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National Register of
Health Service Providers
In Psychology

Bus: 910-256-6163
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CHILD

Dear Parent,

Thank you for bringing your child to our office for a psycho-educational evaluation. My goal is to help you understand your child better so that you can support and guide him/her in their development. You are a most important part of my evaluation, so please contribute and ask all questions you may have.

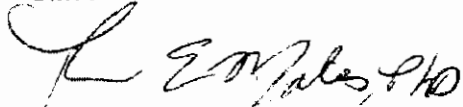
I will be evaluating your child for a possible learning disability, attention deficit or affective/behavior problem.

Enclosed are important forms that will help me understand your child. Please complete the Parent Behavior Rating forms and bring them on the next visit. Also bring report cards, previous evaluation test scores, and some recent work samples.

There may also be forms to give to your child's teacher. The teacher may fax these to me at the above number. I may also be writing a complete report of the testing results following our conference. This time will be billed to you and your insurance in the same manner as the other sessions.

Please contact me at anytime during or after the evaluation if you have questions. I look forward to our interpretive conference.

Sincerely,



Thomas E. Mates, Ph.D.
Licensed Psychologist

Attention and Behavior Rating Form, Home Version: Child (English)

Child's name: _____ Sex: M F Age: _____ Grade: _____

Completed by: Mother _____ Father _____ Guardian _____ Grandparent _____

Please select the answer that best describes your child's behavior over the past 6 months.

How often does your child display this behavior?	Never or Rarely	Sometimes	Often	Very Often
Fails to give close attention to details or makes careless mistakes in schoolwork or during other activities	0	1	2	3
Has difficulty sustaining attention in tasks or play activities	0	1	2	3
Does not seem to listen when spoken to directly	0	1	2	3
Does not follow through on instructions and fails to finish schoolwork or chores	0	1	2	3
Has difficulty organizing tasks and activities	0	1	2	3
Avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (e.g., schoolwork or homework)	0	1	2	3
Loses things necessary for tasks or activities (e.g., school materials, pencils, books, eyeglasses)	0	1	2	3
Easily distracted	0	1	2	3
Forgetful in daily activities (e.g., doing chores)	0	1	2	3

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How much do the nine behaviors in the previous question cause problems for your child?	No Problem	Minor Problem	Moderate Problem	Severe Problem
Getting along with family members	0	1	2	3
Getting along with other children	0	1	2	3
Completing or returning homework	0	1	2	3
Performing academically in school	0	1	2	3
Controlling behavior in school	0	1	2	3
Feeling good about himself/herself	0	1	2	3

(continued)

From *ADHD Rating Scale-5 for Children and Adolescents: Checklists, Norms, and Clinical Interpretation* by George J. DuPaul, Thomas J. Power, Arthur D. Anastopoulos, and Robert Reid. Copyright © 2016 the authors. Permission to photocopy this form is granted to purchasers of this book for personal use or use with individual clients (see copyright page for details).

Attention and Behavior Rating Form, Home Version: Child (English) (page 2 of 2)

How often does your child display this behavior?	<u>Never or Rarely</u>	<u>Sometimes</u>	<u>Often</u>	<u>Very Often</u>
Fidgets with or taps hands or feet or squirms in seat	0	1	2	3
Leaves seat in situations when remaining seated is expected	0	1	2	3
Runs about or climbs in situations where it is inappropriate	0	1	2	3
Unable to play or engage in leisure activities quietly	0	1	2	3
"On the go," acts as if "driven by a motor"	0	1	2	3
Talks excessively	0	1	2	3
Blurts out an answer before a question has been completed	0	1	2	3
Has difficulty waiting his or her turn (e.g., while waiting in line).	0	1	2	3
Interrupts or intrudes on others	0	1	2	3

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How much do the nine behaviors in the previous question cause problems for your child:

	<u>No Problem</u>	<u>Minor Problem</u>	<u>Moderate Problem</u>	<u>Severe Problem</u>
Getting along with family members	0	1	2	3
Getting along with other children	0	1	2	3
Completing or returning homework	0	1	2	3
Performing academically in school	0	1	2	3
Controlling behavior in school	0	1	2	3
Feeling good about him-/herself	0	1	2	3

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

The information contained in this publication should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances.

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

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American Academy
of Pediatrics



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NICHQ

National Initiative for Children's Healthcare Quality

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HE0350

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: _____

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National Register of
Health Service Providers
In Psychology

Bus. 910-256-6163
Fax 910-256-6748

Date _____ Home Phone _____

Patient _____
Last Name First Name Middle Initial

Street Address _____

City _____ State _____ Zip Code _____

If A Minor: Parent's/Guardian's names _____

School (if a minor): _____ Grade _____

Birthdate _____ Age _____ Sex: M F, Marital Status _____

Patient or Parent employed by _____

Business Address _____

Business Phone _____ Home Phone _____

Spouse or other parent employed by _____

Business Phone _____ Home Phone _____

Who is responsible for payment of this account? _____

Patient SS# _____ Spouse SS# _____

Email Address _____

Our office does not file insurance. If you wish to file your own insurance we will give you a receipt that will allow you to do so.

N. C. State insurance can not be filed for any services.

CONSENT TO RECEIVE TREATMENT

Please read carefully and sign.

- 1. I understand that Dr. Mates is a sole practitioner not affiliated with any other Mental Health professionals.**
- 2. I understand the business policies of Mates Mental Health Services, PLLC.**
- 3. I consent to receive treatment and understand that I am financially responsible for services rendered. I also have the right to refuse treatment at any time.**
- 4. I will pay the charges for appointments I do not cancel by 4:00 p.m. on the last day before an appointment.**
- 5. In case of emergency, when Dr. Mates is not available, you will be referred to the Mobile Crisis Line or your nearest emergency room.**

Signed _____ Date _____
(Responsible Party)

Office Manager or Therapist _____

Parental Consent (Must be signed if client is child)

I, _____ (your name) do hereby certify that I have legal custody of/am the legal guardian for medical consent purposes of _____ (child's name). I give my permission for him/her to receive mental health treatment or evaluation.

Parent/Guardian (Date) _____
Witness (Date)

APPOINTMENTS:

Initial Interview: 0 - 60 minutes session Psychotherapy: 38 - 55 minutes session
Couples/Family Therapy: 38 - 55 minutes session

According to CPT IV, the following procedures are billable contacts and treated as such: TELEPHONE CONSULTATIONS, COLLATERAL CONTACTS WITH RELEVANT AGENCIES, and WRITTEN REPORTS CONCERNING DIAGNOSIS AND TREATMENT OF A PATIENT. All of the above are billed according to time involved.

CLIENT CENTERED PLAN

Please complete the items noted by the asterisks (**).

**Patient/Child's Name: _____

**Parents Name: _____
(if applicable)

**Primary Problem: _____

Measurable Goals/Outcome: _____

Service Intervention Strategies/
Responsible Party: _____

Date of achievement for goals/outcome: _____

Type of Service(s) being provided: _____

Date for Plan Review: _____ Comments on Plan Review:

**Patient/Parent
Signature: _____ Date: _____

Therapist Signature: _____ Date: _____