ADHD
CLINIC OF NORTH TEXAS

3901 Arlington Highlands Blvd, Suite 200
Arlington, Texas 76018
Phone: (817)719-3736
Fax: (817)695-5056
www.adhddallas.com

Thank you for choosing the ADHD Clinic of North Texas for your medical care. We are committed to providing you with quality personal health care. We look forward to getting to know you and serving your needs.

Your first appointment will be for a psychiatric evaluation. Please check in with our receptionist to collect all paperwork. Dr. Parikh will then review all of your information and call you into his office where you will be seen for an intital evaluation. At the end of the appointment, Dr. Parikh will review your diagnosis and discuss a treatment plan with you.

We recommend that you arrive 15 minutes prior to the appointment time if the clinic policies have been reviewed and patient information forms have been completed (arrive 45 minutes early if the paperwork has not been completed).

We have included the following items in this packet of information:

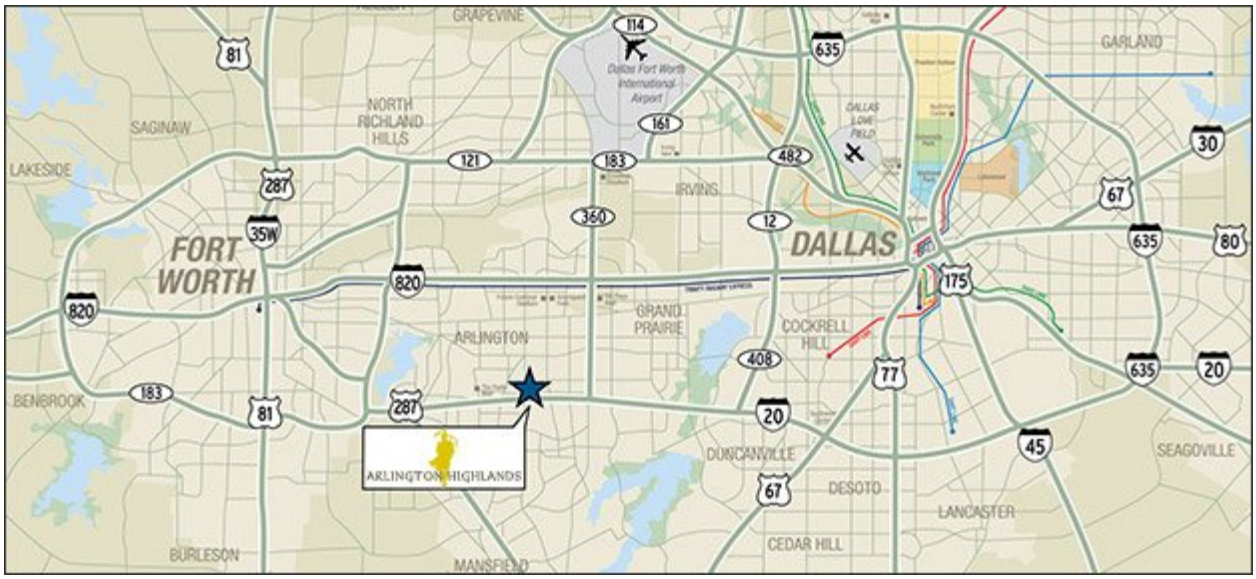
1. Driving Directions to the Clinic
2. Clinic Policies
3. Notice of Privacy Practices
4. Patient Information Forms
5. Clinical Rating Scales

Again, welcome to the ADHD Clinic of North Texas. If you have any questions or concerns, please feel free to contact us.

Thank you,

ADHD Clinic of North Texas Staff

ADHD Clinic of North Texas
3901 Arlington Highlands Boulevard, Suite 200
Arlington, Texas 76018



The ADHD Clinic of North Texas is located in the Arlington Highlands (I-20 at Matlock Road & Center Street in Arlington, Texas). Our office is located at 3901 Arlington Highlands Blvd, Suite 200 **(Next to Gloria's restaurant).**

Driving Directions

From North Arlington:
At the junction of Interstate 30 and N. Collins, take N. Collins south which becomes S. Collins.
From S. Collins, turn right (west) on E. Park Row Drive. Turn left (south) on S. Center Street.
Turn right (west) on Highlander Blvd. Turn left (south) at Five Points Blvd.
Take the first right onto Curtis Mathes Way, which leads into the heart of Arlington Highlands.

From Dallas/Fort Worth International Airport:
Take the south airport exit to Highway 183.
Go west on Highway 183 and almost immediately take Highway 360 south.
Take Interstate 20 west (Ronald Reagan Memorial Highway). Exit at Matlock Road.
Arlington Highlands Blvd. and Retail Connection Way are to the right when exiting Interstate 20.

From downtown Dallas:
Take Interstate 35 south to Interstate 30. Take Interstate 30 west (Fort Worth) to Highway 360.
Take Highway 360 south to Interstate 20.
Take Interstate 20 west (Ronald Reagan Memorial Highway). Exit at Matlock Road.
Arlington Highlands Blvd. and Retail Connection Way are to the right when exiting Interstate 20.

From downtown Fort Worth:
Take Interstate 35 south to Interstate 820. Take Interstate 820 east.
Take Interstate 20 east to the Matlock Road exit.
Turn left (north) on Matlock Road and cross over Interstate 20.
Curtis Mathes Way, the entrance to Arlington Highlands, is the first right.

From Mansfield:
At the junction of Main and Broad Street, take Highway 157 north.
Highway 157 is also Cooper Street. Continue on Cooper Street to Interstate 20.
Turn right (east) on the frontage road of Interstate 20 to Matlock Road.
Turn left (north) on Matlock Road and cross over Interstate 20.
Curtis Mathes Way, the entrance to Arlington Highlands, is the first right.

From Waco / Hillsboro:
Take Interstate 35W north.
When Interstate 35W meets Interstate 20 or 820 take Interstate 20 east.
Follow Interstate 20 to the Matlock Road exit.
Turn left (north) on Matlock Road and cross over Interstate 20.
Curtis Mathes Way, the entrance to Arlington Highlands, is the first right.

ADHD Clinic of North Texas
Clinic Policies

CONFIDENTIALITY

Doctor-patient confidentiality is the cornerstone of psychiatric treatment. For adults, nothing you reveal during an appointment will be disclosed without your explicit consent, except when required by law. If our staff believes your life is in jeopardy, we will take necessary steps to protect you. Likewise, if someone else is in danger because of your actions, we will take necessary steps to protect third parties. Dr. Parikh is also required by Texas state law to report that a child has been abused or neglected or may be abused or neglected.

It is often helpful for Dr. Parikh to communicate with other physicians or therapists. She may ask for permission to communicate with a primary care doctor about basic information in order to enhance your continuity of care. If Dr. Parikh is seeing you for medication management and you are in therapy with another professional, she may ask for your consent to communicate with your therapist. In cases with two providers, it is very important that the lines of communication be clear in order to provide the best and safest care.

A copy of the full Notice of Privacy Practices policy is included with the new patient forms and should be reviewed before signing the Notice of Privacy Practices Patient Acknowledgement form.

CANCELLATIONS AND MISSED APPOINTMENTS

Unless canceled at least 24 hours in advance, our policy is to charge for missed appointments at the rate of 50 percent of the regular fee. The ADHD Clinic of North Texas does NOT double book appointments to ensure patients are seen in a timely fashion. When appointments are not canceled 24 hours in advance, there is not enough time to schedule another patient during that appointment time.

PRESCRIPTION REFILLS

All prescription refill requests require 72 hours notice. It is the patient's responsibility to monitor the prescription prior to depletion and call the clinic to request a prescription. Prescriptions for a stimulant medication (Schedule II controlled substance) CANNOT be called or faxed into the pharmacy and MUST be filled within 21 days. If multiple prescriptions are issued to a patient, in compliance with Section 481.074(d-1) of the Texas Health and Safety Code, the prescription must be filled within 21 days after the earliest fill date indicated.

CLIENT COMMUNICATIONS

For routine matters, please leave a message on the office phone number and Dr. Parikh will return your call as soon as possible, generally within 2 business days.

Our clinic will at times use email to address nonclinical matters such as confirmation of appointment times and transmitting forms. Given that email carries some degree of inherent limitations on confidentiality, clinical matters must be addressed in person rather than over the phone or via email. Email is never to be used for addressing urgent or emergency situations.

PSYCHIATRIC EMERGENCIES

For emergencies, please call 911 or go to the nearest emergency room. Once you have done this, please call Dr. Parikh or leave a voicemail with details about the nature of the emergency and what facility you have gone to for emergent treatment.

AUTHORIZATION AND ACKNOWLEDGMENT: I have read the Clinic Policies of the ADHD Clinic of North Texas and I understand and agree to its contents.

_____ _____

Patient /Guardian Signature Date

ADHD Clinic of North Texas
Financial Policy Statement

Thank you for choosing the ADHD Clinic of North Texas for your medical care. To reduce confusion or misunderstanding, we ask that you read this policy, ask any questions that you may have, and sign the Authorization and Acknowledgment section of this form. Other than for true medical emergencies, agreement with this policy is required for all medical care.

Payment is required at the time services are provided. We accept cash and VISA, MasterCard, Discover, and American Express credit cards.

Clinic visits. Dr. Parikh does not accept assignment of benefits and does not participate in any network. We do not bill the insurance company directly. Your statement contains the information needed to file your insurance. We assume no responsibility for insurance reimbursements. Any disputes regarding charges are between the patient, or responsible party, and the insurance company. An initial visit with Dr. Parikh lasts for approximately 40 to 60 minutes and costs $450.00. Follow-up appointments for medication management are $175.00. Follow-up visits are determined by Dr. Parikh but depending on the evaluation, need for treatment, and acuity, they can range from just a one-time consultation to regular appointments for treatment and follow-up. The regular visits can vary between every 1 to 2 weeks and every 2 to 3 months.

Prescriptions. ***New prescriptions will not be issued without first seeing Dr. Parikh.*** Prescriptions for a stimulant medication (Schedule II controlled substance) CANNOT be called or faxed into the pharmacy and MUST be filled within 21 days of the earliest fill date written on the prescription. If a prescription for a stimulant medication is not filled on time, the expired prescription must be returned before the prescription can be reissued. **There will be a $50.00 fee to rewrite expired prescriptions.** Lost or misplaced prescriptions will be dealt with on a case by case basis including checking the Texas Prescription Program. If it is determined that the lost prescription has not been filled, a prescription may be rewritten. **There will be a $50.00 fee to rewrite lost prescriptions.**

Prescription authorizations. We will honor prior authorization requests from the patient, but the patient will be responsible for contacting their insurance company to have them forward the prior authorization form to our office.

Follow-up appointments. It is the patient's responsibility to schedule a follow-up visit within the recommended time frame. Unless canceled at least 24 hours in advance, our policy is to charge for missed appointments at the rate of 50 percent of the regular fee.

Requests for medical records. In accordance with Texas law, the ADHD Clinic of North Texas requires written requests for the release of medical records. The administrative fee associated with copying medical records is based on current Texas law, which allows up to 15 business days to get the requested copies to you. There will be a fee for expedited copies of medical records. There is a **$25.00 fee for written correspondence to an employer or school** (excluding excuses from work or school due to illness or clinic visits).

All patients are required to acknowledge their understanding of and agree to comply with the Financial Policy Agreement by signing the Authorization and Acknowledgment section of this patient information form prior to establishing care with the ADHD Clinic of North Texas. Except for emergency care, patients may be denied services for their failure to agree to this Financial Policy Agreement.

AUTHORIZATION AND ACKNOWLEDGMENT: I have read the Financial Policy Agreement of the ADHD Clinic of North Texas and I understand and agree to its contents.

_____ _____

Patient /Guardian Signature Date

Updated April 18, 2018

ADHD Clinic of North Texas
Controlled Substance Policy

Please be advised that it is extremely hazardous to obtain prescription medications for controlled substances from numerous providers. Patients who receive prescription drugs such as controlled substances from our clinic shall provide our office with prior written authorization to communicate with pharmacies as well as other providers for the purpose of compliance with this various regulations and policies. As a result of affixing your signature to this policy, you moreover concur with the pursuing regulations in an effort to safeguard you in addition to prescribing providers.

• You acknowledge and agree to notify our clinic of any new medications as well as any all medical conditions and/or adverse effects you experience from any of the medications that you consume. You shall utilize the prescribed dosage for the prescribed controlled substance. You will not share, sell, trade, exchange your prescription(s) for revenue, products, services or in any other manner enable other individuals to possess use of this (these) prescription(s). You consent to keep and/or maintain this (these) prescription(s) in a secure and safe location.

• Refills are *exclusively provided* as determined by Doctor Parikh; *absolutely no* premature refills will be provided regardless of the circumstances (i.e., stolen, misplaced, mislaid, exceeding prescribed dosage, etcetera.)

• Schedule II Controlled Substance prescriptions pertaining to stimulant drugs (Adderall, Vyvanse, Ritalin, Concerta, Focalin, Dexedrine, etcetera.) cannot be telephoned or faxed to the clinic and **MUST** be filled within 21 days of the earliest fill date written on the prescription.

• Urine drug screenings may be requested to track your consumption of prescribed controlled substances and to screen for the use of illegal substances. Refusal to consent to such testing shall subject you to a medication taper schedule and may result in the discontinuance of your prescription.

• The Texas legislature enacted the Texas Prescription Program to monitor Schedule II - V controlled substance prescriptions. Dr. Parikh periodically queries the Texas Prescription Program to determine if a patient is filling controlled substance prescriptions properly and determine if a patient is receiving similar controlled substances from multiple medication providers. If it is discovered that a patient is receiving similar controlled substances from multiple sources, the patient will be terminated from the clinic.

• Altering the date, quantity, and / or strength of medications or altering a prescription by any means, shape, or form is prohibited.

Forging prescriptions and / or Doctor Parikh's physician's signature is *prohibited and violates state and federal law*. Our clinic fully cooperates with local, state and federal law enforcement agencies as well as the Drug Enforcement Agency (DEA) in regard to infractions involving prescription medications. The patient's pharmacy, local authorities, and DEA will be notified if the treating physician believes the law has been violated in any manner by the patient.

If it is determined that any of the above policies have been violated, all orders for these prescriptions will cease and the patient may be dismissed from the care of this office.

ACKNOWLEDGEMENT OF CONTROLLED SUBSTANCE POLICY:

I have read and understand the policies regarding controlled substance prescriptions. I agree to the terms involved in the Controlled Substance Policy and have received a copy of this policy. I understand that if any of the above policies are violated or I choose not to adhere to these policies, I will be dismissed from this clinic and will not receive any refills from the treating physician.

_____ _____

Patient /Guardian Signature Date

Updated July 5, 2016

ADHD Clinic of North Texas
Email Authorization Agreement

The ADHD Clinic of North Texas offers patients the ability to communicate with health care providers via electronic mail (email) for non-urgent matters. Both you as the patient and your provider have to agree to this arrangement. ***No personal health information is ever sent electronically without permission given by you or your legally authorized representative.***

Appropriate uses for email

Email may be used to request information and ask non-urgent questions. It should not be used in emergencies. If you are experiencing a sudden or severe change in your health or otherwise need an immediate response, please contact your health care provider's office by telephone, call 911, or go to an emergency room.

Email may be appropriately used to send protected personal health information for:

- Prescriptions/refills
- General medical advice after an initial face-to-face visit
- Lab test results
- Patient educational material

If you have an email address and would like to take advantage of this service, please discuss your wishes with our clinic.

The ADHD Clinic of North Texas will not forward e-mails to anyone without your prior written consent, except as authorized or required by law.

Keeping records of email communications

Email communications will be documented as (1) an electronic note maintained in a computer system and/or (2) a paper copy filed in your medical record.

Sending email

Please include your full name and date of birth in every email message that you send to your health care provider. The subject line should include the purpose of the email, for example: "Prescription Refill Request."

When you receive a message from your provider containing medical advice, please acknowledge the message by sending a brief reply to the provider.

If a message is ever returned because of a "bad address," please make sure that you entered the complete address as it was given to you. If you are sure that you entered the address the provider gave to you, please call the provider's office and make sure you have the correct email address and that the computer system is functioning properly.

If we do not answer your email in 2 to 3 days, contact our office by telephone.

The ADHD Clinic of North Texas may choose to discontinue email communication at any time.

Privacy and security of email

Do not use email to send or request sensitive information. This includes personal information you do not want other people to know about. Additionally, you should be aware of and understand that if you use email provided by your employer, any email sent on your employer's system may be viewed by your employer.

The ADHD Clinic of North Texas cannot and does not guarantee the privacy or security of any messages being sent over the Internet. There is the potential that email sent over the Internet can be intercepted and read by others. If this is of concern to you, you should not communicate with your health care provider through email.

This document, along with The ADHD Clinic of North Texas "Notice of Privacy Practices," constitutes a notice of privacy practices for email use as required by the Texas State Board of Medical Board.

Authorization to use email

I have been informed of and understand the risks and procedures involved with using email. I agree to the terms listed on this form and hereby voluntarily request, consent to, and authorize the use of email as one form of communication with my physician, and his/her associates, technicians, and other health care providers.

Patient Signature	Date
Patient Representative (Relationship)	Date

ADHD Clinic of North Texas
HIPAA NOTICE OF PRIVACY RIGHTS

I. 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. PLEASE KEEP A COPY FOR YOUR RECORDS. It also describes your rights to access and control your protected health information (PHI). PHI is information about you, including demographic information, that may identify you and that relates to your past, present, or future physical or mental health or condition and related health care services.

II. WE ARE REQUIRED TO ABIDE BY THE TERMS OF THIS NOTICE OF PRIVACY PRACTICES. We may change the terms of our notice, at any time. The new notice will be effective for all PHI that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices. You may request a revised version by accessing our website, calling the office and requesting that a revised copy be sent to you in the mail, or asking for one at the time of your next appointment. For purposes of this Notice, the use of the word “office” or "we" should be taken to mean ADHD Clinic of North Texas, and the entire office staff and our physicians. In all cases when the words “you” or “patient” are used, it should be taken to mean “the patient or their parent/legal guardian.”

III. HOW YOUR PHI WILL BE USED AND DISCLOSED. Your PHI will be used and disclosed for many different reasons. Some of the uses or disclosures will require your prior written authorization; others, however, will not. Below you will find the different categories of uses and disclosures, with some examples.

A. Uses and Disclosures Related to Treatment, Payment, or Health Care Operations Do Not Require Your Prior Written Consent. Your PHI may be used and disclosed without your consent for the following reasons:

1. For treatment. Your health information may be used to give you medical treatment or services. Your health information may be disclosed to pharmacists and their assistants and other professionals involved in your care to put in place a treatment plan and to carry out that plan. For example, if you or your child has ADHD, the doctor or office staff may need to clarify medication instructions with the pharmacy; obtain prior authorization for certain medications from insurance entities; or tell the school nurse when to dispense medication. In some situations, your health information may be disclosed to other health care facilities or providers who will be treating you. For example, we may disclose health information about you to people outside of this office who provide follow-up care to you, such as physicians and in-patient treatment facilities.
2. For health care operations. Your PHI may be disclosed to facilitate the efficient and correct operation of this practice. Examples: Quality control — Your PHI might be used in the evaluation of the quality of health care services that you have received or to evaluate the performance of the health care professionals who provided you with these services. Your PHI may also be provided to attorneys, accountants, consultants, and others to make sure of compliance with applicable laws.
3. To obtain payment for treatment. Your PHI may be used and disclosed to bill and collect payment for the treatment and services provided to you. Example: Your PHI might be communicated to your insurance company or health plan in order to get payment for the health care services that have been provided to you. Your PHI may also be provided to business associates, such as billing companies, claims processing companies, and others that process health care claims for this office.
4. Other disclosures. Examples: Your consent isn't required if you need emergency treatment provided that this office attempts to get your consent after treatment is rendered. In the event that this office tries to get your consent but you are unable to communicate (for example, if you are unconscious or in severe pain) but it is reasonable to assume that you would consent to such treatment if you could, your PHI may be disclosed.

B. Certain Other Uses and Disclosures Do Not Require Your Consent. Your PHI may be used and/or disclosed without your consent or authorization for the following reasons:

1. If disclosure is compelled by a party to a proceeding before a court of an administrative agency pursuant to its lawful authority.
2. If disclosure is required by a search warrant lawfully issued to a governmental law enforcement agency.
3. If disclosure is compelled by the patient or the patient’s representative pursuant to Texas Health and Safety Codes or to corresponding federal statutes of regulations, such as the Privacy Rule that requires this Notice.
4. To avoid harm. PHI may be provided to law enforcement personnel or persons able to prevent or mitigate a serious threat to the health or safety of a person or the public.

6. If disclosure is compelled or permitted by the fact that you are in such mental or emotional condition as to be dangerous to yourself or the person or property of others, and if I determine that disclosure is necessary to prevent the threatened danger.
7. If disclosure is mandated by the Texas Child Abuse and Neglect Reporting law. For example, if there is a reasonable suspicion of child abuse or neglect.
8. If disclosure is mandated by the Texas Elder/Dependent Adult Abuse Reporting law. For example, if there is a reasonable suspicion of elder abuse or dependent adult abuse.
9. If disclosure is compelled or permitted by the fact that you tell this office of a serious/imminent threat of physical violence by you against a reasonably identifiable victim or victims.
10. For public health activities. Example: In the event of your death, if a disclosure is permitted or compelled, giving information about you to the county coroner may be needed.
11. For health oversight activities. Example: This office may be required to provide information to assist the government in the course of an investigation or inspection of a health care organization or provider.
12. For specific government functions. Examples: PHI of military personnel and veterans may be disclosed under certain circumstances. Also in the interests of national security, such as protecting the President of the United States or assisting with intelligence operations.
13. For research purposes. In certain circumstances, PHI may be provided in order to conduct medical research.
14. For Workers' Compensation purposes. PHI may be provided in order to comply with Workers' Compensation laws.
15. Appointment reminders and health-related benefits or services. Examples: PHI may be used to provide appointment reminders. PHI may be used to give you information about alternative treatment options, or other health care services or benefits offered.
16. If an arbitrator or arbitration panel compels disclosure, when arbitration is lawfully requested by either party, pursuant to subpoena *duces tectum* (e.g., a subpoena for mental health records) or any other provision authorizing disclosure in a proceeding before an arbitrator or arbitration panel.
17. If disclosure is required or permitted to a health oversight agency for oversight activities authorized by law. Example: When compelled by U.S. Secretary of Health and Human Services to investigate or assess my compliance with HIPAA regulations.
18. If disclosure is otherwise specifically required by law.

C. Other Uses and Disclosures Require Your Prior Written Authorization. In any other situation not described in Sections IIIA and IIIB above, your written authorization will be requested before using or disclosing any of your PHI. Even if you have signed an authorization to disclose your PHI, you may later revoke that authorization, in writing, to stop any future uses and disclosures.

IV. <u>WHAT RIGHTS YOU HAVE REGARDING YOUR PHI. These are your rights with respect to your PHI.</u>

A. The Right to See and Get Copies of Your PHI. In general, you have the right to see your PHI that is in my possession, or to get copies of it; however, you must request it in writing. You will receive a response from the office within 15 days of receiving your written request. Under certain circumstances, your request may be denied. If so you will receive the reason for denial in writing. You also have the right to have the denial reviewed. You have the right to inspect and receive a copy of PHI that may be used to make decisions about your care. Usually, this includes medical and billing records. Psychotherapy notes may not be inspected or copied. If you request a copy of your PHI, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

B. The Right to Request Limits on Uses and Disclosures of Your PHI. You have the right to ask that use and disclosure of your PHI be limited and how. While your request will be considered, this office is not legally bound to agree. If your request is agreed to, those limits will be put in writing and abided to except in emergency situations. You do not have the right to limit the uses and disclosures that the office is legally required or permitted to make.

C. The Right to Choose How Your PHI is Sent to You. It is your right to ask that your PHI be sent to you at an alternate address (for example, sending information to your work address rather than your home address) or by an alternate method (for example, via e-mail instead of by regular mail). This office is obliged to agree to your request providing that the PHI can be rendered, in the format you requested, without undue inconvenience.

D. The Right to Get a List of the Disclosures Made. You are entitled to a list of disclosures of your PHI made by this office. The list will not include uses or disclosures to which you have already consented, i.e., those for treatment, payment, or health care operations, sent directly to you, or to your family; neither will the list include disclosures made for national security purposes, to corrections or law enforcement personnel, or disclosures made before January 3, 2011. After January 3, 2010, disclosure records will be held for 6 years. Your request for an accounting of disclosures will be responded to within 60 days of receiving your request in writing. The list will include disclosures made in the previous 6 years unless you indicate a shorter period. The list will include the date of the disclosure, to whom the PHI was disclosed (including their address, if known), a description of the information disclosed, and the reason for the disclosure. The list is offered to you at no cost, unless you make more than one request in the same year, in which case a reasonable sum will be charged based on a set fee for each additional request.

E. The Right to Amend Your PHI. If you believe that there is some error in your PHI or that important information has been omitted, it is your right to request correction of the existing information or addition of the missing information.

Your request and the reason for the request must be made in writing. You will receive a response within 60 days of receipt of your request. Your request may be denied, in writing, if: the PHI is (a) correct and complete, (b) forbidden to be disclosed, (c) not part of the records, or (d) written by someone other than this office. Denial must be in writing and must state the reasons for the denial. It must also explain your right to file a written statement objecting to the denial. If you do not file a written objection, you still have the right to ask that your request and the denial be attached to any future disclosures of your PHI. If your request is approved, the change(s) will be made to your PHI. Additionally, you will be told that the changes have been made, and all others who need to know about the change(s) to your PHI will be advised.

V. HOW TO COMPLAIN ABOUT PRIVACY PRACTICES

If, in your opinion, your privacy rights have been violated, or if you object to a decision made about access to your PHI, you are entitled to file a complaint with the person listed in Section VI below. You may also send a written complaint to the Secretary of the Department of Health and Human Services at 200 Independence Avenue S.W., Washington, D.C. 20201. If you file a complaint about privacy practices, no retaliatory action will be taken against you.

VI. PERSON TO CONTACT FOR INFORMATION ABOUT THIS NOTICE OR TO COMPLAIN ABOUT PRIVACY PRACTICES

If you have any questions about this notice or any complaints about my privacy practices, or would like to know how to file a complaint with the Secretary of the Department of Health and Human Services, please contact: Aashish R. Parikh, M.D., 3901 Arlington Highlands Blvd., Suite 200, Arlington, TX 76018, (817) 719-3736.

VII. EFFECTIVE DATE OF THIS NOTICE

This notice went into effect on January 3, 2011 and was last revised on July 6, 2016.

NOTICE OF PRIVACY PRACTICES PATIENT ACKNOWLEDGEMENT

Your name and signature on this sheet indicate that you have received a copy of the ADHD Clinic of North Texas Notice of Privacy Practices on the date indicated. If you have any questions regarding the information in ADHD Clinic of North Texas Notice of Privacy Practices, please do not hesitate to contact a clinic representative or the clinic Patient Privacy Officer as indicated on your Notice.

_____

Signature of Patient or Legal Representative

_____

Print Patient Name

_____

If signed by legal representative, state relationship to patient

_____

Date

_____

Patient Date of Birth

ADHD Clinic of North Texas
Patient Registration Form

Patient's Name (*First, Middle, Last*) _____

Social Security # XXX-XX-_____ Date of Birth _____ ☐ Male ☐ Female

Address _____ City _____ State _____ Zip _____

Home Phone #_____ May we call you at home? ☐ Yes ☐ No

Personal Email Address: _____

Cell Phone # _____ May we call your cell phone? ☐ Yes ☐ No

Business Phone # _____ May we call you at work? ☐ Yes ☐ No

Do you give our office permission to leave a message at the number(s) listed? ☐ Yes ☐ No
If yes, which one(s)? ☐ Home ☐ Cell ☐ Business

Pharmacy Name _____ Phone # _____

Primary Care Physician Name _____ Phone # _____

EMERGENCY CONTACT

Name (*First, Middle, Last*) _____

Home Phone # _____ Cell Phone # _____

Relationship _____

RESPONSIBLE PARTY

Who is the guarantor? (Who will be responsible for paying for clinic visits?)

☐ Same as Patient (***If you are the patient and will be responsible for the finances, check the box and continue to next page.***)

Name (*First, Middle, Last*) _____

Address _____ City _____ State _____ Zip _____

Home Phone # _____ Cell Phone # _____

Occupation _____

Employer _____

ADHD Clinic of North Texas
Adult Outpatient Intake Form

Date of Visit: ____/____/____

Patient Name: _____ **Medication Allergies:** ☐ *None* _____

Date of Birth: _____/_____/_____ **Age: _____** **Place of Birth: _____**

Gender: ☐ *Female* ☐ *Male* **Ethnic or Racial Group:** ☐ *White* ☐ *Hispanic* ☐ *African-American* ☐ *Asian* ☐ *Native American*

Marital Status: ☐ *Single (never married)* ☐ *Married x _____ years* ☐ *Separated* ☐ *Divorced*

Children: ☐ *No* ☐ *Yes* *If yes, how many?* _____

Highest Level of Education: _____ **Employed:** ☐ *No* ☐ *Yes (occupation):* _____

Currently live with: _____

Past Psychiatric Diagnosis *(if known)*: _____ **Age at Onset: _____**

Reason for visit today: ☐ ADHD Evaluation ☐ Depression ☐ Anxiety ☐ Bipolar Disorder ☐ Other: _____

How were you referred to the clinic? _____

Past visit with a mental health professional: ☐ None ☐ Psychiatrist (MD/DO) ☐ Psychologist (PhD/PsyD) ☐ Counselor

When was the last time you have been seen by a mental health professional? _____

Number of Psychiatric Hospitalizations: Past Year: _____ Lifetime: _____

Have you ever attempted suicide? ☐ *No* ☐ *Yes (specify)*: _____

Current psychiatric symptoms, <u>check all that apply</u>:

☐ Depressed Mood	☐ Severe Anxiety	☐ Mood Swings	☐ Hearing Voices	☐ Poor Attention
☐ Feeling Hopeless	☐ Panic Attacks	☐ Anger Outbursts	☐ Paranoia	☐ Poor Memory
☐ Poor Sleep	☐ Sleeping too much	☐ Poor Appetite	☐ Loss of Energy	☐ Easily Distracted

On average, how many hours per night have you been sleeping over the past 2 weeks? _____

Have you ever been physically abused? ☐ *No* ☐ *Yes* **Have you ever been sexually abused?** ☐ *No* ☐ *Yes*

General medical conditions, <u>check all that apply</u>:

☐ High Blood Pressure	☐ Heart Defects	☐ Thyroid Disease	☐ Head Injury	☐ Glaucoma
☐ High Cholesterol	☐ Heart Arrhythmias	☐ Diabetes	☐ Seizure Disorder	☐ HIV
☐ Heart Disease	☐ Stroke	☐ Chronic Lung Disorder	☐ Asthma	☐ Cancer

☐ Other Significant Illness *(specify)*: _____

☐ Past Surgeries *(specify)*: _____

Have you ever had severe heart palpitations or fainting spells? ☐ *No* ☐ *Yes*

Family history of sudden cardiac death (condition in which the heart suddenly and unexpectedly stops beating)? ☐ *No* ☐ *Yes*

For Women: **Date of Last Menstrual Period: _____** **Method of Contraception: _____**

Is there a possibility that you are pregnant? ☐ *No* ☐ *Yes* **Are you considering pregnancy?** ☐ *No* ☐ *Yes*

Do you smoke cigarettes? ☐ *No* ☐ *Yes* *If yes, how much?* _____

Do you drink alcohol? ☐ *No* ☐ *Yes* *If yes, how much?* _____

Do you have a history of excessive alcohol use? ☐ *No* ☐ *Yes*

ADHD Clinic of North Texas
Adult Outpatient Intake Form (page 2)

Have you <u>ever</u> experimented with and/or abused any of the following?

☐ Marijuana ☐ Cocaine ☐ LSD ☐ PCP
☐ Methamphetamines *(Ice, Crank, Speed, Crystal Meth, Speed)*
☐ Opiates *(Heroin, Oxycontin, Oxycodone, Percodan, Percocet, Hydrocodone, Lortab, Norco, Vicodin, Morphine)*
☐ Benzodiazepines *(Xanax, Ativan, Valium, Klonopin)* ☐ Other: _____

Are you <u>currently</u> using any of the following?

☐ Marijuana ☐ Cocaine ☐ LSD ☐ PCP
☐ Methamphetamines *(Ice, Crank, Speed, Crystal Meth, Speed)*
☐ Opiates **not prescribed** for you *(Heroin, Oxycontin, Oxycodone, Percodan, Percocet, Hydrocodone, Lortab, Norco, Vicodin, Morphine)*
☐ Benzodiazepines **not prescribed** for you *(Xanax, Ativan, Valium, Klonopin)* ☐ Other: _____

Do you have any current or past criminal charges in the legal system? ☐ *No* ☐ *Yes* *If yes, specify?* _____

_____

_____

Family members with a history of any of the following *(please check all that apply)***:**

	Depression	Schizophrenia	Bipolar	Anxiety Disorder	ADHD	Substance Abuse	Suicide Attempt	Completed Suicide
Mother								
Father								
Sibling								
Children								
Cousins								
Aunt/Uncle								
Grandparent								

Please list all <u>current</u> prescribed medications (including medical and psychiatric):

1. 6.
2. 7.
3. 8.
4. 9.
5. 10.

Please list all <u>past</u> psychiatric medications:

1. 6.
2. 7.
3. 8.
4. 9.
5. 10.

ADHD-RS
INITIAL EVAL

Name _____ Date _____

ANSWER the following BASED ON your USUAL functioning, NOT on medication.

1 Fails to give close attention to details or makes careless mistakes in schoolwork, work, or other activities.

Part A

✓all that apply

- ☐ Do you make a lot of mistakes in school or work because you're **careless**?
- ☐ Do you rush through work or activities?
- ☐ Do you have trouble with detailed work?
- ☐ Do you **not** check your work?
- ☐ Do people complain that you're careless?
- ☐ Do you turn in work or schoolwork that is messy or sloppy?

Part B

***CIRCLE** number describing **how often** these are a **problem** for you.*

Never or Rarely	Sometimes	Often	Very Often
0 ☐	1 ☐	2 ☐	3 ☐

2 Fidgets with hands or feet or squirms in seat.

Part A

- ☐ Do you have trouble sitting still?
- ☐ Are you constantly moving your hands or feet, or fidgeting in your chair?
- ☐ Do you tap your pencil or your feet?
- ☐ Do people notice?
- ☐ Do you regularly play with your hair or clothing?
- ☐ Do you consciously resist fidgeting or squirming?

Part B

***How often** are these a **problem** for you?*

Never or Rarely	Sometimes	Often	Very Often
0 ☐	1 ☐	2 ☐	3 ☐

3 Has difficulty sustaining attention in tasks or play activities.

Part A

- ☐ Do you have trouble paying attention when reading, during lectures, or during other activities such as sports, board games, or watching movies?
- ☐ Is it hard for you to keep your mind on school or work?
- ☐ Do you have **unusual** difficulty staying focused on boring or repetitive tasks?
- ☐ Do you take longer than you should to complete tasks because you're thinking about something else?
- ☐ Do you have trouble remembering what you read and need to reread the same passage several times?

Part B

***How often** are these a **problem** for you?*

Never or Rarely	Sometimes	Often	Very Often
0 ☐	1 ☐	2 ☐	3 ☐

4 Leaves seat in classroom or in other situations in which remaining seated is expected.

Part A

- ☐ Do you have trouble staying in your seat? (At work, in class, at home watching TV or eating dinner, or in church or temple.)
- ☐ Do you choose to walk around when you're expected to sit?
- ☐ Do you have to force yourself to remain seated?
- ☐ Is it **unusually** difficult for you to sit through a long meeting or lecture?
- ☐ Do you intentionally avoid situations that require sitting for long periods?

Part B

***How often** are these a **problem** for you?*

Never or Rarely	Sometimes	Often	Very Often
0 ☐	1 ☐	2 ☐	3 ☐

5 Does not seem to listen when spoken to directly.

Part A

- ☐ Do people complain you don't listen or respond when they're speaking to you? (spouse, boss, colleagues, friends)
- ☐ Do people have to repeat directions to you?
- ☐ Do you miss key parts of conversations because your mind wanders?

Part B

***How often** are these a **problem** for you?*

Never or Rarely	Sometimes	Often	Very Often
0 ☐	1 ☐	2 ☐	3 ☐

6 Runs about or climbs excessively in situations in which it is inappropriate. (in adolescents or adults, may be limited to subjective feelings of restlessness)

Part A

✓***all that apply***

- ☐ Are you physically restless?
- ☐ Do you feel restless inside?
- ☐ Do you feel more agitated when you can't exercise on an almost daily basis?

Part B

CIRCLE *number describing* ***how often*** *these are a* ***problem*** *for you.*

Never or Rarely	Sometimes	Often	Very Often
0 ☐	1 ☐	2 ☐	3 ☐

7 Does not follow through on instructions and fails to finish work.

Part A

- ☐ Do you have trouble finishing things such as work or chores?
- ☐ Do you often leave things half done and start another project?
- ☐ Do you need consequences (such as deadlines) to finish things?
- ☐ Do you have trouble following instructions (especially multi-step instructions)?
- ☐ Do you need to write down instructions so you won't forget them?

Part B

How often *are these a* ***problem*** *for you?*

Never or Rarely	Sometimes	Often	Very Often
0 ☐	1 ☐	2 ☐	3 ☐

8 Has difficulty playing or engaging in leisure activities quietly.

Part A

- ☐ During leisure activities, are you agitated or restless?
- ☐ Do you always need to be busy after work or while on vacation?

Part B

How often *are these a* ***problem*** *for you?*

Never or Rarely	Sometimes	Often	Very Often
0 ☐	1 ☐	2 ☐	3 ☐

9 Has difficulty organizing tasks and activities.

Part A

- ☐ Do you have trouble organizing tasks into ordered steps?
- ☐ Is it hard prioritizing work and chores?
- ☐ Do you need others to plan for you?
- ☐ Do you have trouble with time management?

Part B

How often *are these a* ***problem*** *for you?*

Never or Rarely	Sometimes	Often	Very Often
0 ☐	1 ☐	2 ☐	3 ☐

10 Is "on the go" or acts as if "driven by a motor."

Part A

- ☐ Is it hard for you to slow down?
- ☐ Do you often feel like you have a lot of energy and have to be moving?
- ☐ Are you always "on the go"?
- ☐ Do you feel like you're "driven by a motor"?
- ☐ Do you feel unable to relax?

Part B

How often *are these a* ***problem*** *for you?*

Never or Rarely	Sometimes	Often	Very Often
0 ☐	1 ☐	2 ☐	3 ☐

11 Avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort.

Part A

- ☐ Do you avoid challenging or lengthy tasks (work, chores, reading, board games) because it's hard to stay focused?
- ☐ Do you have to force yourself to do these tasks?
- ☐ Do you put off tasks until the last possible moment?

Part B

How often *are these a* ***problem*** *for you?*

Never or Rarely	Sometimes	Often	Very Often
0 ☐	1 ☐	2 ☐	3 ☐

12 Talks excessively.

Part A

- ☐ Do you seem to talk a lot more than other people?
- ☐ Do people complain about your talking?
- ☐ Are you often louder than the people you are talking to?

Part B

How often *are these a* ***problem*** *for you?*

Never or Rarely	Sometimes	Often	Very Often
0 ☐	1 ☐	2 ☐	3 ☐

13 Loses things necessary for tasks or activities.

Part A	Part B
✓*all that apply*	***CIRCLE** number describing **how often** these are a **problem** for you.*
☐ Do you often lose things (important work papers, keys, wallet, coats, etc.)?	Never or Rarely: 0 ☐ · Sometimes: 1 ☐ · Often: 2 ☐ · Very Often: 3 ☐
☐ Are you constantly looking for important items?	
☐ Do you need to put items in the same place to keep from losing them?	
☐ Are the materials you need for doing work or school tasks scattered, carelessly handled or damaged?	

14 Blurts out answers before questions have been completed.

Part A	Part B
☐ Do you give answers to questions before someone finishes asking?	***How often** are these a **problem** for you?*
☐ Do you say things before it's your turn?	Never or Rarely: 0 ☐ · Sometimes: 1 ☐ · Often: 2 ☐ · Very Often: 3 ☐
☐ Do you say things that don't fit into the conversation?	
☐ Do you do things without thinking about the consequences?	

15 Is easily distracted.

Part A	Part B
☐ Are you easily distracted by events around you, such as noise (TV, radio, conversations), movement, or clutter?	***How often** are these a **problem** for you?*
☐ Do you need relative isolation to get work done?	Never or Rarely: 0 ☐ · Sometimes: 1 ☐ · Often: 2 ☐ · Very Often: 3 ☐
☐ Do you often begin a task, move on to another, then turn to something else before completing any of the tasks?	
☐ Is it hard to get back to a task once you stop?	

16 Has difficulty awaiting turn.

Part A	Part B
☐ Is it hard to wait your turn in conversations, in lines, or while driving?	***How often** are these a **problem** for you?*
☐ Do you get extremely frustrated with delays?	Never or Rarely: 0 ☐ · Sometimes: 1 ☐ · Often: 2 ☐ · Very Often: 3 ☐
☐ Do you avoid situations where you might have to wait?	
☐ Do you feel unable to relax when you're waiting? (e.g. for an appointment)	

17 Is forgetful in daily activities.

Part A	Part B
☐ Do you often forget things in your daily routine? Chores? Work? Appointments or obligations?	***How often** are these a **problem** for you?*
☐ Do you forget to take things to work or school, such as work materials or assignments, due that day?	Never or Rarely: 0 ☐ · Sometimes: 1 ☐ · Often: 2 ☐ · Very Often: 3 ☐
☐ Do you need to be reminded or write regular reminders to yourself to do most activities or tasks?	

18 Interrupts or intrudes on others.

Part A	Part B
☐ Do you talk when others are talking, without waiting until you are acknowledged?	***How often** are these a **problem** for you?*
☐ Do you butt into others' conversations before being invited?	Never or Rarely: 0 ☐ · Sometimes: 1 ☐ · Often: 2 ☐ · Very Often: 3 ☐
☐ Do you interrupt others' activities?	
☐ Do you grab things from others?	

FOR CLINICIAN'S USE ONLY

Reviewed by:_____

Date: _____ ❒ PMC ❒ MC

O/E _____

PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

NAME: _____ **DATE:** _____

Over the *last 2 weeks,* how often have you been bothered by any of the following problems?
(use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0 ☐	1 ☐	2 ☐	3 ☐
2. Feeling down, depressed, or hopeless	0 ☐	1 ☐	2 ☐	3 ☐
3. Trouble falling or staying asleep, or sleeping too much	0 ☐	1 ☐	2 ☐	3 ☐
4. Feeling tired or having little energy	0 ☐	1 ☐	2 ☐	3 ☐
5. Poor appetite or overeating	0 ☐	1 ☐	2 ☐	3 ☐
6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down	0 ☐	1 ☐	2 ☐	3 ☐
7. Trouble concentrating on things, such as reading the newspaper or watching television	0 ☐	1 ☐	2 ☐	3 ☐
8. Moving or speaking so slowly that other people could have noticed. Or the opposite—being so fidgety or restless that you have been moving around a lot more than usual	0 ☐	1 ☐	2 ☐	3 ☐
9. Thoughts that you would be better off dead, or of hurting yourself in some way	0 ☐	1 ☐	2 ☐	3 ☐
add columns:		+	+	
(Healthcare professional: For interpretation of TOTAL, please refer to accompanying scoring card.)	**TOTAL:**			

10. If you checked off *any* problems, how *difficult* have these problems made it for you to do your work, take care of things at home, or get along with other people?

- **Not difficult at all** ☐
- **Somewhat difficult** ☐
- **Very difficult** ☐
- **Extremely difficult** ☐

The Mood Disorder Questionnaire

INSTRUCTIONS: Please answer each question as best you can.	**YES**	**NO**
1. Has there ever been a period of time when you were not your usual self and...		
... you felt so good or so hyper that other people thought you were not your normal self or you were so hyper that you got into trouble?	◯	◯
... you were so irritable that you shouted at people or started fights or arguments?	◯	◯
... you felt much more self-confident than usual?	◯	◯
... you got much less sleep than usual and found that you didn't really miss it?	◯	◯
... you were more talkative or spoke much faster than usual?	◯	◯
... thoughts raced through your head or you couldn't slow your mind down?	◯	◯
... you were so easily distracted by things around you that you had trouble concentrating or staying on track?	◯	◯
... you had much more energy than usual?	◯	◯
... you were much more active or did many more things than usual?	◯	◯
... you were much more social or outgoing than usual, for example, you telephoned friends in the middle of the night?	◯	◯
... you were much more interested in sex than usual?	◯	◯
... you did things that were unusual for you or that other people might have thought were excessive, foolish or risky?	◯	◯
... spending money got you or your family in trouble?	◯	◯
2. If you checked YES to more than one of the above, have several of these ever happened during the same period of time?	◯	◯

3. How much of a problem did any of these cause you - like being able to work; having family, money or legal troubles; getting into arguments or fights?

◯ No problem ◯ Minor problem ◯ Moderate problem ◯ Serious problem

4.* Have any of your blood relatives (i.e. children, siblings, parents, grandparents, aunts, uncles) had manic-depressive illness or bipolar disorder?	◯	◯
5.* Has a health professional ever told you that you have manic-depressive illness or bipolar disorder?	◯	◯