



Comprehensive Holistic Health & House Calls
Division of Holzer Enterprises
Lynne Odell-Holzer, MSN, FNP, NPP
Registered Nurse Practitioner in Family Medicine & Psychiatry

7751 Treadmill Circle
Liverpool, NY 13090
315-622-9241 Voice & Fax
315-506-0015 Urgent Only
hhh@holzerent.com

YOUR MEDICATION RECORD

Date: _____

Name: _____

Home Phone: _____

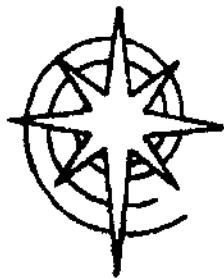
Work Phone: _____

Allergies (Foods, Environmental, Drugs): _____

Record any vitamins, supplements, herbal preparations, homeopathic remedies, and Over-The-Counter Medications:

Medication Name	Generic Name	Purpose	Dose and How Often I Take It	Prescriber's Name	Prescriber's Number
-----------------	--------------	---------	------------------------------	-------------------	---------------------

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____
16. _____
17. _____
18. _____
19. _____
20. _____
21. _____



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1. _____
2. _____
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4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____
16. _____
17. _____
18. _____
19. _____
20. _____
21. _____



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How to Avoid Medication Accidents

In the United States, one person dies each day and 1.3 million people are injured annually due to medication errors. To ensure your own safety, here are some tips to follow:

- Get in the habit of locking all prescribed, over-the-counter medications, herbal and vitamin preparations in a metal lockbox. Many medication injuries are accidental ingestion by children or pets, or suicide attempts by distraught people.
- Tell your prescriber about adverse reactions you have had to medications, foods, or other substances. Sometimes these non-medication substances have derivatives in the vehicle substances the medication is in.
- Make your prescriber and pharmacist aware of drug allergies.
- Make a list of your prescription, over-the-counter, herbal and vitamin supplements. This will alert your prescriber and pharmacist to any possible interactions and will come in handy in case of an emergency.
- Bring a notepad to health care visits. Note the exact spelling of the medications you are prescribed. Many medications have similar spellings and could be easily mistaken by the pharmacist.
- Watch punctuation. If the decimal point is not visible, 5.0 mg. can be easily misread as 50 mg. which is ten times the proper dose.
- Read labels carefully to ensure that the name of the medicine dispensed matches what you wrote down in your prescriber's office.
- If the size, color, shape, markings, or consistency of a medication differs from the medication you typically take, show it to your pharmacist before taking it.
- Ask for and write down your prescriber's instructions about medication frequency and any other precautions about food, activities, alcohol, and driving.
- Make certain you receive and understand printed information about your medication from your pharmacist. It will alert you to any possible side effects or interactions.
- Store medications in their original bottles; dispense a week's supply in a four-compartment pillbox with morning, noon, evening, and bedtime compartments to avoid mistakes, such as taking nighttime sleep medications before your morning drive.
- If you have an adverse reaction to a new supply of your medication, call your prescriber or pharmacist immediately.
- Do not store family members' medications all in a jumble in the locked box. Consider grouping or color coding the medication containers for easier identification.
- Discard expired or unused medications.
- Use of some medications may require periodic blood, liver, or kidney tests. Be aware of whether the drugs you are taking require such test, and, if so, remind your prescriber when these tests are due.
- Ask your prescriber for both the brand name and generic name of all drugs prescribed so you can confirm that you are receiving the correct medication.
- Read the label of ingredients of any over-the-counter medications you may consider taking. Many of them have the same few medications in different quantities. Some of these medications may also have been prescribed for a similar condition and taking both the prescription and over-the-counter drugs may cause an accidental overdose.



Patient Information

Preventing Adverse Drug Reactions

Additional Notes:

Prescription drugs are supposed to make you feel better, but in some cases they can make you feel worse.

On average, 360 people die each day because of adverse drug events—a rare reaction a person may experience if he takes a prescription incorrectly. Adverse drug events also can occur when drugs interact with other drugs or with certain foods. Often, adverse drug events happen because of poor communication between patients and their clinicians or pharmacists.

Protect yourself by sharing information.

Since you will receive a prescription about 75% of the time you visit your health care provider, you should ensure that you are not at risk for an adverse drug event. If you take five or more prescriptions, you need to be especially careful to tell your clinician and pharmacist all of the drugs you take, since you are at the highest risk for experiencing an adverse drug event.

Tips to make sure you use your medications safely and effectively...

- Know your medicines. This means prescription and over-the-counter medicines, including vitamins and herbal remedies. If you go to several health care providers or pharmacists, make sure you tell each of them what drugs you take.
- Know your medical history. Keep a detailed record of all of your surgeries, hospitalizations, immunizations, allergies and your family's history of illnesses or diseases. Also, tell your health care provider if there are any changes in your life, such as if you are now working night shift or are on a special diet. Let your health care provider know if you are pregnant or breastfeeding, or if you plan to. Additionally, let her know if you suspect you might have had an adverse drug event in the past.
- Ask about a drug's side effects. If you think you're experiencing any unusual effects that you weren't told about, call your health care provider or pharmacist immediately. Read any package inserts or pamphlets you were given with the drug—they, too, will list side effects.
- Follow prescription directions. Ask your health care provider or pharmacist how often and how long you should take your prescription, and follow the directions provided. Taking too much of a drug can cause an adverse drug event, and taking too little of a drug or stopping it before you're supposed to can provide little benefit to your health. Don't start taking new over-the-counter drugs unless you ask your health care provider or pharmacist first.
- Keep a personal medication record. Write down the medication name, whether it's available by prescription or over the counter, how and how often you should take the medication, the date it was prescribed to you, the health care provider who prescribed it to you (and his phone number), and your pharmacist's name and phone number. Also write down why you are taking the drug and any side effects you experience when on the drug.

Communication reduces risk

When you, your health care provider and pharmacist communicate about your prescriptions, your diet, your health and your lifestyle, you will greatly reduce your chances of experiencing an adverse drug event. Taking drugs responsibly is more than just swallowing a pill, it's also using your good common sense.

Information adapted from Ortho-McNeil Pharmaceutical Inc.'s Web site "Prescription for Safety" at <http://www.prescriptionforsafety.com>.

Your nurse practitioner has given you this patient education handout to further explain or remind you about principles related to your medical condition. This handout is a general guide only. If you have specific questions, be sure to discuss them with your nurse practitioner.

CHHHC HEDIS Tracking—Name:



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PRECURSORS FOR ESTIMATING CAPACITY FOR THERAPEUTIC CHANGE

Patient: _____ DATE: _____ Evaluator: _____

Precursor & Its Markers	None (0)	Trace (1)	Small (2)	Adequate (3)	Abundant (4)
Sense of necessity Expresses desire for change Feels a sense of urgency					
Readiness for anxiety Openness to experience Likely to take risks					
Awareness Able to identify problems Identifies thoughts, feelings					
Confronting the problem Courageously faces problems Sustained attention to issues					
Effort or will toward change Eagerly does homework High energy; active cooperation					
Hope for change Positive outlook; open to future High coping; therapeutic humor					
Social support for change Wide network of friends & family Many confiding relationships					

TOTAL SCORE:

Scoring Guide*

0-6: Change unlikely. Educate client on change. Focus on precursors with lowest ratings.
7-14: Change limited or erratic. Educate client & focus on precursors with lowest ratings.
15-21: Change is steady & noticeable. Use the lowest rated precursors to stay on track.
22-28: Highly motivated & inspired client. Change occurs easily. Standard approaches work well.

*Scoring is intended only as a general guide to a complex process.
Some precursors may be more potent.

From: "Precursors of Change: Pivotal Points of Involvement & Resistance in Psychotherapy"
F. J. Hana, 1996, *J of Psychotherapy Integration* 6, p 248. Plenum Publishing

HAMILTON DEPRESSION SCALE

NAME

DATE OF
BIRTH

DATE

Formedic

1. DEPRESSED MOOD

(Sadness, hopelessness, helplessness, worthlessness)

0 = Absent

1 = These feeling states indicated only on questioning

2 = These feeling states spontaneously reported verbally

3 = Communicates feeling states non-verbally - i.e., through facial expression, posture, voice, and tendency to weep

4 = Patient reports VIRTUALLY ONLY these feeling states in his own spontaneous and non-verbal communication

2. FEELINGS OF GUILT

0 = Absent

1 = Self-reproach, feels he has let people down

2 = Ideas of guilt or rumination over past errors or sinful deeds

3 = Present illness is a punishment. Delusions of guilt

4 = Hears accusatory or denunciatory voices and/or experiences threatening visual hallucinations

3. SUICIDE

0 = Absent

1 = Feels life is not worth living

2 = Wishes he were dead or any possible death to self

3 = Suicide ideas or gesture

4 = Attempts at suicide (any serious attempt rates 4)

4. INSOMNIA EARLY

0 = No difficulty falling asleep

1 = Complains of occasional difficulty falling asleep - i.e., more than 1/2 hour

2 = Complains of nightly difficulty falling asleep

5. INSOMNIA MIDDLE

0 = No difficulty

1 = Patient complains of being restless and disturbed during the night

2 = Waking during the night - any getting out of bed rates 2 (except for purpose of voiding)

6. INSOMNIA LATE

0 = No difficulty

1 = Waking in early hours of the morning but goes back to sleep

2 = Unable to fall asleep again if he gets out of bed

COLUMN SCORE

COLUMN SCORE

**PROVIGIL helps patients stay
AWAKE, ALERT, and ENGAGED**

Please see reverse side for important safety information; see full prescribing information on last pages of pad.



PROVIGIL®
(MODAFINIL) G
Tablets

13. SOMATIC SYMPTOMS GENERAL

- 0 = None
- 1 = Heaviness in limbs, back or head. Backaches, headaches, muscle aches. Loss of energy, easily fatigued
- 2 = Any clear-cut symptom rates 2

14. GENITAL SYMPTOMS

15. HYPOCHONDRIASIS

- 0 = Not present
- 1 = Self-absorption (bodily)
- 2 = Preoccupation with health
- 3 = Frequent complaints, requests for help, etc
- 4 = Hypochondriacal delusions

16. LOSS OF WEIGHT (rate either a or b)

a. When rating by history:

- 0 = No weight loss
- 1 = Probable weight loss associated with present illness
- 2 = Definite (according to patient) weight loss
- 3 = Not assessed

b. On a weekly ratings by ward psychiatrist, when actual weight changes are measured:

0 = Less than 1 lb. weight loss in one week
1 = Greater than 1 lb. weight loss in one week
2 = Greater than 2 lb. weight loss in one week
3 = Not assessed

COLUMN SCORE

ADDITIONAL NOTES

NEXT APPOINTMENT

PROVIGIL® is indicated to improve wakefulness in patients with excessive sleepiness (ES) associated with narcolepsy, obstructive sleep apnea/hypopnea syndrome (OSAHS), and shift work sleep disorder (SWSD).

In CSAPs, PROVAC Urs indicated as an adjunct to standard treatments for the underlying obstruction.

Important Safety Information

Patients with acromegaly levels of sleepiness who take PROVIGIL should be advised that their level of wakefulness

May not return to normal. Patients with excessive sleepiness, including those who take PROVIGIL, should be frequently reassessed for their degree of sleepiness and, if appropriate, advised to avoid potentially dangerous activities.

In clinical trials, PROVIGIL was generally well tolerated. The most frequently reported adverse events (25%) were headache, nausea, nervousness, tinnitus, diarrhea, back pain, anxiety, insomnia, dizziness, and dyspepsia. Most adverse events were mild to moderate. PROVIGIL

They interact with drugs that inhibit, induce, or are metabolized by cytochrome P450 isoenzymes.

For more information, visit www.PROFILELearn.com or call 1-800-895-5855.

Please see full prescribing information for
PROVIGIL on last pages of leaflet.

PROVIGIL® (MODAFINIL) G Tablets

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Symptom Tracking---Name:



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Thoughtful Questions

NAME: _____ DATE: _____

Please fill in the rest of the sentence with whatever seems the most appropriate to you at the time. There are no right or wrong answers. This is geared to evaluate your current mood and has no diagnostic or other evaluation purpose. Feel free to ask any questions you may have during this process.

1. I like people who.....
2. Mom was.....
3. When people try to boss me.....
4. As a child.....
5. I get angry when.....
6. What worries me.....
7. The trouble with women.....
8. Most of all, I want to.....
9. I am ashamed.....
10. They.....
11. A good person.....
12. The trouble with my home.....
13. I dislike people who.....
14. When I was a kid, I liked.....
15. I can't stand it when.....
16. I am afraid
17. Compared to women, men.....
18. I used to wish.....
19. If I do something wrong.....
20. I am
21. A good friend.....
22. The important fact about my dad.....
23. I don't like people who.....
24. When I was young, my greatest trouble.....
25. I might lose self-control.....

26. I need.....

27. It is wrong.....

28. God is.....

29. If people praise me.....

30. A sister.....

31. If someone tells me, "You can't do it.".....

32. When I went to school.....

33. I could kill someone if.....

34. I feel tense when.....

35. The worst thing a man could do to a woman.....

36. The most important thing in my life was.....

37. You get punished for.....

38. Death.....

39. When people trust me.....

40. A brother.....

41. When I am criticized.....

42. My favorite game, as a kid.....

43. I hate.....

44. I can't think right when.....

45. Love.....

46. I should like.....

47. I wish I had not.....

48. Life.....

49. When my mom.....

50. Someday I.....

FAMILY AND PERSONAL HEALTH HISTORY

Note: Please complete all information on this record. All information is treated in confidence and will not be released unless you grant permission.

Name _____ Age _____ Birth date _____ Today's Date _____

Occupation _____ Last Physical Examination Date _____ Daytime Phone _____

FAMILY RECORD

Check (✓) condition(s) and relationship of any blood relative who has or has had any of the conditions listed below.

	Y	S	O	F	A	M	J	J	S	O	N	D	Y	S	O	F	A	M	J	J	S	O	N	D
Alcoholism																								
Allergies																								
Anemia																								
Arthritis																								
Asthma																								
Birth Defects																								
Bleeding Tendency																								
Cancer, tumor																								
Colitis																								
Congenital Heart																								
Diabetes																								
Emphysema																								
Epilepsy																								
Glaucoma																								
Goiter																								
Hay Fever																								
Heart Attack																								
Heart Disease																								
High Blood Pressure																								
Kidney Disease																								
Leukemia																								
Liver Disease																								
Mental Illness																								
Migraine																								
Nervous Breakdown																								
Obesity																								
Rheumatism																								
Rheumatic Fever																								
Sickle-Cell Anemia																								
Stomach Ulcer																								
Stroke																								
Suicide																								
Tuberculosis																								

FAMILY MEMBERS

Living

Age
Name
Health
Good Fair Poor

Deceased

Cause of Death

Father																									
Mother																									
Brother(s)																									
Sister(s)																									

OPERATIONS

✓ Yes ✓ No

Date

Tonsils		
Appendix		
Gall Bladder		
Stomach		
Kidney		
Colon		
Thyroid		
Hernia		
Breast (women)		
Uterus (women)		
Ovaries (women)		
Prostate (men)		
Other - If yes, what:		

Do You: If yes, daily consumption

Smoke	Pkgs.	
Drink Coffee	Cups	
Beer	ozs.	
Hard liquor	ozs.	

IMMUNIZATIONS

Pneumonia Vaccine		
Tetanus		
Booster		
Measles		
Influenza		
German Measles/Mumps		
Other - If yes, what:		

X-RAYS

When was last mammogram?		
Back		
Chest		
Colon		
Extremities		
Gall Bladder		
Kidney		
Stomach		
Treatments		
Other - If yes, what:		

Doctor's Use Only — Summary

PAST AND PRESENT MEDICAL PROBLEMS

Check (✓) all items either yes or no and give approximate date if past.	Yes No	Yes Now	Yes Past	If Past Date	Check (✓) all items either yes or no and give approximate date if past.	Yes No	Yes Now	Yes Past	If Past Date
Asthma					Skin Disease				
Abnormal Electrocardiogram					Serious Depression				
Angina					Serious Emotional Problems				
Anemia (Type)					Tuberculosis				
Arthritis					Thyroid (overactive)				
Blindness Either Eye					Thyroid (underactive)				
Broken Bones					Varicose Veins				
Cataracts					Men				
Chronic Bronchitis/Chronic Lung Disease					Prostate Problems				
Cirrhosis of Liver					Women				
Colon or Bowel Trouble					Menstrual Difficulties				
Deafness					Cystitis				
Dysentery					Mastitis				
Diabetes					Ovarian Cyst				
Ear Infections					Breast Cancer				
Emphysema					Other Breast Disease*				
Enlarged Heart					Other Gynecological Problems				
Glaucoma					Still Menstruating				
Gall Stones					Age Period Started				
Gout					Age Periods Stopped				
Goiter					Why Periods Stopped				
Gonorrhea					Number of Pregnancies				
Hay Fever					Number of Children				
Heart Murmur as Adult					Number of Miscarriages				
Heart Attack					*Explain:				
High Blood Pressure					Hospitalizations/Reason				
Hepatitis									
Hemorrhoids									
Kidney Infection									
Kidney Stones									
Nervous Breakdown									
Poor Blood Clotting									
Polio					Do you wear artificial devices?		Yes	No	
Phlebitis					Please list				
Rheumatic Fever									
Rectal Trouble									
Recurrent Boils					Do you have allergies?		Yes	No	
Stroke					Please list				
Stomach or Duodenal Ulcer									
Syphilis									

Doctor's Use Only — Summary

Patient's Name:

Medicare # (HICN):

ADVANCE BENEFICIARY NOTICE (ABN)

NOTE: You need to make a choice about receiving these health care items or services.

We expect that Medicare will not pay for the item(s) or service(s) that are described below. Medicare does not pay for all of your health care costs. Medicare only pays for covered items and services when Medicare rules are met. The fact that Medicare may not pay for a particular item or service does not mean that you should not receive it. There may be a good reason your doctor recommended it. Right now, in your case, Medicare probably will not pay for —

Items or Services: **Approximately 50% of your mental health visits costs as well as any annual deductibles.**

Because: **Federal regulations. This will mean you are responsible for approximately \$45.00-\$70.00 per visit. You may have supplemental insurance that reduces this expense typically \$10.00-\$15.00 per visit.**

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

- Ask us to explain, if you don't understand why Medicare probably won't pay. **See Above,**
- Ask us how much these items or services will cost you (Estimated Cost: \$ _____) in case you have to pay for them yourself or through other insurance.

PLEASE CHOOSE ONE OPTION. CHECK ONE BOX. SIGN & DATE YOUR CHOICE.

Option 1. YES. I want to receive these items or services.

I understand that Medicare will not decide whether to pay unless I receive these items or services. Please submit my claim to Medicare. I understand that you may bill me for items or services and that I may have to pay the bill while Medicare is making its decision. If Medicare does pay, you will refund to me any payments I made to you that are due to me. If Medicare denies payment, I agree to be personally and fully responsible for payment. That is, I will pay personally, either out of pocket or through any other insurance that I have. I understand I can appeal Medicare's decision.

Option 2. NO. I have decided not to receive these items or services.

I will not receive these items or services. I understand that you will not be able to submit a claim to Medicare and that I will not be able to appeal your opinion that Medicare won't pay.

Date

Signature of patient or person acting on patient's behalf

NOTE: Your health information will be kept confidential. Any information that we collect about you on this form will be kept confidential in our offices. If a claim is submitted to Medicare, your health information on this form may be shared with Medicare. Your health information which Medicare sees will be kept confidential by Medicare.

OMB Approval No. 0938-0566 Form No. CMS-R-131-G (June 2002)

Client Information

ID _____

Today's date _____

Your name _____

Your age _____

Male Female

Your marital status _____

Your race/ethnic group _____

Highest level of education _____

Instructions

The purpose of this questionnaire is for you to describe the kind of person you are. When answering the questions, think about how you have tended to feel, think, and act over the past several years. To remind you of this, on the top of each page you will find the statement: "Over the past several years..."

Please answer either True or False to each item.

Where:

T (True) means that the statement is generally true for you.

F (False) means that the statement is generally false for you.

Even if you are not entirely sure about the answer, indicate "T" or "F" for every question.

For example, for the question:

xx. I tend to be stubborn. T F

If, in fact you have been stubborn over the past several years, you would answer True by circling T.

If, this was not true at all for you, you would answer False by circling F.

There are no correct answers.

You may take as much time as you wish.

Over the past several years...

1. I avoid working with others who may criticize me. T F
2. I can't make decisions without the advice, or reassurance, of others. T F
3. I often get lost in details and lose sight of the "big picture." T F
4. I need to be the center of attention. T F
5. I have accomplished far more than others give me credit for. T F
6. I'll go to extremes to prevent those who I love from ever leaving me. T F
7. Others have complained that I do not keep up with my work or commitments. T F
8. I've been in trouble with the law several times (or would have been if I had been caught). T F
9. Spending time with family or friends just doesn't interest me. T F
10. I get special messages from things happening around me. T F
11. I know that people will take advantage of me, or try to cheat me, if I let them. T F
12. Sometimes I get upset. T F

13. I make friends with people only when I am sure they like me. T F

14. I am usually depressed. T F

15. I prefer that other people assume responsibility for me. T F

16. I waste time trying to make things too perfect. T F

17. I am "sexier" than most people. T F

18. I often find myself thinking about how great a person I am, or will be. T F

19. I either love someone or hate them, with nothing in between. T F

20. I get into a lot of physical fights. T F

21. I feel that others don't understand or appreciate me. T F

22. I would rather do things by myself than with other people. T F

23. I have the ability to know that some things will happen before they actually do. T F

24. I often wonder whether the people I know can really be trusted. T F

25. Occasionally I talk about people behind their backs. T F

26. I am inhibited in my intimate relationships because I am afraid of being ridiculed. T F

27. I fear losing the support of others if I disagree with them. T F

28. I have many shortcomings. T F

29. I put my work ahead of being with my family or friends or having fun. T F

30. I show my emotions easily. T F

31. Only certain special people can really appreciate and understand me. T F

32. I often wonder who I really am. T F

33. I have difficulty paying bills because I don't stay at any one job for very long. T F

34. Sex just doesn't interest me. T F

35. Others consider me moody and "hot tempered." T F

36. I can often sense, or feel things, that others can't. T F

37. Others will use what I tell them against me. T F

38. There are some people I don't like. T F

39. I am more sensitive to criticism or rejection than most people. T F

40. I find it difficult to start something if I have to do it by myself. T F

41. I have a higher sense of morality than other people. T F

42. I am my own worst critic. T F

43. I use my "looks" to get the attention that I need. T F

44. I very much need other people to take notice of me or compliment me. T F

45. I have tried to hurt or kill myself. T F

46. I do a lot of things without considering the consequences. T F

47. There are few activities that I have any interest in. T F

48. People often have difficulty understanding what I say T F

49. I object to supervisors telling me how I should do my job. T F

50. I keep alert to figure out the real meaning of what people are saying. T F

51. I have never told a lie. T F

52. I am afraid to meet new people because I feel inadequate. T F

53. I want people to like me so much that I volunteer to do things that I'd rather not do. T F

54. I have accumulated lots of things that I don't need but I can't bear to throw out. T F

55. Even though I talk a lot, people say that I have trouble getting to the point. T F

56. I worry a lot. T F

57. I expect other people to do favors for me even though I do not usually do favors for them. T F

58. I am a very moody person. T F

59. Lying comes easily to me and I often do it. T F

60. I am not interested in having close friends. T F

61. I am often on guard against being taken advantage of. T F

62. I never forget, or forgive, those who do me wrong. T F

63. I resent those who have more "luck" than I. T F

64. A nuclear war may not be such a bad idea. T F

65. When alone, I feel helpless and unable to care for myself. T F

66. If others can't do things correctly, I would prefer to do them myself. T F

67. I have a flair for the dramatic. T F

68. Some people think that I take advantage of others. T F

69. I feel that my life is dull and meaningless. T F

70. I am critical of others. T F

71. I don't care what others have to say about me. T F

72. I have difficulties relating to in a one-to-one situation. T F

73. People have often complained that I did not realise that they were upset. T F

74. By looking at me, people might think that I'm pretty odd, eccentric or weird. T F

75. I enjoy doing risky things. T F

76. I have lied a lot on this questionnaire. T F

77. I complain a lot about my hardships. T F

78. I have difficulty controlling my anger, or temper T F

79. Some people are jealous of me. T F

80. I am easily influenced by others. T F

81. I see myself as thrifty but others see me as being cheap. T F

82. When a close relationship ends, I need to get involved with someone else immediately. T F

83. I suffer from low self-esteem. T F

84. I am a pessimist. T F

85. I waste no time in getting back at people who insult me. T F

86. Being around other people makes me nervous. T F

87. In new situations, I fear being embarrassed. T F

88. I am terrified of being left to care for myself. T F

89. People complain that I'm "stubborn as a mule." T F

90. I take relationships more seriously than do those who I'm involved with. T F

91. I can be nasty with someone one minute, then find myself apologizing to them the next minute. T F

92. Others consider me to be stuck up. T F

93. When stressed, things happen. Like I get paranoid or just "black out." T F

94. I don't care if others get hurt so long as I get what I want. T F

95. I keep my distance from others. T F

96. I often wonder whether my wife (husband, girlfriend, or boyfriend) has been unfaithful to me. T F

97. I often feel guilty T F

98. I have done things on impulse (such as those below ↗) that could have gotten me into trouble. T F

If you answered true, please check all that apply to you:

- a. Spending more money than I have
- b. Having sex with people I hardly know
- c. Drinking too much
- d. Taking drugs
- e. Eating binges
- f. Reckless driving

99. When I was a kid (before age 15), I was somewhat of a juvenile delinquent, doing some of the things below.

T F

Now, Check ✓ all that apply to you:

- (1) I was considered a bully.
- (2) I used to start fights with other kids.
- (3) I used a weapon in fights that I had.
- (4) I robbed or mugged other people.
- (5) I was physically cruel to other people.
- (6) I was physically cruel to animals.
- (7) I forced someone to have sex with me.
- (8) I lied a lot.
- (9) I stayed out at night without my parents permission.
- (10) I stole things from others.
- (11) I set fires.
- (12) I broke windows or destroyed property.
- (13) I ran away from home overnight more than once.
- (14) I began skipping school, a lot, before age 13.
- (15) I broke into someone's house, building or car.

Thank you for your time

INVESTMENT PLANNER

1) Discussed treatment plan with patient?

Patient/Guardian signature _____

PATIENT NAME/ID NUMBER

TREATMENT PLANNER

RESOLUTION DATES

INTERVENTIONS TO ACHIEVE THE

TREATMENT GOAL(S) TO ADDRESS IDENTIFIED PROBLEM(S)
(state goal in terms of observable behav

Discussed treatment plan with patient?

Patient/Guardian signature _____

PATIENT NAME/ID NUMBER



**Comprehensive Holistic Health & House Calls
Lynne Odell-Holzer, RN, Nurse Practitioner**

**Full spectrum of non-emergency medical health care
services delivered by Nurse Practitioners
for your primary care physical and mental health needs**

Consent for Release of Information

Person's Name: _____

Date of Birth: _____ Gender: M F

I hereby authorize and request: _____

Phone: _____ Fax: _____

To release and/or receive confidential professional health related information with Comprehensive Holistic Health & House Calls (CHHHC), including medical reports, legal documents, psychological evaluations, school reports, psychiatric reports, etc. that may be needed for the optimum patient care. I understand that none of this information may be re-disclosed and that confidentiality of the patient and family will be maintained at all times. I also understand that I have the right to cancel permission to release information at any time by informing a professional staff member who will record the date, time, and reason of the cancellation.

Information requested: _____

This release of information also includes allowing the release of any alcohol and substance abuse information or treatment that you may have received. Please initial here that you have read and agree to release of any alcohol and substance abuse information: _____

This release of information is occurring with the knowledge and full consent of a competent adult person/parent/guardian. The only time this information may be released without the advance permission of a responsible adult is if it is subpoenaed by a court of law, if the patient is in danger of harming self or others, or there is a suggestion of abuse. Please initial here that you have read and understand this section: _____

Please initial here that you have read, understand, and agree with the HIPAA regulations regarding your rights and protections under the Notice of Privacy Practices: _____

Consent to release appropriate records to your insurance company occurred when you signed their waiver and again when you signed the insurance reassignment agreement.

Signature: _____ Date: _____
Patient

Signature: _____ Date: _____
Parent/Guardian

Signature: _____ Date: _____
Witness

7751 Treadmill Circle
Liverpool, NY 13090-2427

**Voice/Fax: (315) 622-9241
e-mail: hhh@holzerent.com**



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COMPREHENSIVE HOLISTIC HEALTH

If You Already Have A Primary Health Care Provider

Comprehensive Holistic Health & House Calls (CHHHC) is an organization of Nurse Practitioners who provide primary physical and health care services like those found in a traditional health care provider's office. This includes histories and physicals, follow up on many common physical and mental health conditions (from Attention Deficit Disorder to Zoster!), and treatment, including

prescriptions. We have a number of physicians as our back-ups for any advice about care that might be beyond our scopes of practice.

Many people prefer to keep their health care provider with whom they have had a long term relationship. If you wish CHHHC, NP's can provide the medical evaluation, treatment and coordinate these findings with your primary health care provider.

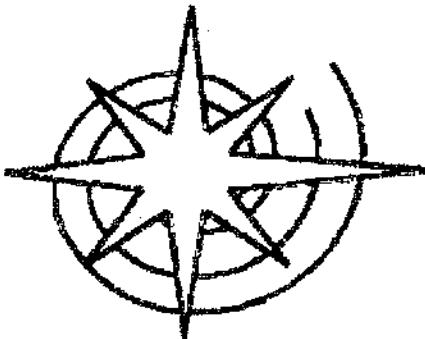
Hours Of Operation

Hours for visits often vary according to CHHHC staff and your schedules.

Please feel free to call during standard business hours for more complete information.

We are a mobile primary care service established to provide routine medical care in your home by appointment. If you have a rapidly deteriorating health condition, still call 911.

We are a mobile primary care service established to provide routine medical care in your home. As always, 911 should be called in any non-routine health matter.



HOUSE CALLS

(Division of Holzer Enterprises)

**Lynne Odell-Holzer, RN, NP
Registered Nurse Practitioner
in Family Medicine & Psychiatry**

**7751 TREADMILL CIRCLE
LIVERPOOL, NY 13090-2427
315-441-4411 Pager
315-622-9241 Voice & Fax
hhh@holzerent.com**

Our Philosophy

We believe that people are integrated, complex, beings who work hard to feel comfortable and to improve their lives.

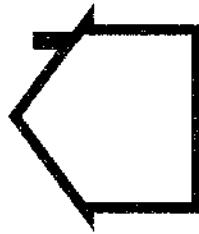
We believe that the mind and the body affect each other intimately. We believe that people are each complete individuals living and growing in the contexts of their environment and their genetic endowments. There are times when people cannot maintain their best health function. At those times, people may benefit from evaluation, management, treatment and education about their condition so that they can reach or return to independence and maximum function.

As a medically based health care service established to provide both mental and physical medical care, we use health principles of Western medicine to -

- 1) prevent dysfunction,
- 2) prevent complications from an unavoidable dysfunction, or
- 3) restore as much function as possible in chronic conditions.

What We Provide

Since an estimated 20% of the US population utilizes alternative, herbal, or non-Western health therapies, we have developed a familiarity with most of them. This way we can coordinate, teach, or refer those self-help strategies to safely combine them with traditional Western health care methods. We support and encourage self-help, self-determination, and return to independence of the individual. With that philosophy in mind, you can see why we expect that the person being 'treated' takes an active part to best meet this goal. We operate on a strengths-based philosophy. We strive to use what capacities the person already has to build, or re-build for maximum health and function.



We provide care on a mobile basis to meet the person (patient) where the person best functions - the home. We are nurse practitioners trained to provide primary uncomplicated acute and chronic stable health care to people of any age.

We carry pagers for 24 hour coverage in the rare event that you have a health question that cannot wait for usual office hours.

How To Pay

Since we are medically based and operate much like the "country doctor" of old, we are able to utilize most health insurances.

To Reach Us

Leave a voice message and someone will usually return your call within 4 hours. You are also welcome to leave short messages at 622-9241.

Comprehensive Holistic Health & House Calls Patient Demographic Data
7751 Treadmill Circle, Liverpool, NY 13090
(315) 622-9241

Patient's Information:

Patient: _____ DOB: _____
Address: _____

Home Phone: _____ Gender: M F

Work Phone: _____

Cell Phone: _____

Other Phone (Specify): _____

Email: _____

SSN: _____

Marital Status: S M W D

Employment: Full time Part time Retired Disabled Student

Employer (if applicable): _____

Referred by: _____

Family doctor: _____

Parent's Information (If applicable):

Parents' Names: _____

Parents' address(es): Same as patient

Parents' Home Phone(s): _____

Parents' Work Phone(s): _____

Parents' Cell Phone(s): _____

Parents' Other Phone(s) (Specify): _____

Parent's Email(s): _____

Guarantor's Information (Person financially responsible for the patient):

Guarantor: Self Parent (If self or parent skip to the next section)

Guarantor's Name: _____

Relationship to the patient: _____

Guarantor's address: Same as patient

Guarantor's Home Phone: _____

Guarantor's Work Phone: _____

Guarantor's Cell Phone: _____

Guarantor's Other Phone (Specify): _____

Guarantor's Email: _____

Insurance Information:

Primary

Company: _____

ID # _____

Group # _____

Subscriber's Information: _____

Name: _____

DOB: _____

SSN: _____

Employer: _____

Secondary

Company: _____

ID # _____

Group # _____

Subscriber's Information: _____

Name: _____

DOB: _____

SSN: _____

Employer: _____

Other Information:

Emergency Contact: _____

Other: _____

Signature: _____ Date: _____

HIPAA Compliant Authorization for Release of Medical Information and Confidential HIV* Related Information

New York State Department of Health

This form authorizes release of medical information including HIV-related information. You may choose to release just your non-HIV medical information, just your HIV-related information, or both. Your information may be protected from disclosure by federal privacy law and state law. Confidential HIV-related information is any information indicating that a person has had an HIV-related test, or has HIV infection, HIV-related illness or AIDS, or any information that could indicate a person has been potentially exposed to HIV.

Under New York State Law HIV-related information can only be given to people you allow to have it by signing a written release. This information may also be released to the following: health providers caring for you or your exposed child; health officials when required by law; insurers to permit payment; persons involved in foster care or adoption; official correctional, probation and parole staff; emergency or health care staff who are accidentally exposed to your blood, or by special court order. Under State law, anyone who illegally discloses HIV-related information may be punished by a fine of up to \$5,000 and a jail term of up to one year. However, some re-disclosures of medical and/or HIV-related information are not protected under federal law. For more information about HIV confidentiality, call the New York State Department of Health HIV Confidentiality Hotline at 1-800-962-5065; for information regarding federal privacy protection, call the Office for Civil Rights at 1-800-368-1019.

By checking the boxes below and signing this form, medical information and/or HIV-related information can be given to the people listed on page two (or additional sheets if necessary) of the form, for the reason(s) listed. Upon your request, the facility or person disclosing your medical information must provide you with a copy of this form.

I consent to disclosure of (please check all that apply): My HIV-related information
 Both (non-HIV medical and HIV-related information)
 My non-HIV medical information **

Information in the box below must be completed.

Name and address of facility/person disclosing HIV-related and/or medical information:

Name of person whose information will be released:

Name and address of person signing this form (if other than above):

Digitized by srujanika@gmail.com

Digitized by srujanika@gmail.com

Reason for release of information: Under seal

Block 10: *the whole group* (4000) *concerning the right to vote* (1000)

Description of the consequences, if any, of failing to consent to disclosure upon treatment, payment, enrollment or eligibility for benefits (Note: Federal privacy regulations may restrict some consequences):

All facilities/persons listed on pages 1,2 (and 3 if used) of this form may share information among and between themselves for the purpose of providing medical care and services. Please sign below to authorize.

Signature _____ **Date** _____

*Human Immunodeficiency Virus that causes AIDS

**** If releasing only non-HIV medical information, you may use this form or another HIPAA-compliant general medical release form.**

HIPAA Compliant Authorization for Release of Medical Information
and Confidential HIV* Related Information

Complete information for each facility/person to be given general medical information and/or HIV-related information.
Attach additional sheets as necessary. It is recommended that blank lines be crossed out prior to signing.

Name and address of facility/person to be given general medical and/or HIV-related information:

Comprehensive Holistic Health & House Calls
7151 Treadmill Circle
Liverpool, N.Y. 13090-2427

Reason for release, if other than stated on page 1:

If information to be disclosed to this facility/person is limited, please specify:

Name and address of facility/person to be given general medical and/or HIV-related information:

Reason for release, if other than stated on page 1:

If information to be disclosed to this facility/person is limited, please specify:

The law protects you from HIV related discrimination in housing, employment, health care and other services. For more information call the New York State Division of Human Rights Office of AIDS Discrimination Issues at 1-800-523-2437 or (212) 480-2522 or the New York City Commission on Human Rights at (212) 306-7500. These agencies are responsible for protecting your rights.

My questions about this form have been answered. I know that I do not have to allow release of my medical and/or HIV-related information, and that I can change my mind at any time and revoke my authorization by writing the facility/person obtaining this release. I authorize the facility/person noted on page one to release medical and/or HIV-related information of the person named on page one to the organizations/persons listed.

Signature _____ Date _____
(Subject of information or legally authorized representative)

If legal representative, indicate relationship to subject: _____

Print Name _____

Client/Patient Number _____

HIPAA Compliant Authorization for Release of Medical Information
and Confidential HIV* Related Information

Complete information for each facility/person to be given general medical information and/or HIV-related information.
Attach additional sheets as necessary. Blank lines may be crossed out prior to signing.

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Name and address of facility/person to be given general medical and/or HIV-related information:

Reason for release, if other than stated on page 1:

If information to be disclosed to this facility/person is limited, please specify:

If any/all of this page is completed, please sign below:

Signature _____ Date _____

Client/Patient Number _____



Comprehensive Home Holistic Health Care

LYNNE ODELL-HOLZER, NP, MSN

Registered Nurse Practitioner in Family Health & Psychiatry

Health & Illness Treatment & Education

Fax: (315) 622-9241
hhh@holzerent.com

CHILD/ADOLESCENT ASSESSMENT/EVALUATION FORM

INTAKE

ADDENDUM

At this first visit, please take the time to fill this form out to the best of your ability. The information that you and your child give me here will go a long way to help me get to know the background for your child. When filled out completely, this will help me to begin treatment recommendations and to support justifications to any insurers for appropriate payment on your child's behalf. Please feel confident that all this information is confidential. Also, please feel free to ask if any questions are confusing.

Thank you, Lynne Odell-Holzer, RN, NP

IDENTIFYING DATA:

DATE:

NAME

DOB

Informants/Data Sources:

Age: _____ Ethnic background: ()C ()B ()H ()A ()Other

Referral Source: ()Family ()School ()CPS ()Court ()Probation
()Other

Agency Contact:

Phone:

REASON FOR CURRENT EVALUATION:

CLIENT HISTORY:

Developmental History:

Pregnancy planned: () Yes () No Pregnancy wanted: () Yes () No

() Premature () Postmature Length of pregnancy

Complications of Pregnancy: Excessive weight gain

() High blood pressure () Seizures () PI (Postural) hypotension

() Threatened loss () Smoked (how much?) _____

On medications? (names) _____

() Street drugs (names and amounts) _____

() Alcohol (amount) _____

Complications of delivery: () Breech () Occiput posterior () Forceps () Anoxia

Length of prolonged labor _____ Birth weight: _____ lbs _____ oz.

Neonatal: How long nursed? _____ How long bottle fed? _____ Describe any feeding problems: _____

Describe any sleeping problems: _____

Describe any breathing problem: _____

Allergies _____ Rashes _____ Colic _____

Withdrew from holding? _____ Other _____

Walked _____ months () OK _____

Talked _____ months () OK _____

Toilet trained _____ months () Easy () Difficult () Residual problem _____

Went to school: () Easily () With difficulty () With mother

Other separation problems: _____

Childhood behavior problems: () Firesetting () Cruelty to animals () Violence () Eating

() Sleeping () Nightmares () Making Friends () Plays alone most of the time

() Lying () Fighting () Stealing () Hurting others () Hurting self () Delinquency

() Soiling () Wetting: Day/Night () Hyperactivity () Tired most of the time

() Doesn't speak clearly () Always has aches & pains () Clumsy/accident prone

() Fakes being sick () Problems learning in school () Won't obey school rules

() Picks on others () Is picked on by others () Sex play with other children

() Hangs with 'the wrong crowd' () Runs away from home () Damages property

() Afraid of many things () Very shy () Poor loser () Demands too much attention

() Talks back to grownups () Disobeys parents () Has 'chip on the shoulder'

() Is sad or unhappy much of the time () Cries a lot () Temper tantrums

() Mood changes quickly or without reason () Acts younger than real age

() Acts without thinking () Wants things perfect () Says or does strange or peculiar things
() Is often confused or in a daze () Daydreams a lot () Seldom finishes things

Other _____

Describe: _____

Social/Family History:

Place of birth _____ Raised by whom? _____

Minor's birth order _____ Brothers' ages _____ Sisters' ages _____

Since child was born, number of marriages for mom _____ number of marriages for dad _____

Parents are currently: Married Living together Separated Divorced Other: _____

No longer connected _____ Amicable or hostile _____

Type of Employment: Father _____ Mother _____

Present living situation: () Apartment () Trailer () Home () Other _____

With whom: _____

Child's age at parents' divorce _____ Child's age at adoption _____

Has child ever been placed out of the home? () No () Yes

Where? _____

When? _____

Reason? _____

Child's adjustment in the family () Good () Tense () Fights with brothers
() Fights with sisters () Resists mother () Resists father

Comments: _____

Types of discipline used, when & by whom _____

Religious affiliation(s) _____

Other significant information (i.e. alliances, coalitions, child's reaction to family members, traumatic events in family's life, or illnesses in the family, family conflicts, usage of drugs and/or alcohol in the family.)

Peer relationships: ()Leader ()Accepted ()Rejected ()Follower ()Isolated ()Some
()Reclusive ()Many/long time ()Few/temporary ()No friend

Who would you go to if hurt, sad, etc.? _____

Support system: ()Mother ()Father ()Friend ()Teacher ()Professional
()Relative

Hobbies/favorite activities _____

School History:

Present/last school _____ Year in school _____

Typical grades _____ Classes: Regular Special (specify) _____

Repeated grades _____ Number of different schools _____ Attendance record _____

What do you like best in school: _____

Legal and Juvenile Hall History: None or if on probation, list charges: _____

Mental Health History:

Family history of mental illness or emotional/behavioral problems in siblings, parents, or
grandparents (include alcohol & drug use history either past or present) _____

Age when patient's emotional problems began _____ History of problems _____

Psychiatric hospitalizations: (When and where?) _____

If outpatient therapy, therapist, length of treatment, & when _____

Previous medications: _____

Total length of time on medications _____

Suicide history: None or circumstances, methods tried & when _____

Homicide history: None or circumstances, methods tried, who & when _____

Current medications for emotional problems _____

Prescribed by: _____

Other: _____

Physical Health History:

Height _____ Weight _____ Unusual movements/tics _____

Any handicaps such as hearing or vision problems _____

Any recurrent health problems: _____

Any medications for physical problems _____

Prescribed by: _____

Previous health: No problems or broken bones, injuries, accidents, operations: _____

Hospitalizations (time + reason) _____

Allergies to foods/medications/other _____

Any herbals or supplements _____

Any head injuries, seizures, periods of unconsciousness or other neurological symptoms or problems _____

Family Health history in siblings, parents, & grandparents _____

Sleep: Bedtime _____ Awake time _____ Trouble initiating, staying asleep or arising? _____

Any sleep disturbances _____

Appetite, average number of meals & quality of diet _____

Average amount of sodas, chocolate or coffee a day _____

Regular exercise habits _____

Sexual orientation: Too young Heterosexual Homosexual Bisexual Sexually Active?

Tobacco, alcohol, or recreational drug habits _____

Begun puberty/ in puberty/ finished puberty? _____

Any menstrual or hormonal irregularities? _____

Any other helpful information _____

OPTIONAL QUESTIONS:

What animals do you like best and least? (why) _____

What would you do if you were in a theater and there was a fire? _____

What would you do if you found an addressed letter with a stamp? _____

What would you wish for if you had three magic wishes? _____

1. _____

2. _____

3. _____

What would you like to be when you grow up? _____

Again, thank you for your help. You are halfway through the initial intake process ---time to congratulate yourselves! Please be a little more patient while I review this information and prepare for further questions to do the best I can for you.

Lynne

**Developmental
History
Checklist™
for Children**



Lynne Odell-Holzer, MSN, NP

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*Edward H. Dougherty, Ph.D.
John A. Schinka, Ph.D.*

Name _____
Last _____ First _____ Initial _____

Age _____ Sex _____ Today's Date _____

Completed by _____

DIRECTIONS

This checklist asks questions about the child's developmental history and current life. Begin by entering the child's name, age, and sex at the top of this page. Then enter the date, your name, and your relationship to the child. Turn to the inside of this booklet and answer the questions. All of the questions are numbered in order. For each question, make a mark (X) next to the answer that describes the child's history or current life. Many questions have a space labeled *Other* for writing in an answer if the correct answer is not provided. Questions followed by the symbol (✓✓✓) should be marked with all the answers that apply. For questions that do not apply, mark the answer *Does not apply*.

EXAMPLE

53. Which of the following has the child attended (✓✓✓)?

<input type="checkbox"/> A. None	<input checked="" type="checkbox"/> C. Preschool
<input type="checkbox"/> B. Infant day care	<input checked="" type="checkbox"/> D. Kindergarten

PAR Psychological Assessment Resources, Inc. P.O. Box 998/Odessa, Florida 33556/Toll-Free 1-800-331-TEST

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This form is printed in burgundy ink on peach-colored paper. Any other version is unauthorized. Reorder #1534-CF.

I. PRESENTING INFORMATION

1. What is the child's race?

A. White E. Asian
 B. Black F. Native American
 C. Oriental G. Other _____

2. What is your relationship to the child?

A. Natural mother I. Grandmother
 B. Natural father J. Grandfather
 C. Stepmother K. Older sister
 D. Stepfather L. Older brother
 E. Adoptive mother M. Social worker
 F. Adoptive father N. Agency caseworker
 G. Foster mother C. Other _____
 H. Foster father

3. Who is responsible for the child's care at this time?

A. Natural parents G. Grandparents
 B. Natural mother H. Grandmother
 C. Natural father I. Grandfather
 D. Natural mother and J. Foster parents
stepfather K. Orphanage
 E. Natural father and L. Agency
stepmother M. Other _____

4. Who referred the child here, or recommended that the child come here?

A. No one, decided F. A community agency
yourself to bring the G. A priest, pastor, or
child other religious staff
 B. Friend of the family H. The police
 C. Pediatrician I. A judge
 D. Family doctor J. Other _____

5. What is the main problem that led to the child being brought here?

A. Child has no K. Refusal to go to
problem school
 B. Depression L. Behavior problems at
 C. Anxiety home
 D. Suicidal thoughts M. Health problems
 E. Suicidal actions N. Physical abuse
 F. Problems with O. Sexual abuse
thinking clearly P. Neglect by parents
 G. Arguments with Q. Bed-wetting
parents R. Stealing
 H. Adjustment to S. Fears
parents' divorce T. Other _____
 I. Academic problems
 J. Behavior problems
in school

6. How severe is this problem?

A. Does not apply C. Moderate
 B. Mild D. Severe

7. How long has the child had this problem?

A. Does not apply E. For the past year
 B. For the past several F. For the past two
days years
 C. For the past several G. For the past several
weeks years
 D. For the past several months

8. Which of the following has this problem affected (✓✓✓)?

A. Does not apply F. The child's physical
 B. None health
 C. The child's academic G. The child's emotional
performance health
 D. The child's H. The child's behavior
relationships with I. Other _____
peers
 E. The child's
relationships with
family members

9. Has the child been treated for this problem before?

A. Does not apply E. Yes, but without
 B. No success
 C. Yes, with success D. Yes, but with only
 partial success

10. What other problems is the child having (✓✓✓)?

A. None K. Refusal to go to
 B. Depression school
 C. Anxiety L. Behavior problems at
 D. Suicidal thoughts home
 E. Suicidal actions M. Health problems
 F. Problems with N. Physical abuse
thinking clearly O. Sexual abuse
 G. Arguments with P. Neglect by parents
parents Q. Bed-wetting
 H. Adjustment to R. Stealing
parents' divorce S. Fears
 I. Academic problems T. Other _____
 J. Behavior problems
in school

II. PERSONAL INFORMATION AND FAMILY BACKGROUND

11. What is the child's status in school?

A. Has not yet started F. Suspended from
school
 B. Full-time, regular G. Expelled from school
classes H. Being tutored at
 C. Part-time, regular home
classes
 D. Full-time, special I. On summer vacation
education classes J. Other

E. Part-time, special education classes

12. What grade is the child in now (or when school starts again in the fall)?

A. Not in school; will not be in school F. Third
 B. Preschool G. Fourth
 C. Kindergarten H. Fifth
 D. First I. Sixth
 E. Second J. Seventh
 K. Eighth

13. What type of school does the child attend?

A. Not attending school F. Orphanage school
 B. Public school G. Military academy
 C. Private school H. Boarding school
 D. Parochial school I. Other _____

14. Who does the child live with?

A. Natural parents G. Relatives
 B. Natural mother H. Friends
 C. Natural father I. Adoptive parents
 D. Natural mother and stepfather J. Foster parents
 E. Natural father and stepmother K. Lives in an orphanage
 F. Shared living arrangement with both divorced parents L. Lives in an agency
 M. Lives in a charitable institution
 N. Other _____

15. Where does the child live?

A. House E. Boarding school
 B. Apartment F. Agency housing
 C. Trailer G. Institution
 D. Condominium H. Other _____

16. How many children are in the child's family?

A. Does not apply H. 7 including the child
 B. Only child I. 8 including the child
 C. 2 including the child J. 9 including the child
 D. 3 including the child K. 10 including the child
 E. 4 including the child L. More than 10 including the child
 F. 5 including the child
 G. 6 including the child

17. Of the other children in the family, how many are stepbrothers and stepsisters?

A. Does not apply G. 5
 B. None H. 6
 C. 1 I. 7
 D. 2 J. 8
 E. 3 K. More than 8
 F. 4

18. What is the child's position in the family?

A. Does not apply; only child C. A middle child
 B. The youngest child D. The oldest child
 E. Other _____

19. How much education has the child's current male caretaker (for example, father, stepfather, foster father) completed?

A. Does not apply G. Some college
 B. Do not know H. College graduate
 C. Less than eighth grade I. Master's degree
 D. Eighth grade J. Medical degree
 E. Some high school K. Law degree
 F. High school graduate L. Doctoral degree
 M. Other _____

20. What is the main type of work the child's current male caretaker (for example, father, stepfather, foster father) does?

A. Does not apply K. Business manager
 B. Do not know L. Health professional (for example: doctor, surgeon)
 C. Has primarily been unemployed M. Social services professional (for example: psychologist, social worker)
 D. Works in many different occupations N. Business executive
 E. Unskilled worker (for example: factory worker, laoer) O. Not employed outside the home
 F. Skilled worker (for example: welder, carpenter) P. Military service
 G. Clerical worker Q. Other _____

21. Which of the following is true about the child's current male caretaker (for example, father, stepfather, foster father)?

A. Does not apply E. This is his second marriage
 B. Do not know F. He has been married more than two times
 C. He is not presently married G. He has been married once
 D. This is his first marriage

22. How much education has the child's current female caretaker (for example, mother, stepmother, foster mother) completed?

A. Does not apply G. Some college
 B. Do not know H. College graduate
 C. Less than eighth grade I. Master's degree
 D. Eighth grade J. Medical degree
 E. Some high school K. Law degree
 F. High school graduate L. Doctoral degree
 M. Other _____

23. What is the main type of work the child's current female caretaker (for example, mother, stepmother, foster mother) does?

A. Does not apply K. Business manager
 B. Do not know L. Health professional (for example: doctor, surgeon)
 C. Has primarily been unemployed M. Social services professional (for example: psychologist, social worker)
 D. Works in many different occupations N. Business executive
 E. Unskilled worker (for example: factory worker, laborer) O. Not employed outside the home
 F. Skilled worker (for example: welder, carpenter) P. Military service
 G. Clerical worker Q. Other _____
 H. Salesperson
 I. Small business owner
 J. Technical specialist (for example: computer programmer)

24. Which of the following is true about the child's current female caretaker (for example, mother, stepmother, foster mother)?

A. Does not apply E. This is her second marriage
 B. Do not know F. She has been married more than two times
 C. She is not presently married
 D. This is her first marriage

25. What is the main source of income for the child's household family?

A. Does not apply F. Welfare
 B. Do not know G. Alimony
 C. Father's job H. Child support payments
 D. Mother's job I. Other _____
 E. Both parents' jobs

26. What is the economic status of the child's household family?

A. Does not apply D. Lower class
 B. Do not know E. Middle class
 C. Poverty level F. Upper class

III. EARLY DEVELOPMENTAL HISTORY

27. How old was the child's natural father at the time of the child's birth?

A. Do not know D. 30-39
 B. 15-19 E. 40-49
 C. 20-29 F. 50 or older

28. How old was the child's natural mother at the time of the child's birth?

A. Do not know D. 30-39
 B. 15-19 E. 40-49
 C. 20-29 F. 50 or older

29. How many times was the child's mother pregnant prior to the child's birth?

A. Do not know E. 3
 B. None F. 4
 C. 1 G. 5
 D. 2 H. More than 5

30. Did any of the mother's previous pregnancies end by miscarriage?

A. Does not apply C. Yes
 B. Do not know D. No

31. Was the pregnancy planned?

A. Do not know C. No
 B. Yes

32. What was the mother's attitude while pregnant with the child (✓✓✓)?

A. Do not know F. Depressed
 B. Accepting G. Worried
 C. Ambivalent H. Fearful
 D. Happy I. Moody
 E. Angry J. Other _____

33. Did the mother receive medical care while pregnant with the child?

A. Do not know C. Yes, regularly
 B. No D. Yes, a few visits

34. What was the mother's condition while pregnant with the child (✓✓✓)?

A. Do not know M. Smoked less than one pack of cigarettes per day
 B. Normal, no health problems N. Smoked more than one pack of cigarettes per day
 C. Threatened miscarriage O. Did not use illegal drugs
 D. Bleeding P. Used illegal drugs
 E. High blood pressure Q. Did not take prescription drugs
 F. Toxemia R. Took prescription drugs
 G. Diabetes S. Other _____
 H. Frequent nausea I. Did not use alcohol
 I. Did not use alcohol J. Drank alcohol infrequently
 J. Drank alcohol infrequently K. Drank alcohol frequently
 K. Drank alcohol frequently L. Did not smoke cigarettes

35. What were the conditions of the child's birth (✓✓✓)?

A. Do not know F. Complications with delivery
 B. Normal, no unusual problems G. Breech birth
 C. Premature birth H. Caesarean delivery
 D. Long labor I. Rh factor problems
 E. Mother ill at time of birth J. Other _____

36. What was the child's physical condition immediately after birth (✓✓✓)?

A. Do not know I. Infection
 B. Normal, no unusual problems J. Jaundice
 C. Injured at birth K. Fever
 D. Difficulty breathing L. Had seizures
 E. Problems with heart M. Had blood transfusion
 F. Problems with bones N. Placed in intensive care
 G. Problems with digestion O. Placed in incubator
 H. Low birth weight P. Other _____

37. Approximately how much did the child weigh when born?

A. Do not know G. 6 pounds
 B. 1 pound H. 7 pounds
 C. 2 pounds I. 8 pounds
 D. 3 pounds J. 9 pounds
 E. 4 pounds K. 10 pounds
 F. 5 pounds L. Over 10 pounds

38. How many days did the child spend in the hospital after birth?

A. Do not know D. More than 10 days
 B. 5 days or less E. More than 20 days
 C. More than 5 days F. More than 30 days

39. Who was the child's primary caretaker before age 2?

A. Natural parents G. Grandparents
 B. Natural mother H. Grandmother
 C. Natural father I. Grandfather
 D. Natural mother and stepfather J. Foster parents
 E. Natural father and stepmother K. Orphanage
 F. Adoptive parents L. Agency
 M. Other _____

40. Describe the child's temperament before age 2 (✓✓✓).

A. Do not know L. Difficult
 B. Calm M. Irritable
 C. Active N. Hypersensitive
 D. Sociable O. Angry
 E. Withdrawn P. Regular
 F. Happy Q. Irregular
 G. Unhappy R. Fearful
 H. Alert S. Cranky
 I. Sleepy T. Curious
 J. Affectionate U. Playful
 K. Crying V. Other _____

41. How was the child fed before age 2?

A. Do not know C. Breast
 B. Bottle D. Bottle and breast

42. From birth to age 2, when did the child develop physical skills such as sitting, crawling, and reaching up?

A. Do not know D. Later than most children
 B. Earlier than most children E. Other _____

C. At about the same time as most children

43. When did the child learn to walk?

A. Do not know D. 1½ to 2 years
 B. Before 1 year E. After 2 years
 C. 1 to 1½ years F. Other _____

44. When did the child learn to talk?

A. Do not know D. 1½ to 2 years
 B. Before 1 year E. After 2 years
 C. 1 to 1½ years F. Other _____

45. When did toilet training begin?

A. Do not know G. 3 years
 B. Before 1 year H. 3½ years
 C. 1 year I. 4 years
 D. 1½ years J. After 4 years
 E. 2 years K. Other
 F. 2½ years

46. Were there problems in toilet training?

A. Do not know D. Moderate problems
 B. No E. Mild problems
 C. Severe problems

47. Who was the child's primary caretaker from ages 2-5?

A. Natural parents G. Grandparents
 B. Natural mother H. Grandmother
 C. Natural father I. Grandfather
 D. Natural mother and stepfather J. Foster parents
 E. Natural father and stepmother K. Orphanage
 F. Adoptive parents L. Agency
 M. Other _____

48. Describe the child's motor development (running, jumping, throwing, catching, etc.) from ages 2-5.

A. Do not know D. Slow in comparison to other children
 B. Advanced in comparison to other children E. Other _____

C. Average in comparison to other children

49. Describe the child's language development (talking in sentences, vocabulary, etc.) from ages 2-5.

A. Do not know D. Slow in comparison to other children
 B. Advanced in comparison to other children E. Other _____

C. Average in comparison to other children

50. Describe the child's social development (development of friendships, relationships with peers, relationships with adults, etc.) from ages 2-5.

A. Do not know D. Slow in comparison to other children
 B. Advanced in comparison to other children E. Other _____

C. Average in comparison to other children

51. Describe the child's mental development (counting, knowledge of alphabet, doing puzzles, understanding concepts, etc.) from ages 2-5.

A. Do not know D. Slow in comparison to other children
 B. Advanced in comparison to other children E. Other _____

52. Describe the child's temperament from ages 2-5 (✓✓✓).

A. Do not know L. Difficult
 B. Calm M. Irritable
 C. Active N. Hypersensitive
 D. Sociable O. Angry
 E. Withdrawn P. Regular
 F. Happy Q. Irregular
 G. Unhappy R. Fearful
 H. Alert S. Cranky
 I. Sleepy T. Curious
 J. Affectionate U. Playful
 K. Crying V. Other _____

58. Which of the following describes the child's experience in kindergarten?

A. Does not apply D. Usually got along poorly with the teacher
 B. Got along well with the teacher C. Got along fairly well with the teacher

59. Which of the following describe the child's experiences in kindergarten (✓✓✓)?

A. Does not apply E. Had to be disciplined in school frequently
 B. None F. Other _____

60. Which of the following describe the child's behavior in kindergarten (✓✓✓).

A. Does not apply F. Disobedient
 B. None G. Distractable
 C. Fearful H. Active
 D. Withdrawn I. Other _____
 E. Aggressive

IV. EDUCATIONAL HISTORY

53. Which of the following has the child attended (✓✓✓)?

A. None C. Preschool D. Kindergarten
 B. Infant day care

54. What types of schools has the child attended (✓✓✓)?

A. None F. Orphanage school
 B. Public school G. Military academy
 C. Private school H. Boarding school
 D. Parochial school I. Other _____
 E. School for the handicapped

55. At what age did the child start kindergarten?

A. Has not attended kindergarten D. 6
 B. 4 E. 7
 C. 5 F. Older than 7 years old

56. Did the child have any problems when starting kindergarten (✓✓✓)?

A. Does not apply E. Had to be punished to go to school
 B. No F. Other _____
 C. Was afraid of school
 D. Complained of being ill to avoid going to school

57. Which of the following describes the child's experience in kindergarten?

A. Does not apply D. Disliked school
 B. Enjoyed school C. Felt neutral about school

61. Describe the child's academic performance in kindergarten.

A. Does not apply D. Slow
 B. Advanced E. Other _____
 C. Average

62. Describe the child's experiences in kindergarten (✓✓✓).

A. Does not apply F. Evaluated by psychologist
 B. None G. Recommended for retention
 C. Suspended H. Retained
 D. Placed in full-time special education class I. Other _____
 E. Placed in part-time special education class

63. At what age did the child start the first grade?

A. Has not attended first grade D. 7
 B. 5 E. 8
 C. 6 F. More than 8 years old

64. Did the child have any problems when starting the first grade (✓✓✓)?

A. Does not apply E. Had to be punished to go to school
 B. No F. Other _____
 C. Was afraid of school
 D. Complained of being ill to avoid going to school

65. Which of the following describes the child's experience in the first grade?

A. Does not apply D. Disliked school
 B. Enjoyed school C. Felt neutral about school

66. Which of the following describes the child's experience in the first grade?

A. Does not apply D. Usually got along poorly with the teacher
 B. Got along well with the teacher C. Got along fairly well with the teacher

67. Which of the following describe the child's experiences in the first grade (✓✓✓)?

A. Does not apply E. Had to be disciplined in school frequently
 B. None F. Other _____
 C. Did not get along with other children
 D. Frequently absent for health reasons

68. Describe the child's school behavior in the first grade (✓✓✓).

A. Does not apply F. Disobedient
 B. None G. Distractable
 C. Fearful H. Active
 D. Withdrawn I. Other _____
 E. Aggressive

69. Describe the child's academic performance in the first grade.

A. Does not apply D. Average grades
 B. Excellent grades E. Poor grades
 C. Good grades

70. Describe the child's experiences in the first grade (✓✓✓).

A. Does not apply H. Placed in accelerated academic program
 B. None I. Tutored
 C. Suspended J. counseled
 D. Expelled K. Evaluated by psychologist
 E. Frequently absent L. Recommended for retention
 F. Placed in full-time special education class M. Retained
 G. Placed in part-time special education class N. Other _____

71. Describe the child's academic performance since the first grade.

A. Does not apply D. Average grades
 B. Excellent grades E. Poor grades
 C. Good grades

72. Describe the child's school experiences since the first grade (✓✓✓).

A. Does not apply H. Placed in accelerated academic program
 B. None I. Tutored
 C. Suspended J. counseled
 D. Expelled K. Evaluated by psychologist
 E. Frequently absent L. Recommended for retention
 F. Placed in full-time special education class M. Retained
 G. Placed in part-time special education class N. Other _____

73. Describe the child's current subject strengths in school (✓✓✓).

A. Does not apply G. Spelling
 B. None H. English
 C. Art I. Science
 D. Music J. History
 E. Reading K. Social Studies
 F. Math L. Other _____

74. Describe the child's current subject weaknesses in school (✓✓✓).

A. Does not apply G. Spelling
 B. None H. English
 C. Art I. Science
 D. Music J. History
 E. Reading K. Social Studies
 F. Math L. Other _____

75. Describe the child's current skill strengths in school (✓✓✓).

A. Does not apply M. Understanding concepts
 B. None N. Pleasing the teacher
 C. Concentration O. Behaving correctly
 D. Organization P. Taking tests
 E. Test preparation Q. Reading speed
 F. Papers and reports R. Reading comprehension
 G. Handwriting S. Spelling
 H. Memorizing T. Working hard and not giving up
 I. Paying attention in class U. Intelligence
 J. Getting assignments done on time V. Other _____

76. Describe the child's current skill weaknesses in school (✓✓✓).

A. Does not apply M. Understanding concepts
 B. None N. Pleasing the teacher
 C. Concentration O. Behaving correctly
 D. Organization P. Taking tests
 E. Test preparation Q. Reading speed
 F. Papers and reports R. Reading comprehension
 G. Handwriting S. Spelling
 H. Memorizing T. Working hard and not giving up
 I. Paying attention in class U. Intelligence
 J. Getting assignments done on time V. Other _____

77. Does the child currently complete homework assignments on time?

A. Does not apply D. Rarely
 B. Always E. Never
 C. Usually

78. Does the child currently require additional academic support (✓✓✓)?

A. Does not apply F. Extra help from teacher
 B. No G. Perceptual training
 C. Tutor H. Other _____

79. Does the child skip school or class?

A. Does not apply E. More than once per month
 B. No F. Once a week or more
 C. Did so in past, but not currently
 D. Less than once per month

80. How often is the child excused from school (for illness, etc.)?

A. Does not apply D. More than once per month
 B. Rarely E. Once a week or more
 C. Less than once per month

81. Does the child currently have behavior problems in the classroom (✓✓✓)?

A. Does not apply F. Often reprimanded
 B. No G. Talks out of turn
 C. Required to sit near teacher H. Can't wait turn
 D. Required to sit in isolated area I. Other _____
 E. Has been sent to principal's office

82. Does the child currently have problems with attention and concentration in the classroom (✓✓✓)?

A. Does not apply F. Forgets teacher's instructions
 B. No G. Acts without deliberation
 C. Daydreaming H. Difficulty sitting still
 D. Not getting assignments done I. Difficulty being quiet
 E. Materials disorganized or messy J. Other _____

83. Describe the child's school behavior since the first grade (✓✓✓).

A. Does not apply F. Disobedient
 B. None G. Distractible
 C. Fearful H. Active
 D. Withdrawn I. Conflict with teacher
 E. Aggressive J. Other _____

84. How is the child described by current teacher(s) (✓✓✓)?

A. Does not apply J. Switches from one unfinished task to another
 B. None of the following K. Has problem playing quietly
 C. Fidgety L. Talks excessively
 D. Has problem remaining seated M. Interrupts
 E. Distractible N. Doesn't listen
 F. Doesn't wait turn in games O. Frequently loses objects
 G. Answers questions before completed P. Fails to consider safety
 H. Fails to finish assignments Q. Other _____
 I. Has problem maintaining attention

V. MEDICAL HISTORY AND HEALTH STATUS

85. Which of the following are true (✓✓✓)?

A. Do not know E. Child has had regular vision tests
 B. None F. Child has had regular dental checkups
 C. Child has had regular medical checkups
 D. Child has had regular hearing tests

86. Which of the following are true (✓✓✓)?

A. None E. Child wears orthopedic or corrective shoes
 B. Child wears glasses F. Child uses crutches for walking
 C. Child wears a hearing aid G. Other _____
 D. Child wears an orthopedic brace

87. Which of the following illnesses or injuries has the child had (✓✓✓)?

A. Do not know M. Pneumonia
 B. None N. Bronchitis
 C. Ear infections O. Diabetes
 D. Dehydration P. Rheumatic fever
 E. Hernia Q. Tuberculosis
 F. Measles R. Meningitis
 G. German measles S. Broken arm or leg
 H. Mumps T. Serious head injury
 I. Chicken pox U. Allergic reactions
 J. Tonsillitis V. Poisoning
 K. Polio W. Seizures
 L. Asthma X. Other _____

88. Has the child ever had a fever over 104 degrees (✓✓✓)?

A. Do not know F. Yes, treated by a physician
 B. No G. Yes, treated in hospital
 C. Yes, for less than 3 hours H. Other _____
 D. Yes, for 3 to 12 hours
 E. Yes, for more than 12 hours

89. Which of the following operations has the child had (✓✓✓)?

A. None D. Hernia repair
 B. Appendectomy E. Other _____

90. Is the child currently under medical or psychological care (✓✓✓)?

A. No F. Yes, for seizure control
 B. Yes, for allergies (not asthma) G. Yes, for Attention Deficit Disorder
 C. Yes, for asthma H. Yes, for Attention Deficit Hyperactivity Disorder
 D. Yes, for diabetes I. Other _____
 E. Yes, for psychological disorder

91. In the last six months, has there been a change in the child's weight, appetite, or sleep (✓✓✓)?

A. No G. Decrease in appetite
 B. Normal increase in weight and height H. Loss of appetite
 C. Weight gain I. Improvement in sleep pattern
 D. Weight loss J. Change in sleep pattern
 E. Weight loss due to diet K. Other _____
 F. Increase in appetite

92. What problems does the child have with sleep (✓✓✓)?

A. None H. Sleeping enough, but still tired
 B. Trouble getting to sleep I. Falling asleep in school
 C. Waking up a lot at night J. Refusing to go to bed
 D. Not getting enough sleep K. Refusing to get up in morning
 E. Sleeping too much L. Sleepwalking
 F. Restlessness in bed M. Nightmares
 G. Waking up too early in the morning N. Night terrors
 O. Other _____

93. What problems does the child have with eating (✓✓✓)?

A. None D. Finicky about food
 B. Refusing to eat balanced diet E. Has a poor appetite
 C. Eating too many snacks F. Overeats
 G. Other _____

94. Does the child have problems with wetting or soiling (✓✓✓)?

A. No F. Occasionally wets pants
 B. Occasionally wets bed G. Frequently wets pants
 C. Frequently wets bed H. Occasionally soils pants
 D. Occasionally soils bed I. Frequently soils pants
 E. Frequently soils bed J. Other _____

95. Does the child have frequent physical complaints (✓✓✓)?

A. No D. Yes, complains of muscle aches
 B. Yes, complains of headaches E. Other _____
 C. Yes, complains of stomach aches

VI. FAMILY HISTORY

96. Which of the following is true about the child's natural mother?

A. Does not apply D. She is alive but in poor health
 B. Do not know if she is alive or deceased E. She is deceased
 C. She is alive and well

97. Which of the following medical problems has the child's natural mother had (✓✓✓)?

A. Does not apply I. Hypertension (high blood pressure)
 B. Do not know J. Low back pain
 C. None K. Problems with lungs or breathing
 D. Arthritis L. Problems with digestive system
 E. Cancer M. Other _____
 F. Diabetes
 G. Epilepsy (seizures)
 H. Heart problems

98. Which of the following is true about the child's natural father?

A. Does not apply D. He is alive but in poor health
 B. Do not know if he is alive or deceased E. He is deceased
 C. He is alive and well

99. Which of the following medical problems has the child's natural father had (✓✓✓)?

A. Does not apply I. Hypertension (high blood pressure)
 B. Do not know J. Low back pain
 C. None K. Problems with lungs or breathing
 D. Arthritis L. Problems with digestive system
 E. Cancer M. Other _____
 F. Diabetes
 G. Epilepsy (seizures)
 H. Heart problems

100. Which of the following medical problems have any of the child's natural brothers or sisters had (✓✓✓)?

A. Does not apply I. Hypertension (high blood pressure)
 B. Do not know J. Low back pain
 C. None K. Problems with lungs or breathing
 D. Arthritis L. Problems with digestive system
 E. Cancer M. Other _____
 F. Diabetes
 G. Epilepsy (seizures)
 H. Heart problems

101. Which of the following have been treated for psychological problems (either as an inpatient or outpatient), other than alcohol or drug abuse (✓✓✓)?

A. Does not apply E. Child's natural father
 B. Do not know F. Child's natural sister
 C. None G. Child's natural brother
 D. Child's natural mother

102. Which of the following have had problems with alcohol (✓✓✓)?

A. Does not apply E. Child's natural father
 B. Do not know F. Child's natural sister
 C. None G. Child's natural brother
 D. Child's natural mother

103. Which of the following have had problems with drugs (✓✓✓)?

- A. Does not apply
- B. Do not know
- C. None
- D. Child's natural mother
- E. Child's natural father
- F. Child's natural sister
- G. Child's natural brother

104. Which of the following have had learning problems in school (✓✓✓)?

- A. Does not apply
- B. Do not know
- C. None
- D. Child's natural mother
- E. Child's natural father
- F. Child's natural sister
- G. Child's natural brother

VII. CURRENT BEHAVIOR AND RELATIONSHIPS

105. Describe the relationship between the child and parents (or caretakers).

- A. Does not apply
- B. Do not know
- C. Very positive
- D. Positive
- E. Both positive and negative
- F. Negative
- G. Very negative

106. What kinds of discipline do the child's parents (or caretakers) use (✓✓✓)?

- A. Does not apply
- B. Do not know
- C. None
- D. Physical punishment
- E. Yelling
- F. Lectures
- G. Withdrawal of privileges
- H. Grounding
- I. Loss of allowance
- J. Other _____

107. How strict are the child's parents (or caretakers)?

- A. Does not apply
- B. Do not know
- C. Very strict
- D. Strict
- E. Average
- F. Permissive
- G. Very permissive

108. Describe the child's responsibilities at home (✓✓✓).

- A. Does not apply
- B. Do not know
- C. None
- D. Yard work
- E. Baby sitting
- F. Taking out garbage
- G. Doing laundry
- H. Setting the table for meals
- I. Helping to prepare meals
- J. Helping to clean up after meals
- K. Housework
- L. Cleaning up room
- M. Other _____

109. Does the child receive an allowance?

- A. Does not apply
- B. Do not know
- C. No
- D. Yes, only if the child does chores
- E. Yes, even if the child doesn't do chores
- F. Yes, only if the child asks for it
- G. Other _____

110. What rewards or reinforcers do the parents (or caretakers) use to recognize good behavior (✓✓✓)?

- A. Does not apply
- B. Do not know
- C. None
- D. Recognition/praise by father
- E. Recognition/praise by mother
- F. Money
- G. Television
- H. Radio
- I. Stereo
- J. Computer
- K. Toys
- L. Books
- M. Food
- N. Snacks and sweets
- O. Games
- P. Outdoor play
- Q. Privileges
- R. Recreational activities
- S. Other _____

111. Describe the child's privileges at home (✓✓✓).

- A. Does not apply
- B. None
- C. Playing nearby without supervision
- D. Playing anywhere without supervision
- E. Going out after dark
- F. Using the telephone whenever the child wants
- G. Determining own curfew
- H. Determining own bedtime
- I. Staying home alone when parents go out
- J. Buying own clothes
- K. Choosing own hair style
- L. Deciding how to spend money
- M. Having a friend spend the night
- N. Spending the night at a friend's house
- O. Other _____

112. How supportive does the child believe his or her parents (or caretakers) are?

- A. Does not apply
- B. Very supportive
- C. Somewhat supportive
- D. Minimally supportive
- E. Not supportive

113. What things do the child and parents (or caretakers) argue about (✓✓✓)?

- A. Does not apply
- B. Do not know
- C. None
- D. Telephone
- E. Privacy
- F. Friends
- G. Homework
- H. Etiquette and manners
- I. Chores
- J. Bad language
- K. Lying
- L. Music
- M. Clothes
- N. School
- O. Bedtime
- P. Curfew
- Q. Spending money
- R. Cleanliness and hygiene
- S. Other _____

114. What kinds of problems do the child's parents (or caretakers) have (✓✓✓)?

- A. Does not apply
- B. Do not know
- C. None
- D. Problems with health
- E. Marriage problems
- F. Problems with alcohol abuse
- G. Problems with drug abuse
- H. Financial problems
- I. Job problems
- J. Problems from breaking the law
- K. Emotional problems
- L. Other _____

115. What is the child's attitude toward the parents' separation or divorce (✓✓✓)?

A. Does not apply H. Blames mother
 B. No anticipation of separation or divorce I. Hopes parents will reunite
 C. Fears impending separation or divorce J. Is embarrassed
 D. Has difficulties relating to father's girlfriend K. Has fears of being abandoned
 E. Has difficulties relating to mother's boyfriend L. Is accepting and comfortable
 F. Blames self M. Has conflicts over visitation
 G. Blames father N. Has conflicts over custody
 O. Other _____

116. Has the child ever been abused by a current member of the household (✓✓✓)?

A. Does not apply E. Yes, emotionally abused
 B. Do not know F. Yes, verbally abused
 C. No G. Yes, sexually abused
 D. Yes, physically abused H. Yes, neglected

117. Describe the relationships between the child and brother(s) and/or sister(s).

A. Does not apply E. Both positive and negative
 B. Do not know F. Negative
 C. Very positive G. Very negative
 D. Positive H. Other _____

118. Describe the child's family relationships (✓✓✓).

A. Does not apply E. Unsupportive
 B. Do not know F. Supportive
 C. Marked by frequent arguments G. Warm, close
 D. Marked by physical fights H. Cold, distant
 I. Other _____

119. How does the child perceive his or her role in the family?

A. Does not apply D. Somewhat unimportant
 B. Important E. Unimportant
 C. Somewhat important F. Other _____

120. How important is religion in the family?

A. Does not apply E. Somewhat unimportant
 B. Do not know F. Unimportant
 C. Important G. Other _____
 D. Somewhat important H. Other _____

121. How much emphasis is placed on achievement by the child's family?

A. Does not apply D. Emphasized
 B. Do not know E. Not emphasized
 C. Strongly emphasized F. Ignored

122. Which of the following describes the child now?

A. Has many close friends C. Has few close friends
 B. Has several close friends D. Has no close friends

123. How does the child perceive his or her level of acceptance by peers?

A. Good C. Poor
 B. Mixed D. Other _____

124. Which problems does the child have with peers (✓✓✓)?

A. None G. Having peers who engage in delinquent behavior
 B. Being teased H. Having peers get better grades
 C. Being physically attacked I. Having peers get poorer grades
 D. Having frequent arguments J. Other _____
 E. Being rejected by peer group
 F. Being jealous of peers

125. How is the child's self-esteem?

A. Very positive D. Negative
 B. Positive E. Very negative
 C. Mixed F. Other _____

126. How is the child's adjustment to his or her age?

A. Satisfied with age C. Wants to be younger
 B. Wants to be older D. Other _____

127. Describe the child's awareness and knowledge of sex (✓✓✓).

A. Prefer not to answer E. Overly mature regarding sexual matters
 B. Not aware or knowledgeable F. Avoids sexual matters
 C. Aware of reproduction facts G. Other _____
 D. Comfortable with sexual matters

128. Has the child expressed a desire to be the opposite sex?

A. Prefer not to answer D. Yes, currently
 B. Never E. Other _____
 C. At one time, but not currently F. Other _____

129. What are the child's hobbies (✓✓✓)?

A. None E. Art
 B. Collecting things F. Music
 C. Building things G. Other _____
 D. Reading H. Other _____

130. How does the child usually spend his or her play time (✓✓✓)?

A. Alone E. Other _____
 B. With peers F. Other _____
 C. With family G. Other _____
 D. In organized activities (clubs, scouts, etc) H. Other _____

131. How does the child participate in games with others (✓✓✓)?

A. Does not participate E. Has a strong drive to win
 B. Actively participates F. G. Has no interest in winning
 C. Passively participates H. Other _____
 D. Cheats occasionally E. Cheats regularly

132. Does the child have imaginary playmates?

A. Never has had C. Has currently
 B. Has had in past, but not now D. Other _____

133. Does the child participate in sports (VVV)?

- A. No
- B. Yes, in organized sports (school, league, etc.)
- C. Yes, in neighborhood games
- D. Yes, in individual sports (hiking, running, etc.)

134. Describe the child's independent activities (VVV)?

- A. None
- B. Sleeps at friend's house
- C. Has been to overnight camp
- D. Stays with babysitter
- E. Goes to friend's house alone
- F. Goes to bed alone
- G. Does not use night light
- H. Stays out of parents' room at night
- I. Does not have a special blanket
- J. Chooses clothes to wear
- K. Goes to school by self
- L. Goes shopping without parents
- M. Goes to movies without parents
- N. Stays outside after dark
- O. Gets dressed without help
- P. Takes bath without help
- Q. Responsible for own chores
- R. Other _____

135. Which of the following has the child experienced in the past year (VVV)?

- A. None
- B. Mother getting pregnant
- C. Birth of brother or sister
- D. Brother or sister being seriously ill or injured
- E. Death of a brother or sister
- F. Parents' separation
- G. Parents' divorce
- H. Parent being seriously ill or injured
- I. Death of a parent
- J. Parent losing job
- K. Change of schools
- L. Move to a new home
- M. Other _____

136. How would you describe the child now (VVV)?

- A. Active
- B. Passive
- C. Happy
- D. Content
- E. Unhappy
- F. Calm
- G. Nervous
- H. Fearful
- I. Moody
- J. Outgoing
- K. Shy
- L. Lonely
- M. Quiet
- N. Noisy
- O. Coordinated
- P. Clumsy
- Q. Intelligent
- R. Dull
- S. Other _____

Notes:

Additional copies available from:

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P.O. Box 998/Odessa, Florida 33556/Toll-Free 1-800-331-TEST



Comprehensive Holistic Health & House Calls

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Registered Nurse Practitioner in Family Medicine & Psychiatry

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WELCOME TO COMPREHENSIVE HOLISTIC HEALTH & HOUSE CALLS

Who We Are:

Comprehensive Holistic Health & House Calls (CHHHC) is an organization of Nurse Practitioners who primarily provide medical type house calls. As Nurse Practitioners, we can provide various combinations of health services for people primarily in the person's own home. (It is easy to do so, but we are not to be confused with a visiting nurse service). As Nurse Practitioners we have advanced training that prepares us to offer the full range of basic physical and health care services usually found in a primary care provider's office. These include histories and physicals, follow up on many common physical and mental health conditions (from Attention Deficit Disorder to Zoster!), and treatment including prescriptions. In situations where you have chosen the NP to be your primary physical health care provider, the NP will collaborate with his/her physicians for any situations that might be beyond that NP's scope of practice. In situations where you have chosen the NP from CHHHC to be an adjunct to your current health care provider, because you cannot get to the office, the NP will coordinate with your usual primary care provider.

Please note: we are a mobile primary care service, **NOT** an emergency service. If you believe you are having a condition that cannot wait, call 911 for emergency help.

Our Philosophy:

We believe that people are integrated, complex, beings who work hard to feel comfortable and to improve their lives. We believe that people are whole, complex beings in whom the mind and the body affect each other intimately. We believe that each person is a complete individual living and growing in the context of their environment and their genetic endowments. We further believe that there are times when people cannot effectively maintain their innate abilities. At those times, people may benefit from our evaluation, management, treatment, education and referral to reach or return to independence and maximum function.

As a medically based health care service established to provide both mental and physical medical care, we use health principles of Western medicine to 1) prevent dysfunction, 2) prevent complications from an unavoidable dysfunction, or 3) restore as much function as possible. Since an estimated 20% of the US population utilizes alternative, herbal, or non-Western health therapies, we have developed a familiarity with most of them. This way we can coordinate, teach, or refer those self-help strategies to safely combine them with traditional Western health care methods. We support and encourage self-help, self-determination, and independence of the individual. With that philosophy in mind, you can see why we expect that the person being 'treated' takes an active part to best meet this goal. We operate on a strengths-based philosophy. We strive to use what capacities the 'patient' already has to attain maximum health and function.

What We Do:

We provide a full range of primary health care on a mobile basis to meet the person (patient) where the person best functions —the home. We are nurse practitioners trained to provide primary uncomplicated acute and chronic stable health care to people of any age. Due to the state of portable technology, we are not always able to provide the full range of testing found in the traditional primary health care office. If a test is required that cannot be performed on site, the CHHHC staff will help you arrange for testing in alternative sites. If you already have an office based primary health care provider, we will be glad to work as an adjunct with your provider if he/she wishes. Please note that although home delivered medical services are expensive in terms of time, *your current health care provider may already provide house calls* under some circumstances. It would be useful for you to *ask your current health care provider if this service is available before requesting CHHHC*. If you use our services, we will also request Releases of Information to coordinate our services with your other health care providers.

24 Hour Coverage:

We are available for 24 hour coverage in the rare event that you have a health question that cannot wait for usual office hours. The number is on the business card your Nurse Practitioner leaves. If you believe that your health is deteriorating rapidly (i. e., within hours), please be seen in the local walk-in clinic or emergency room as soon as possible. While we may be able to give some general advice over the phone, we do not have capacity for emergency house calls.

Cost:

Since we are medically based and operate much like the "country doctor" of old, we are able to utilize most health insurances. We will accept assignment of benefits unless you choose not. We also try hard to keep the cost of health care down. Therefore, the 'patient' or responsible party will be expected to pay the copay or any non-covered services at the time of service so we don't have to pay billing & collection services. Since some insurances will not cover our type of services, please call the office manager & billing person at 423-4152 or hgreenier@aol.com for clarification of any insurance coverage or charge questions before a visit is scheduled.

We also request as much advance notice as possible if there needs to be a cancellation of services. If cancellation under 24 hours is unavoidable, we may have to charge a 50% fee to recover some of our lost time and unavailability to our other patients.

Confidentiality:

All of your records are considered confidential and will only be released with your advance knowledge and for the express purposes of your insurances, or as required by a court of law. At other times, CHHHC will request records and information to be sent/received with other health care providers involved in your situation. Your consent is requested in order to coordinate services and a signature to that effect is required below. You will be told of the purpose of these requests at the time they occur. You can expect your personal information to be kept under the strictest confidence and only what is absolutely necessary divulged when required. This is in full compliance with HIPAA requirements at all times.

Statements of Agreement and Consent:

By the signature(s) below, I/we state that I/we have read, understand and agree with the conditions of treatment by the staff of CHHHC as stated above.

By the signature(s) below, I/we state that I/we have read, understand and agree to authorize CHHHC professionals to administer evaluate, and manage my/our health, including treatments or prescriptions. I/we have been informed of the nature, purpose, alternatives and risks of the proposed treatments and have had an opportunity to participate in the treatment planning.

I/we have had an opportunity to discuss Advance Directive, Living Will, Health Care Proxy and Do Not Resuscitate information with a CHHHC representative and I/we have made my/our wishes known to CHHHC.

I/we authorize release of pertinent health records by other health care providers to CHHHC necessary for the appropriate and safe health care delivery. These records may include, but are not limited to, examination and progress notes, X-rays, photographs, reports, charts and other information pertinent to my/our ongoing health care.

Patient Signature

Witness Signature

Signature of Responsible Party/Relationship

Witness Signature

Date

Date

(original signature page to CHHHC record. Copy of page 2 + first page to patient/representative)

Cost:

Since we are medically based and operate much like the "country doctor" of old, we are able to utilize most health insurances. We will accept assignment of benefits unless you choose not. We also try hard to keep the cost of health care down. Therefore, the 'patient' or responsible party will be expected to pay the copay or any non-covered services at the time of service so we don't have to pay billing & collection services. Since some insurances will not cover our type of services, please call the office manager & billing person at 423-4152 or hgreenier@aol.com for clarification of any insurance coverage or charge questions before a visit is scheduled.

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Patient Signature

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Date

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(original signature page to CHHHC record. Copy of page 2 + first page to patient/representative)

Parenting Stress

What Can I Do to Help My Child?

21

1 Strongly disagree	2 Disagree	3 Neutral	4 Agree	5 Strongly agree
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Parents' Stress

- 1. I feel overwhelmed with responsibilities.
- 2. I feel depressed and unhappy.
- 3. I am physically unhealthy.
- 4. It seems like I am not taking care of myself.
- 5. I use drugs and/or alcohol too often.
- 6. I have recently experienced stressful life events (e.g., loss of job, death of significant person, divorce, etc.).
- 7. My spouse/partner and I don't communicate (if applicable).
- 8. My child is very difficult to discipline.
- 9. My spouse/partner and I don't agree on parenting issues (if applicable).
- 10. I feel like I have no support and I am all alone.

Total score

Parents' Thoughts

- 11. I often have the thought, "My child is behaving like a brat."
- 12. I often have the thought, "My child does it on purpose."
- 13. I often have the thought, "My child is the cause of all our family problems."
- 14. I often have the thought, "If I wasn't such a poor parent, my child would be better off."
- 15. I often have the thought, "It is his/her fault (other parent/guardian) that my child is this way."
- 16. I often have the thought, "My child's future is bleak; he/she will probably be irresponsible, a criminal, a high school dropout (etc.) when grown up."
- 17. I often have the thought, "My child should behave like other children; I shouldn't have to teach my child how to behave."
- 18. I often have the thought, "Our family is a mess."
- 19. I often have the thought, "I give up; there is nothing more I can do for my child."
- 20. I often have the thought, "I have no control over my child, I've tried everything, nothing seems to work."

Total score

Parental Involvement and Positive Reinforcement

- 21. I don't pay much attention to my child's good behavior.
- 22. I don't praise my child as much as I could.
- 23. I have more negative interactions than positive interactions with my child.



Lynne Odell-Holzer, MSN, NP

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- ___ 24. I probably give my child more attention when he/she acts negatively than when he/she acts positively.
- ___ 25. I'm too busy and spend little time with my child.
- ___ 26. When I'm with my child, I'm usually doing things (e.g., cleaning, running errands, shopping, etc.) and not really paying attention to him/her.
- ___ 27. I'm not involved in my child's activities (e.g., school, athletics, scouts, etc.).
- ___ 28. My child and I are not very close to each other.
- ___ 29. My child and I are emotionally disconnected.
- ___ 30. I'm too stressed out and tired to spend "quality" time with my child.

___ Total score

Family Interactions

- ___ 31. We are seldom aware of when we are having communication problems.
- ___ 32. We express ourselves in "unhelpful" ways (e.g., put-downs, blaming, interrupting, talking on and on, etc.).
- ___ 33. We are not good at listening to each other (e.g., making poor eye contact, daydreaming, thinking about what one is going to say without listening to the other person, etc.).
- ___ 34. We often communicate different messages on verbal and nonverbal levels (e.g., saying, "I love you," in a loud, screaming voice while pounding one's fist on a table).
- ___ 35. We have difficulty recognizing and defining family problems.
- ___ 36. Our family uses the same solutions over and over, and we don't think of new ways to solve our problems.
- ___ 37. We don't think ahead about whether a solution to a problem might work.
- ___ 38. We may figure out a good solution to a family problem, but we usually don't follow through and use it.
- ___ 39. We usually don't recognize when anger and conflict are becoming destructive.
- ___ 40. We rarely know how to control anger and conflict, and it gets out of hand in our family.

___ Total score

Discipline Related to Compliance and Rule Following in Children

- ___ 41. I give in and allow my child to "get his/her way" because he/she is so difficult and belligerent.
- ___ 42. It's easier to do things myself rather than ask my child to do them.
- ___ 43. I have to yell, threaten, and so forth to get my child to do anything.
- ___ 44. My child and I have power struggles.
- ___ 45. I am inconsistent in disciplining approaches.
- ___ 46. My spouse/partner and I don't agree on discipline approaches (if applicable).

- 47. I seem to "tune into" my child the most when he/she is acting negatively.
- 48. I often don't know where my child is or what he/she is doing.
- 49. I have no clear rules established at my home.
- 50. There is no set time for curfew, bedtime, homework, and so forth.

Total score

Children's Social Behavior Skills

- 51. My child doesn't have good eye contact with other children.
- 52. My child has difficulty expressing feelings appropriately to other children.
- 53. My child doesn't share with other children.
- 54. My child doesn't know how to cooperate very well with other children.
- 55. My child doesn't know how to start conversations with other children.
- 56. My child is passive with other children.
- 57. My child is aggressive with other children.
- 58. My child doesn't ask questions of other children.
- 59. My child doesn't listen to other children.
- 60. My child doesn't ignore other children when he/she should.

Total score

Children's Social and General Problem-Solving Skills

- 61. My child doesn't think about what he/she is doing.
- 62. My child gets into trouble because of not thinking ahead about consequences of behavior.
- 63. My child doesn't work toward a goal.
- 64. My child seems unaware when he/she is having a problem.
- 65. My child does the same thing over and over, even though it doesn't work to solve problems.
- 66. My child doesn't use good strategies to solve problems.
- 67. My child doesn't know when he/she is having a social problem.
- 68. My child is unaware of his/her effect on others.
- 69. My child doesn't use good strategies to solve interpersonal difficulties.
- 70. My child uses primarily aggressive solutions to solve disagreements with others.

Total score

Children's Ability to Cope with Anger

- 71. My child has an anger problem.
- 72. My child gets upset very easily.
- 73. My child is unaware when he/she is getting angry or frustrated.
- 74. My child destroys or damages personal or others' belongings/property.
- 75. My child is violent toward others.
- 76. My child blows up and has anger outbursts.

- 77. My child is easily frustrated.
- 78. My child tends to be irritable and cranky.
- 79. I get angry at my child too much.
- 80. I have an anger problem.

Total score

Children's Ability to Engage in Self-Directed Academic Behaviors

- 81. My child is unable to organize school materials.
- 82. My child doesn't effectively budget his/her time.
- 83. My child often doesn't know what homework is supposed to be done.
- 84. My child is usually off-task and doesn't get work done at school.
- 85. My child is usually off-task and doesn't get homework done at home.
- 86. My child has poor study skills and habits.
- 87. My child doesn't have a routine time and place set up for homework in our home.
- 88. I don't really know why my child is having problems at school.
- 89. I am uninvolved in my child's schooling.
- 90. I don't work closely with my child's teacher.

Total score

Children's Emotional Well-Being and Level of Self-Esteem

- 91. My child doesn't understand his/her own emotional experience.
- 92. My child tends to deny his/her feelings.
- 93. My child doesn't express feelings very well.
- 94. My child doesn't tell anyone about his/her troubles.
- 95. My child tends to think negative thoughts.
- 96. My child doesn't like him/herself.
- 97. My child tends to think things are awful.
- 98. My child focuses on the negative and loses sight of the positive.
- 99. My child tends to blame him/herself for too many problems.
- 100. My child puts him/herself down a lot (e.g., says negative things about him/herself).

Total score

Review your answers to the above questions carefully. Total up the score within each of the ten areas of focus and indicate the total score where designated above. Those areas of focus with higher scores may indicate problem areas for yourself, your family, and/or your child. Those questions that were rated as a 3, 4, or 5 may indicate specific problems.

DECIDING ON A FOCUS

In the space below, rank the ten areas of focus, putting the area with the highest score at the top, going down to the second highest score, and so forth until you've ranked all ten areas of focus.

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

By ranking the ten areas of focus by their scores, you are making use of "scientific method." Now examine the list again, and use your "gut reaction" to rank the areas according to those you think are the most important to focus on. **Keep in mind that it is usually less effective to focus on child skills if the parent or family is having problems. Instead, focus on parent and/or family skills before going on to child skills.** List below the final selection and order of the problems according to what you perceive to be the most important area down to the least important.

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

HOW TO USE THIS BOOK

Listed below are chapters in this book that are related to the ten areas of focus:

Area	Chapter
Parents' Stress	3
Parents' Thoughts	4
Parental Involvement and Positive Reinforcement	5
Family Interactions	6
Discipline Related to Compliance and Rule Following in Children	7, 8
Children's Social Behavior Skills	9
Children's Social and General Problem-Solving Skills	10
Children's Ability to Cope with Anger	11
Children's Self-Directed Academic Behavior	12
Children's Emotional Well-Being and Self-Esteem	13, 14, 15

**Personal
History
Checklist
for Adolescents**



Comprehensive Holistic Health & House Calls

Lynne Odell-Holzer, RN,NP
Registered Nurse Practitioner in Family Health & Psychiatry

Primary physical and mental health care delivered in your home

Health & Illness Treatment & Education

7751 Treadmill Circle
Liverpool, NY 13088-2427

*Edward H. Dougherty, Ph.D.
John A. Schinka, Ph.D.*

Name _____
Last _____ First _____ Middle _____

Age _____ Sex _____ Today's Date _____

Completed by _____

DIRECTIONS

This checklist asks questions about your personal history and current life. Begin by entering your name, age, sex, and the date at the top of this page. Then turn to the inside of this booklet and answer the questions. All of the questions are numbered in order. For each question, make a mark (X) next to the answer that describes your history or current life. Many questions have a space labeled *Other* for writing in an answer if the correct answer is not provided. Questions followed by the symbol (✓✓✓) should be marked with all the answers that apply. For questions that do not apply, mark the answer *Does not apply*.

EXAMPLE

14. Where do you live?

- A. House
- B. Apartment
- C. Trailer
- D. Condominium
- E. Boarding school
- F. Agency housing
- G. Institution
- H. Other _____

PAR Psychological Assessment Resources, Inc.
P.O. Box 998/Odessa, Florida 33556/Toll-Free 1-800-331-TEST

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I. PRESENTING INFORMATION

1. What is your race?
 A. White E. Asian
 B. Black F. Native American
 C. Oriental G. Other _____

2. Who referred you here, or recommended that you come here?
 A. No one, came by yourself G. A community agency
 B. A friend H. A priest, pastor, or other religious staff person
 C. Your parents I. The police
 D. Your pediatrician J. A judge
 E. Your family doctor K. Other _____

3. What is the main problem that led to your coming here?
 A. Have no problem M. Problems with job
 B. Depression N. Problems with school grades
 C. Thinking about killing yourself O. Problems with school behavior
 D. Trying to kill yourself P. Problems with alcohol
 E. Anxiety Q. Problems with drugs
 F. Weight problems R. Health problem
 G. Problems with thinking clearly S. Facing criminal charges
 H. Arguments with parents T. Being physically abused
 I. Parents' divorce U. Being sexually abused
 J. Parents' separation V. Other _____

4. In your own opinion, how severe is this problem?
 A. Does not apply C. Moderate
 B. Mild D. Severe

5. How long have you had this problem?
 A. Does not apply E. For the past year
 B. For the past several days F. For the past two years
 C. For the past several weeks G. For the past several years

6. Which of the following has this problem affected (✓)?
 A. Does not apply F. Your relationships with your brothers and sisters
 B. None G. Your relationship with your parents
 C. Your performance at school H. Your health
 D. Your performance at work I. Other _____

7. Have you been treated for this problem before?
 A. Does not apply
 B. No
 C. Yes, with success
 D. Yes, but with only partial success
 E. Yes, but without success
 F. Yes, but did not want to cooperate then

8. What other problems are you having (✓)?
 A. None M. Problems with job
 B. Depression N. Problems with school grades
 C. Thinking about killing yourself O. Problems with school behavior
 D. Trying to kill yourself P. Problems with alcohol
 E. Anxiety Q. Problems with drugs
 F. Weight problems R. Health problem
 G. Problems with thinking clearly S. Facing criminal charges
 H. Arguments with parents T. Being physically abused
 I. Parents' divorce U. Being sexually abused
 J. Parents' separation V. Other _____

II. PERSONAL INFORMATION AND FAMILY BACKGROUND

9. What is your status in school now?
 A. Full-time, regular classes
 B. Part-time, regular classes
 C. Full-time, special education classes
 D. Part-time, special education classes
 E. Suspended from school
 F. Expelled from school
 G. Being tutored at home
 H. On summer vacation
 I. Dropped out because of poor grades
 J. Dropped out because of discipline problems
 K. Dropped out to work to support family
 L. Dropped out because of drug problems
 M. Dropped out because of health problems
 N. Dropped out because you got pregnant
 O. Dropped out because girlfriend got pregnant
 P. Other _____

10. What grade are you in now (or when school starts again in the fall)?
 A. Not attending school
 B. Fifth
 C. Sixth
 D. Seventh
 E. Eighth
 F. Ninth
 G. Tenth
 H. Eleventh
 I. Twelfth

11. What type of school do you attend?

A. Not attending school F. Orphanage school
 B. Public school G. Military academy
 C. Private school H. Boarding school
 D. Parochial school I. Other _____

12. What is your employment status?

A. Employed full-time D. Not employed, not looking for job
 B. Employed part-time E. Other _____

13. Who do you live with?

A. Natural parents H. Aunt and uncle
 B. Natural father I. Adoptive parents
 C. Natural mother J. Foster parents
 D. Natural father and stepmother K. Live in an orphanage
 E. Natural mother and stepfather L. Live in an agency
 F. Grandparents on father's side M. Live in a charitable institution
 G. Grandparents on mother's side N. Other _____

14. Where do you live?

A. House E. Boarding school
 B. Apartment F. Agency housing
 C. Trailer G. Institution
 D. Condominium H. Other _____

15. Who primarily raised you?

A. Natural parents H. Aunt and uncle
 B. Natural father I. Aunt
 C. Natural mother J. Uncle
 D. Natural father and stepmother K. Older brother
 E. Natural mother and stepfather L. Older sister
 F. Grandparents on father's side M. Adoptive parents
 G. Grandparents on mother's side N. Foster parents
 O. Orphanage
 P. Charitable institution
 Q. Other _____

16. How many children are in your family?

A. Does not apply H. 7 including yourself
 B. You are an only child I. 8 including yourself
 C. 2 including yourself J. 9 including yourself
 D. 3 including yourself K. 10 including yourself
 E. 4 including yourself L. More than 10 including yourself
 F. 5 including yourself
 G. 6 including yourself

17. Of the other children in your family, how many are stepbrothers and stepsisters?

A. Does not apply G. 5
 B. None H. 6
 C. 1 I. 7
 D. 2 J. 8
 E. 3 K. More than 8
 F. 4

18. Which child are you?

A. Does not apply, you are an only child C. A middle child
 B. The youngest child D. The oldest child
 E. Other _____

19. How much education did your father complete?

A. Does not apply G. Some college
 B. Do not know H. College graduate
 C. Less than eighth grade I. Master's degree
 D. Eighth grade J. Medical degree
 E. Some high school K. Law degree
 F. High school graduate L. Doctoral degree
 graduate M. Other _____

20. What is the main type of work your father does?

A. Does not apply K. Business manager
 B. Do not know L. Health professional (for example: doctor, surgeon)
 C. Has primarily been unemployed M. Social services professional (for example: psychologist, social worker)
 D. Works in many different occupations N. Business executive
 E. Unskilled worker (for example: factory worker, laborer) O. Not employed outside the home
 F. Skilled worker (for example: welder, carpenter) P. Military service
 G. Clerical worker Q. Other _____
 H. Salesperson
 I. Small business owner
 J. Technical specialist (for example: computer programmer)

21. Which of the following is true?

A. Does not apply E. This is my father's second marriage
 B. Do not know F. My father has been married more than two times
 C. My father is not presently married
 D. This is my father's first marriage

22. How much education did your mother complete?

- A. Does not apply
- B. Do not know
- C. Less than eighth grade
- D. Eighth grade
- E. Some high school
- F. High school graduate
- G. Some college
- H. College graduate
- I. Master's degree
- J. Medical degree
- K. Law degree
- L. Doctoral degree
- M. Other _____

23. What is the main type of work your mother does?

- A. Does not apply
- B. Do not know
- C. Has primarily been unemployed
- D. Works in many different occupations
- E. Unskilled worker (for example: factory worker, laborer)
- F. Skilled worker (for example: welder, carpenter)
- G. Clerical worker
- H. Salesperson
- I. Small business owner
- J. Technical specialist (for example: computer programmer)
- K. Business manager
- L. Health professional (for example: doctor, surgeon)
- M. Social services professional (for example: psychologist, social worker)
- N. Business executive
- O. Not employed outside the home
- P. Military service
- Q. Other _____

24. Which of the following is true?

- A. Does not apply
- B. Do not know
- C. My mother is not presently married
- D. This is my mother's first marriage
- E. This is my mother's second marriage
- F. My mother has been married more than two times

25. What is the main source of income for your family?

- A. Does not apply
- B. Do not know
- C. Father's job
- D. Mother's job
- E. Both parents' jobs
- F. Welfare
- G. Alimony
- H. Child support payments
- I. Other _____

26. How would you characterize your family?

- A. Does not apply
- B. Do not know
- C. Poverty level
- D. Lower class
- E. Middle class
- F. Upper class

III. DEVELOPMENTAL HISTORY

27. How old was your father at the time of your birth?

- A. Do not know
- B. 15-19
- C. 20-29
- D. 30-39
- E. 40-49
- F. 50 or older

28. How old was your mother at the time of your birth?

- A. Do not know
- B. 15-19
- C. 20-29
- D. 30-39
- E. 40-49
- F. 50 or older

29. To your knowledge, what were the conditions of your birth (✓✓✓)?

- A. Do not know
- B. Normal, no unusual problems
- C. Premature birth
- D. Long labor
- E. Complications with delivery
- F. Mother ill at time of birth
- G. Breech birth
- H. Caesarean delivery
- I. Other _____

30. To your knowledge, what was your physical condition after birth (✓✓✓)?

- A. Do not know
- B. Normal, no unusual problems
- C. Injured at birth
- D. Difficulty breathing
- E. Problems with heart
- F. Problems with bones
- G. Problems with digestion
- H. Low birth weight
- I. Infection
- J. Jaundice
- K. Fever
- L. Had seizures
- M. Had blood transfusion
- N. Were in intensive care
- O. Placed in incubator
- P. Other _____

31. To your knowledge, how many days did you spend in the hospital after birth?

- A. Do not know
- B. 5 days or less
- C. More than 5 days
- D. More than 10 days
- E. More than 20 days
- F. More than 30 days

32. To your knowledge, when did you learn to walk?

- A. Do not know
- B. Before 1st birthday
- C. Before 2nd birthday
- D. After 2nd birthday

33. To your knowledge, when did you learn to talk?

- A. Do not know
- B. Before 1st birthday
- C. Before 2nd birthday
- D. After 2nd birthday

34. Which of the following childhood illnesses or injuries did you have (✓✓✓)?

- A. None
- B. Do not remember
- C. Ear infections
- D. Hernia
- E. Measles
- F. German measles
- G. Mumps
- H. Chicken pox
- I. Tonsillitis
- J. Asthma
- K. Pneumonia
- L. Diabetes
- M. Broken arm
- N. Broken leg
- O. Serious head injury
- P. Allergies
- Q. Poisoning
- R. Seizures
- S. Other _____

35. Which of the following operations did you have as a child (✓✓✓)?

- A. None
- B. Appendectomy
- C. Tonsillectomy
- D. Other _____

36. Which of the following describes your experiences from ages 5-12?

A. Had many close friends C. Had few close friends
 B. Had several close friends D. Had no close friends

37. Which of the following describes your experiences from ages 5-12?

A. Rarely got into trouble C. Were always getting into trouble
 B. Frequently got into trouble D. Were considered a delinquent child

38. Which of the following describe your experiences from ages 5-12 (✓✓✓)?

A. None I. Did not get along with brothers and/or sisters
 B. Parents did not get along J. Had a lot of medical problems
 C. Parents got divorced K. Were physically abused
 D. Parents got separated L. Were sexually abused
 E. Parents fought over custody M. Other _____
 F. Parents fought over visitation
 G. Family moved a lot
 H. Family had financial problems

39. How would you describe yourself as a child from ages 5-12 (✓✓✓)?

A. Active K. Shy
 B. Passive L. Lonely
 C. Happy M. Quiet
 D. Content N. Noisy
 E. Unhappy O. Coordinated
 F. Calm P. Clumsy
 G. Nervous Q. Intelligent
 H. Fearful R. Dull
 I. Moody S. Other _____
 J. Outgoing

40. How would you describe your family relationships while you were a child from ages 5-12 (✓✓✓)?

A. Does not apply E. Supportive
 B. Marked by frequent arguments F. Warm, close
 C. Marked by physical fights G. Cold, distant
 D. Unsupportive H. Other _____

41. How would you describe your parents while you were a child from ages 5-12?

A. Does not apply D. Average
 B. Very strict E. Permissive
 C. Strict F. Very permissive

IV. EDUCATIONAL HISTORY

42. Which of the following did you attend (✓✓✓)?

A. Infant day care C. Kindergarten
 B. Preschool

43. How old were you when you started first grade?

A. 4 D. 7
 B. 5 E. Older than 7
 C. 6

44. What types of schools have you attended (✓✓✓)?

A. Public school E. Orphanage school
 B. Private school F. Military academy
 C. Parochial school G. Boarding school
 D. School for the handicapped H. Other _____

45. Did you have any problems when you first started school (✓✓✓)?

A. No problems that you remember D. Had to be punished to force you to go to school
 B. Were afraid of school E. Other _____
 C. Were sick a lot and missed a lot of school

46. Which of the following describe your experiences in grades 1-8 (✓✓✓)?

A. None E. Had part-time special class for behavior problems
 B. Had full-time special class for learning problems F. Had to repeat a grade
 C. Had part-time special class for learning problems G. Had to repeat more than one grade
 D. Had full-time special class for behavior problems H. Had special tutoring
 I. Other _____

47. Which of the following describes your experiences in grades 1-8?

A. Generally received excellent grades C. Generally received average grades
 B. Generally received good grades D. Generally received poor grades

48. Which of the following describes your experiences in grades 1-8?

A. Enjoyed school C. Disliked school
 B. Felt neutral about school

49. Which of the following describes your experiences in grades 1-8?

A. Got along well with all your teachers C. Usually got along poorly with your teachers
 B. Got along well with all but a few of your teachers

50. Which of the following describe your experiences in grades 1-8 (✓✓✓)?

A. None
 B. Frequently truant
 C. Frequently absent for health reasons
 D. Had to be disciplined in school frequently
 E. Were suspended from school
 F. Were expelled from school
 G. Other _____

51. How old were you when you started the 9th grade?

A. Have not started 9th grade
 B. Younger than 11
 C. 11
 D. 12
 E. 13
 F. 14
 G. 15
 H. Older than 15

52. Did you have any problems when you first started the 9th grade (✓✓✓)?

A. Have not started 9th grade
 B. No problems that you remember
 C. Were anxious about starting school
 D. Were sick a lot and missed a lot of school
 E. Were afraid you would not do well academically
 F. Were afraid you would not fit in socially
 G. Other _____

53. Which of the following describes your experiences in high school?

A. Have not started high school
 B. Receive excellent grades
 C. Receive good grades
 D. Receive average grades
 E. Receive poor grades

54. Which of the following describe your experiences in high school (✓✓✓)?

A. Have not started high school
 B. None
 C. In full-time special class for learning problems
 D. In part-time special class for learning problems
 E. in full-time special class for behavior problems
 F. In part-time special class for behavior problems
 G. Had to repeat a grade
 H. Had to repeat more than one grade
 I. Have had special tutoring
 J. Other _____

55. Which of the following describes your experiences in high school?

A. Have not started high school
 B. Get along well with all your teachers
 C. Get along well with all but a few of your teachers
 D. Usually get along poorly with your teachers,

56. Which of the following describes your experiences in high school?

A. Have not started high school
 B. Enjoy school
 C. Feel neutral about school
 D. Dislike school

57. Which of the following describe your experiences in high school (✓✓✓)?

A. Have not started high school
 B. None
 C. Frequently truant
 D. Frequently absent for health reasons
 E. Have to be disciplined in school frequently
 F. Have been suspended
 G. Have been expelled from school
 H. Other _____

58. In which activities do you participate while in school (✓✓✓)?

A. Does not apply
 B. None
 C. Team sports (junior or senior varsity)
 D. Intramural sports
 E. Choir
 F. Glee club
 G. Cheerleading
 H. Student government
 I. Academic clubs (math club, science club, etc.)
 J. Hobby clubs (chess club, stamp club, etc.)
 K. Yearbook
 L. Student newspaper
 M. Band
 N. Other _____

59. Describe your strengths in school subjects (✓✓✓).

A. Does not apply
 B. None
 C. English
 D. Art
 E. Shop
 F. Mathematics
 G. Language
 H. Drama
 I. Public Speaking
 J. Social Studies
 K. Science
 L. History
 M. Other _____

60. Describe your weaknesses in school subjects (✓✓✓).

A. Does not apply
 B. None
 C. English
 D. Art
 E. Shop
 F. Mathematics
 G. Language
 H. Drama
 I. Public Speaking
 J. Social Studies
 K. Science
 L. History
 M. Other _____

61. Describe your skill strengths (✓✓✓).

A. Does not apply M. Understanding concepts
 B. None N. Pleasing the teacher
 C. Concentration O. Behaving correctly
 D. Organization P. Taking tests
 E. Test preparation Q. Reading speed
 F. Papers and reports R. Reading comprehension
 G. Handwriting S. Spelling
 H. Memorizing T. Working hard and not giving up
 I. Paying attention in class U. Intelligence
 J. Getting assignments done on time V. Other _____

62. Describe your skill weaknesses (✓✓✓).

A. Does not apply M. Understanding concepts
 B. None N. Pleasing the teacher
 C. Concentration O. Behaving correctly
 D. Organization P. Taking tests
 E. Test preparation Q. Reading speed
 F. Papers and reports R. Reading comprehension
 G. Handwriting S. Spelling
 H. Memorizing T. Working hard and not giving up
 I. Paying attention in class U. Intelligence
 J. Getting assignments done on time V. Other _____

63. What are your plans for high school?

A. Have already graduated D. Not planning to return to school
 B. Planning to graduate E. Planning to return to school and graduate

64. What are your plans for when you finish high school (✓✓✓)?

A. Does not apply, have already finished high school I. Plan to attend a vocational or technical school
 B. Does not apply, not in high school J. Plan to attend a business school
 C. Do not really have any plans K. Plan to attend a secretarial school
 D. Plan to go to work L. Plan to get married
 E. Plan to live at home M. Plan to enter the armed services
 F. Plan to live away from home N. Other _____
 G. Plan to attend a four year college
 H. Plan to attend a junior college

V. OCCUPATIONAL HISTORY

65. At what age did you begin working full-time?

A. Have never worked C. 15
 full-time D. 16
 B. Before age 15 E. 17

66. At what age did you begin working part-time?

A. Have never worked C. 15
 part-time D. 16
 B. Before age 15 E. 17

67. How many hours per week do you work?

A. Does not apply E. 15 to 19
 B. Less than 5 F. 20 to 29
 C. 5 to 9 G. 30 to 40
 D. 10 to 14 H. More than 40

68. What type of job do you have?

A. Does not apply, not employed H. Work in family business
 B. Factory worker I. Manager
 C. Child care worker J. Restaurant worker
 D. Baby sitter K. Janitor
 E. Laborer L. Maintenance
 F. Clerk or secretary M. Other
 G. Salesperson

69. How long have you been working in your current job?

A. Does not apply, not employed D. Less than 6 months
 B. Less than 1 month E. Less than 9 months
 C. Less than 3 months F. Less than 1 year
 G. More than 1 year

70. What other types of work have you done (✓✓✓)?

A. Does not apply, have not worked H. Salesperson
 B. None I. Work in family business
 C. Factory worker J. Manager
 D. Child care worker K. Restaurant worker
 E. Baby sitter L. Janitor
 F. Laborer M. Maintenance
 G. Clerk or secretary N. Other _____

71. What is the longest period of time you have been unemployed when you were looking for a job?

A. Does not apply E. Less than 9 months
 B. Less than 1 month F. Less than 1 year
 C. Less than 3 months G. More than 1 year
 D. Less than 6 months

72. How many different full-time jobs have you had?

A. Does not apply F. 4
 B. None G. 5
 C. 1 H. 6
 D. 2 I. More than 6
 E. 3

73. How many different part-time jobs have you had?

- A. Does not apply
- B. None
- C. 1
- D. 2
- E. 3
- F. 4
- G. 5
- H. 6
- I. More than 6

74. How many times have you been fired or laid off from a job?

- A. Does not apply
- B. None
- C. 1
- D. 2
- E. 3
- F. 4
- G. 5
- H. More than 5

VI. HEALTH, HABITS, AND BEHAVIOR

75. Which of the following are true (✓✓✓)?

- A. None
- B. Currently taking medicine for Attention Deficit Disorder
- C. Currently taking medicine for a psychological or emotional problem
- D. Currently taking medicine for epilepsy (seizures)
- E. Currently being treated for heart problems
- F. Currently being treated for hypertension (high blood pressure)
- G. Currently being treated for asthma
- H. Currently being treated for allergies
- I. Currently being treated for acne or skin problem
- J. Other _____

76. Which of the following are true (✓✓✓)?

- A. None
- B. In the past took medicine for Attention Deficit Disorder
- C. In the past took medicine for a psychological or emotional problem
- D. In the past were treated for heart problems
- E. In the past were treated for asthma
- F. In the past were treated for allergies
- G. In the past were treated for acne or skin problem
- H. Other _____

77. Do you currently have any physical problems that are not being treated by a medical doctor, but should be (✓✓✓)?

- A. No
- B. Chest pain
- C. Difficulty with breathing
- D. Dizziness
- E. Loss of consciousness
- F. Pain
- G. Stomach problems
- H. Vision problems
- I. Other _____

78. Has there been a recent change in your weight?

- A. No
- B. Yes, a weight gain
- C. Yes, a weight loss
- D. Yes, a weight loss due to dieting
- E. Yes, a weight gain due to diet change

79. Has there been a recent change in your appetite?

- A. No
- B. Yes, a loss of appetite
- C. Yes, a decrease in appetite
- D. Yes, an increase in appetite

80. Have you had recent problems with sleeping (✓✓✓)?

- A. No
- B. Trouble getting to sleep
- C. Wake up a lot at night
- D. Do not get enough sleep
- E. Sleep too much
- F. Restlessness
- G. Wake up too early in the morning
- H. Sleep enough, but don't feel rested
- I. Other _____

81. Which of the following is true?

- A. Have a steady boyfriend/girlfriend
- B. Date regularly
- C. Date infrequently
- D. Have had dates, but not dating currently
- E. Have never dated

82. How did you learn about sex (✓✓✓)?

- A. Prefer not to answer
- B. No source for learning about sex
- C. From your mother
- D. From your father
- E. From your friends
- F. In a sex education class
- G. Television
- H. Movies
- I. Books
- J. Other _____

83. Which is true about your sex life?

- A. Prefer not to answer
- B. Have an active sex life
- C. Are interested in sex, but not active at this time
- D. Have no interest in sex
- E. Are interested, but are abstaining from sex

84. How many cigarettes a day do you smoke?

- A. None, have never smoked
- B. None, but used to smoke
- C. Less than one pack per day
- D. One pack per day
- E. More than one pack per day

85. How long have you been smoking (or did you smoke) cigarettes?

- A. Have never smoked
- B. Less than 1 year
- C. 1 year
- D. 2 years
- E. 3 years
- F. 4 years
- G. More than 4 years

86. Do you drink alcohol?

A. No C. Yes, regularly
 B. Yes, occasionally D. Yes, daily

87. When do you drink (✓✓✓)?

A. Does not apply D. After school
 B. Before school E. During work
 C. During school hours F. On weekends

88. When did you start drinking?

A. Does not apply E. 3 years ago
 B. Less than a year ago F. 4 years ago
 C. 1 year ago G. Over 4 years ago
 D. 2 years ago

89. When you drink, how many drinks do you usually have?

A. Does not apply D. 3
 B. 1 E. 4
 C. 2 F. 5 or more

90. Which of the following have you experienced because of drinking (✓✓✓)?

A. Does not apply H. Hallucinations (heard or saw things that were not there)
 B. None I. Arguments with friends, parents, or relatives
 C. Problems with performance in school J. Other _____
 D. Problems with performance at work
 E. Tremors or shakes
 F. Blackouts
 G. Problems with memory

91. Do you use any illegal drugs?

A. No C. Occasionally
 B. No, but did in the past D. Regularly
 E. Daily

92. Which drugs do you, or did you, use (✓✓✓)?

A. Does not apply I. Barbiturates ("downers")
 B. Heroin J. Glue
 C. Cocaine K. Paint thinner
 D. LSD L. Gasoline
 E. PCP M. Prescription drugs
 F. Marijuana N. Tranquilizers
 G. Hashish O. Diet pills
 H. Amphetamines ("uppers") P. Other _____

93. How long have you been using, or did you use, illegal drugs?

A. Does not apply E. 1 year
 B. Less than 3 months F. 2 years
 C. Less than 6 months G. 3 years
 D. Less than 1 year H. Over 3 years

94. What contact have you had with legal authorities (✓✓✓)?

A. None H. Juvenile detention once
 B. Warned by police once I. Juvenile detention more than once
 C. Warned by police more than once J. Traffic violation once
 D. Arrested once K. Traffic violation more than once
 E. Arrested more than once L. Other _____
 F. Jailed once
 G. Jailed more than once

95. Are any of the following true (✓✓✓)?

A. No E. On parole
 B. Facing felony charge F. On probation
 C. Facing misdemeanor charge G. Have been declared delinquent
 D. Have been declared ungovernable H. Other _____

96. Have you had contact with the police for any of the following (✓✓✓)?

A. No K. Forgery
 B. Curfew violation L. Breaking and entering
 C. Drinking while under age M. Destruction of property
 D. Truancy N. Physically threatening others
 E. Speeding O. Assault
 F. Reckless driving P. Assault with a weapon
 G. Drug use Q. Other _____
 H. Drug sales
 I. Auto theft
 J. Robbery

VII. FAMILY HISTORY

97. Which of the following is true about your natural mother?

A. Does not apply D. She is alive but in poor health
 B. Do not know if she is alive or deceased E. She is deceased
 C. She is alive and well

98. Which of the following medical problems has your mother had (✓✓✓)?

A. Does not apply J. Low back pain
 B. Do not know K. Problems with lungs or breathing
 C. None L. Problems with digestive system
 D. Arthritis M. Other _____
 E. Cancer
 F. Diabetes
 G. Epilepsy (seizures)
 H. Heart problems
 I. Hypertension (high blood pressure)

99. Which of the following is true about your natural father?

A. Does not apply D. He is alive but in poor health
 B. Do not know if he is alive or deceased E. He is deceased
 C. He is alive and well

100. Which of the following medical problems has your father had (✓✓✓)?

A. Does not apply J. Low back pain
 B. Do not know K. Problems with lungs
 C. None or breathing
 D. Arthritis L. Problems with
 E. Cancer digestive system
 F. Diabetes M. Other _____
 G. Epilepsy (seizures)
 H. Heart problems
 I. Hypertension (high
blood pressure)

101. Which of the following medical problems have any of your brothers or sisters had (✓✓✓)?

A. Does not apply J. Low back pain
 B. Do not know K. Problems with lungs
 C. None or breathing
 D. Arthritis L. Problems with
 E. Cancer digestive system
 F. Diabetes M. Other _____
 G. Epilepsy (seizures)
 H. Heart problems
 I. Hypertension (high
blood pressure)

102. Which of the following have been treated for psychological problems (either as an inpatient or outpatient), other than alcohol or drug abuse (✓✓✓)?

A. Does not apply E. Father
 B. Do not know F. Sister
 C. None G. Brother
 D. Mother

103. Which of the following have had problems with alcohol (✓✓✓)?

A. Does not apply E. Father
 B. Do not know F. Sister
 C. None G. Brother
 D. Mother

104. Which of the following have had problems with drugs (✓✓✓)?

A. Does not apply E. Father
 B. Do not know F. Sister
 C. None G. Brother
 D. Mother

105. Which of the following have had learning problems in school (✓✓✓)?

A. Does not apply E. Father
 B. Do not know F. Sister
 C. None G. Brother
 D. Mother

VIII. CURRENT SITUATION

106. Describe your responsibilities at home (✓✓✓).
 A. Does not apply H. Helping to clean up after meals
 B. None I. Housework
 C. Yard work J. Cleaning up your room
 D. Baby sitting K. Other _____
 E. Taking out garbage
 F. Doing laundry
 G. Helping to prepare meals

107. Describe your privileges at home (✓✓✓).
 A. Does not apply I. Choosing your own hair style
 B. None J. Deciding how to spend your money
 C. Driving the car during the day by yourself K. Spending the night at a friend's house
 D. Driving the car at night by yourself L. Going to unchaperoned parties
 E. Using the telephone whenever you want M. Going only to chaperoned parties
 F. Setting your own curfew N. Going to concerts with friends
 G. Staying home alone when parents are away O. Other _____
 H. Buying your own clothes

108. Do you receive an allowance?
 A. Does not apply D. Yes, even if you do not do chores
 B. No E. Yes, if you ask for it
 C. Yes, only if you do chores F. Other _____

109. What things do you and your parents argue about (✓✓✓)?
 A. Does not apply N. Smoking
 B. None O. Music
 C. Telephone P. Clothes
 D. Privacy Q. Sex
 E. Alcohol R. School
 F. Drugs S. Bedtime
 G. Driving T. Dating
 H. Friends U. Curfew
 I. Homework V. Spending money
 J. Etiquette and manners W. Cleanliness and hygiene
 K. Chores X. Other _____
 L. Bad language
 M. Lying

110. What kinds of discipline do your parents use (✓✓✓)?
 A. Does not apply F. Withdrawal of privileges
 B. None G. Grounding
 C. Physical punishment H. Loss of allowance
 D. Yelling
 E. Lectures I. Other _____

111. How strict are your parents?

A. Does not apply D. Average
 B. Very strict E. Permissive
 C. Strict F. Very permissive

112. What kinds of problems do your parents have (✓✓✓)?

A. Does not apply G. Financial problems
 B. None H. Job problems
 C. Problems with health I. Problems from
 D. Marriage problems breaking the law
 E. Problems with J. Emotional problems
 alcohol abuse K. Other _____

113. How would you describe your relationship with your parents?

A. Does not apply E. Negative
 B. Very positive F. Very negative
 C. Positive
 D. Both positive and negative

114. How would you describe your relationships with your brother(s) and/or sister(s)?

A. Does not apply E. Negative
 B. Very positive F. Very negative
 C. Positive
 D. Both positive and negative

115. How would you describe your family's relationships now (✓✓✓)?

A. Does not apply E. Supportive
 B. Marked by frequent arguments F. Warm, close
 C. Marked by physical fights G. Cold, distant
 D. Unsupportive H. Other _____

116. How important do you think you are in your family?

A. Does not apply D. Somewhat
 B. Important unimportant
 C. Somewhat important E. Unimportant

117. Have you ever been abused by one or both of your parents (✓✓✓)?

A. Does not apply E. Yes, verbally abused
 B. No F. Yes, sexually abused
 C. Yes, physically abused G. Yes, neglected
 D. Yes, emotionally abused

118. When do you plan to move out of your parents' household?

A. Does not apply D. Before age 18
 B. Do not know E. Before age 21
 C. Have already moved out F. Age 21 or after

119. Which of the following describes you now?

A. Have many close friends C. Have few close friends
 B. Have several close friends D. Have no close friends

120. How would you describe your friends (✓✓✓)?

A. Does not apply K. Some have legal problems
 B. Excellent students L. None have legal problems
 C. Good students M. Pressure you to do things you shouldn't
 D. Poor students N. Do not pressure you to do things you shouldn't
 E. Have jobs O. Other _____

F. Do not have jobs G. Use alcohol
 H. Do not use alcohol I. Use illegal drugs
 J. Do not use illegal drugs

121. What do you do for fun (✓✓✓)?

A. Nothing I. Play video games
 B. Listen to music J. Play computer games
 C. Read K. Work on a computer
 D. Talk on the phone L. Church activities
 E. Play organized sports M. Dating
 F. Play neighborhood sports N. Dancing
 G. Go to parties O. Work on hobbies
 H. Go to concerts P. Other _____

122. Which of the following have you experienced in the past year (✓✓✓)?

A. None G. Parent being seriously ill or injured
 B. Getting pregnant/girlfriend getting pregnant H. Death of a parent
 C. Birth of child/girlfriend having a child I. Loss of job
 D. Serious illness or injury J. Change of schools
 E. Parents' separation K. Dropping out of school
 F. Parents' divorce L. School problems
 M. Other _____

123. How would you describe yourself now (✓✓✓)?

A. Active K. Shy
 B. Passive L. Lonely
 C. Happy M. Quiet
 D. Content N. Noisy
 E. Unhappy O. Coordinated
 F. Calm P. Clumsy
 G. Nervous Q. Intelligent
 H. Fearful R. Dull
 I. Moody S. Other _____