- ___ 189. Frequent urination.
- ___ 190. Trouble swallowing or "lump in throat".
- ___ 191. Feeling keyed up or on edge.
- ___ 192. Quick startle response or feeling jumpy.
- ___ 193. Difficult concentrating or "mind going blank".
- ___ 194. Trouble falling or staying asleep.
- ___ 195. Irritability.

GAD (177 + 6 present @ 3 or + on 178-195)

- ___ 196. Involuntary physical movement or vocal tics.

TOUR (196)

- ___ 197. Periods of extreme irritability, physical or verbal aggression or rage with little provocation.
- ___ 198. Periods of confusion.
- ___ 199. Periods of spaciness or missing brief periods of time.
- ___ 200. Periods of fearfulness for no apparent reason.
- ___ 201. Periods of de ja vu (the feeling that you've been or experienced something before even though you never have).
- ___ 202. Periods of unusual visual (seeing) or auditory (hearing) sensations or illusions.
- ___ 203. Periods of forgetfulness or memory problems.

Temporal Lobe Symptoms (197-203)

- ___ 204. Often feels cold when others feel fine or they are warm.
- ___ 205. Often feels warm when others feel fine or they are cold.
- ___ 206. Problems with brittle or dry hair.
- ___ 207. Problems with dry skin.
- ___ 208. Problems with sweating.
- ___ 209. Problems with chronic anxiety or tension.

Thyroid (204-209)

____ 210. Additional symptoms not listed above, please list: _____.

____ 211. Additional symptoms not listed above, please list: _____.