



# Dallas Family Psychiatry LLC

Child, Adolescent, Adult, and Geriatrics Psychiatry  
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**\*\*\*EVERY FIELD MUST BE COMPLETED\*\*\***

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**Patient Information:**

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

(Emails are for appointment reminders only)

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**INSURANCE INFORMATION: PLEASE PROVIDE A COPY OF INSURANCE CARDS AT TIME OF SERVICE**

Policy Holder: \_\_\_\_\_ SS#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ ID: \_\_\_\_\_

Group Number: \_\_\_\_\_ Phone: \_\_\_\_\_

Secondary Carrier: \_\_\_\_\_ ID: \_\_\_\_\_

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**In case of an emergency call:**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Phone: \_\_\_\_\_

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**Patient's mother's name: \*\*\*This is for patient identifying purposes only\*\*\***

Maiden Last Name: \_\_\_\_\_

**PLEASE READ AND SIGN:**

All charges are due at the time of service. You are responsible for all fees. All costs not covered by your insurance company will be your responsibility. It is your responsibility to obtain referral/ authorizations from your insurance company prior to any services rendered.

I hereby authorize **Dallas Family Psychiatry LLC** to furnish information to my insurance carriers concerning my illness and treatment for myself and/or my dependents.

\_\_\_\_\_

## ADHD RATING SCALE-IV

Child's Name: \_\_\_\_\_ Sex: M F Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

Circle the number that *best describes* your patient's behavior over the past 6 months.

The ADHD Rating Scale (ADHD-RS) is an instrument used for diagnosing ADHD in children. This 18-item rating scale is based on the *DSM-IV-TR*<sup>®</sup> diagnostic criteria for ADHD. Significant impairment in 6 of the 9 odd-numbered items and significant impairment in 6 of the 9 even-numbered items signifies possible Inattentive and Hyperactive/Impulsive subtypes.

	Never or rarely	Sometimes	Often	Very often
1. Fails to give close attention to details or makes careless mistakes in schoolwork.	0	1	2	3
2. Fidgets with hands or feet or squirms in seat.	0	1	2	3
3. Has difficulty sustaining attention in tasks or play activities.	0	1	2	3
4. Leaves seat in classroom or in other situations in which remaining seated is expected.	0	1	2	3
5. Does not seem to listen when spoken to directly.	0	1	2	3
6. Runs about or climbs excessively in situations in which it is inappropriate.	0	1	2	3
7. Does not follow through on instructions and fails to finish work.	0	1	2	3
8. Has difficulty playing or engaging in leisure activities quietly.	0	1	2	3
9. Has difficulty organizing tasks and activities.	0	1	2	3
10. Is "on the go" or acts as if "driven by a motor."	0	1	2	3
11. Avoids tasks (e.g., schoolwork, homework) that require sustained mental effort.	0	1	2	3
12. Talks excessively.	0	1	2	3
13. Loses things necessary for tasks or activities.	0	1	2	3
14. Blurts out answers before questions have been completed.	0	1	2	3
15. Is easily distracted.	0	1	2	3
16. Has difficulty awaiting turn.	0	1	2	3
17. Is forgetful in daily activities.	0	1	2	3
18. Interrupts or intrudes on others.	0	1	2	3

From *ADHD Rating Scale-IV: Checklists, Norms, and Clinical Interpretation* by George J. DuPaul, Thomas J. Power, Arthur D. Anastopoulos, and Robert Reid. Copyright 1998 by the authors. Permission to photocopy this scale is granted to purchasers of *ADHD Rating Scale-IV* for personal use only. ADHD criteria are adapted by permission from *DSM-IV-TR*<sup>®</sup>. Copyright 1994 by the American Psychiatric Association.

## Mood Disorder Questionnaire Adolescent Version (MDQ-A)

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

I. Has there ever been a time for a week or more when your adolescent was not him/ her usual self and.....

- |   | <u>YES</u>               | <u>NO</u>                |
|---|--------------------------|--------------------------|
| 1. Felt too good or excited?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Was so irritable that he/she started fights or arguments with people?    | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Felt he/she could do anything?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Needed much less sleep?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Couldn't slow his/her mind down or thoughts raced through his/ her head? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Was so easily distracted by things?                                      | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Had much more energy than usual?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Was much more active or did more things than usual?                      | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Had many boyfriends or girlfriends at the same time?                     | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Was more interested in sex than usual?                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Did many things that were foolish or risky?                             | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Spent too much money?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Used more alcohol or drugs?   | <input type="checkbox"/> | <input type="checkbox"/> |

II. If you checked YES to more than one of the above, has several of these happened to your adolescent during the same period of time?                    **YES**                    **NO**

III. How much problems did any of this cause your adolescent- like school problems, failing grades, problems with family and friends, legal trouble? Please circle one response only.

**No problem                    Minor problem                    Moderate problem                    Serious problem**

# Screen for Child Anxiety Related Disorders (SCARED)

## CHILD Version—Page 1 of 2 (to be filled out by the CHILD)

Developed by Boris Birmaher, M.D., Suneeta Khetarpal, M.D., Marlane Cully, M.Ed., David Brent, M.D., and Sandra McKenzie, Ph.D., Western Psychiatric Institute and Clinic, University of Pittsburgh (October, 1995). E-mail: birmaherb@upmc.edu

See: Birmaher, B., Brent, D. A., Chiappetta, L., Bridge, J., Monga, S., & Baugher, M. (1999). Psychometric properties of the Screen for Child Anxiety Related Emotional Disorders (SCARED): a replication study. *Journal of the American Academy of Child and Adolescent Psychiatry*, 38(10), 1230–6.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Directions:**

Below is a list of sentences that describe how people feel. Read each phrase and decide if it is “Not True or Hardly Ever True” or “Somewhat True or Sometimes True” or “Very True or Often True” for you. Then, for each sentence, fill in one circle that corresponds to the response that seems to describe you *for the last 3 months*.

	0 Not True or Hardly Ever True	1 Somewhat True or Sometimes True	2 Very True or Often True	
1. When I feel frightened, it is hard to breathe	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	PN
2. I get headaches when I am at school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	SH
3. I don't like to be with people I don't know well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	SC
4. I get scared if I sleep away from home.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	SP
5. I worry about other people liking me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	GD
6. When I get frightened, I feel like passing out.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	PN
7. I am nervous.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	GD
8. I follow my mother or father wherever they go.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	SP
9. People tell me that I look nervous.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	PN
10. I feel nervous with people I don't know well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	SC
11. I get stomachaches at school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	SH
12. When I get frightened, I feel like I am going crazy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	PN
13. I worry about sleeping alone.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	SP
14. I worry about being as good as other kids.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	GD
15. When I get frightened, I feel like things are not real.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	PN
16. I have nightmares about something bad happening to my parents.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	SP
17. I worry about going to school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	SH
18. When I get frightened, my heart beats fast.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	PN
19. I get shaky.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	PN
20. I have nightmares about something bad happening to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	SP

**Screen for Child Anxiety Related Disorders (SCARED)**  
**CHILD Version—Page 2 of 2 (to be filled out by the CHILD)**

	0 Not True or Hardly Ever True	1 Somewhat True or Sometimes True	2 Very True or Often True	
21. I worry about things working out for me.	○	○	○	GD
22. When I get frightened, I sweat a lot.	○	○	○	PN
23. I am a worrier.	○	○	○	GD
24. I get really frightened for no reason at all.	○	○	○	PN
25. I am afraid to be alone in the house.	○	○	○	SP
26. It is hard for me to talk with people I don't know well.	○	○	○	SC
27. When I get frightened, I feel like I am choking.	○	○	○	PN
28. People tell me that I worry too much.	○	○	○	GD
29. I don't like to be away from my family.	○	○	○	SP
30. I am afraid of having anxiety (or panic) attacks.	○	○	○	PN
31. I worry that something bad might happen to my parents.	○	○	○	SP
32. I feel shy with people I don't know well.	○	○	○	SC
33. I worry about what is going to happen in the future.	○	○	○	GD
34. When I get frightened, I feel like throwing up.	○	○	○	PN
35. I worry about how well I do things.	○	○	○	GD
36. I am scared to go to school.	○	○	○	SH
37. I worry about things that have already happened.	○	○	○	GD
38. When I get frightened, I feel dizzy.	○	○	○	PN
39. I feel nervous when I am with other children or adults and I have to do something while they watch me (for example: read aloud, speak, play a game, play a sport).	○	○	○	SC
40. I feel nervous when I am going to parties, dances, or any place where there will be people that I don't know well.	○	○	○	SC
41. I am shy.	○	○	○	SC

**SCORING:**

A total score of  $\geq 25$  may indicate the presence of an **Anxiety Disorder**. Scores higher than 30 are more specific. **TOTAL =**

A score of **7** for items 1, 6, 9, 12, 15, 18, 19, 22, 24, 27, 30, 34, 38 may indicate **Panic Disorder** or **Significant Somatic Symptoms**. **PN =**

A score of **9** for items 5, 7, 14, 21, 23, 28, 33, 35, 37 may indicate **Generalized Anxiety Disorder**. **GD =**

A score of **5** for items 4, 8, 13, 16, 20, 25, 29, 31 may indicate **Separation Anxiety SOC**. **SP =**

A score of **8** for items 3, 10, 26, 32, 39, 40, 41 may indicate **Social Anxiety Disorder**. **SC =**

A score of **3** for items 2, 11, 17, 36 may indicate **Significant School Avoidance**. **SH =**

*For children ages 8 to 11, it is recommended that the clinician explain all questions, or have the child answer the questionnaire sitting with an adult in case they have any questions.*

*The SCARED is available at no cost at [www.wpic.pitt.edu/research](http://www.wpic.pitt.edu/research) under tools and assessments, or at [www.pediatric.bipolar.pitt.edu](http://www.pediatric.bipolar.pitt.edu) under instruments.*

# Young Mania Rating Scale (YMRS)

## GUIDE FOR SCORING ITEMS:

The purpose of each item is to rate the severity of that abnormality in the patient. When several keys are given for a particular grade of severity, the presence of only one is required to qualify for that rating.

The keys provided are guides. One can ignore the keys if that is necessary to indicate severity, although this should be the exception rather than the rule.

Scoring between the points given (whole or half points) is possible and encouraged after experience with the scale is acquired. This is particularly useful when severity of a particular item in a patient does not follow the progression indicated by the keys.

### 1. Elevated Mood

- 0 Absent
- 1 Mildly or possibly increased on questioning
- 2 Definite subjective elevation; optimistic, self-confident; cheerful; appropriate to content
- 3 Elevated; inappropriate to content; humorous
- 4 Euphoric; inappropriate laughter; singing

### 2. Increased Motor Activity-Energy

- 0 Absent
- 1 Subjectively increased
- 2 Animated; gestures increased
- 3 Excessive energy; hyperactive at times; restless (can be calmed)
- 4 Motor excitement; continuous hyperactivity (cannot be calmed)

### 3. Sexual Interest

- 0 Normal; not increased
- 1 Mildly or possibly increased
- 2 Definite subjective increase on questioning
- 3 Spontaneous sexual content; elaborates on sexual matters; hypersexual by self-report
- 4 Overt sexual acts (toward patients, staff, or interviewer)

### 4. Sleep

- 0 Reports no decrease in sleep
- 1 Sleeping less than normal amount by up to one hour
- 2 Sleeping less than normal by more than one hour
- 3 Reports decreased need for sleep
- 4 Denies need for sleep

### 5. Irritability

- 0 Absent
- 2 Subjectively increased
- 4 Irritable at times during interview; recent episodes of anger or annoyance on ward
- 6 Frequently irritable during interview; short, curt throughout
- 8 Hostile, uncooperative; interview impossible



## Young Mania Rating Scale (YMRS)

### 6. Speech (Rate and Amount)

- 0 No increase
- 2 Feels talkative
- 4 Increased rate or amount at times, verbose at times
- 6 Push; consistently increased rate and amount; difficult to interrupt
- 8 Pressured; uninterruptible, continuous speech

### 7. Language-Thought Disorder

- 0 Absent
- 1 Circumstantial; mild distractibility; quick thoughts
- 2 Distractible, loses goal of thought; changes topics frequently; racing thoughts
- 3 Flight of ideas; tangentiality; difficult to follow; rhyming, echolalia
- 4 Incoherent; communication impossible

### 8. Content

- 0 Normal
- 2 Questionable plans, new interests
- 4 Special project(s); hyper-religious
- 6 Grandiose or paranoid ideas; ideas of reference
- 8 Delusions; hallucinations

### 9. Disruptive-Aggressive Behavior

- 0 Absent, cooperative
- 2 Sarcastic; loud at times, guarded
- 4 Demanding; threats on ward
- 6 Threatens interviewer; shouting; interview difficult
- 8 Assaultive; destructive; interview impossible

### 10. Appearance

- 0 Appropriate dress and grooming
- 1 Minimally unkempt
- 2 Poorly groomed; moderately disheveled; overdressed
- 3 Disheveled; partly clothed; garish make-up
- 4 Completely unkempt; decorated; bizarre garb

### 11. Insight

- 0 Present; admits illness; agrees with need for treatment
- 1 Possibly ill
- 2 Admits behavior change, but denies illness
- 3 Admits possible change in behavior, but denies illness
- 4 Denies any behavior change

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