If done virtually, a message will be texted to your cell phone at the time of the appointment. Please click on the link

Obtain the following vitals using digital equipment. **Weight:** _____**BP**: _____ **Heart Rate**: _____

Parents to fill (while on meds): 0: none, 1 occasionally, 2 often, 3 very often: Score**:** _____and _____

1. Does not pay attention to details or make careless mistakes:	0	1	2	3
2. Has difficulty keeping attention to what needs to be done:	0	1	2	3
3. Does not seem to listen when spoken to directly:	0	1	2	3
4. Does not follow through on instructions and fails to finish activities:	0	1	2	3
5. Has difficulty organizing tasks and activities:	0	1	2	3
6. Avoids, dislikes, or does not want to start tasks that require ongoing mental effort:	0	1	2	3
7. Loses necessary things for tasks or activities (toys, assignments, pencils, or books):	0	1	2	3
8. Is easily distracted by noise or other stimuli:	0	1	2	3
9. Is forgetful in daily activities:	0	1	2	3
10. Fidgets with hands or feet or squirms in seat:	0	1	2	3
11. Leaves seat when remaining seated is expected:	0	1	2	3
12. Runs about or climbs too much when remaining seated is expected:	0	1	2	3
13. Has difficulty playing or beginning quiet play games:	0	1	2	3
14. Is "on the go" or often acts as if "driven by a motor":	0	1	2	3
15. Talks too much:	0	1	2	3
16. Blurts out answers before questions have been completed:	0	1	2	3
17. Has difficulty waiting for his or her turn:	0	1	2	3
18. Interrupts or intrudes into others' conversations and/or activities:	0	1	2	3

	Patient to fill while on meds: In the last **Two weeks**, have you been:	None	Occasionally	Often	Very Often
1	Feeling nervous, anxious or on edge	0	1	2	3
2	Not being able to stop or control worrying	0	1	2	3
3	Worrying too much about different things	0	1	2	3
4	Trouble relaxing	0	1	2	3
5	Being so restless that it is hard to sit still	0	1	2	3
6	Being easily annoyed or irritable	0	1	2	3
7	Feeling afraid as if something awful might happen	0	1	2	3
	Scores:	**GAD:**		**PHQ:**	
1	Feeling down, depressed, irritable, or hopeless?	0	1	2	3
2	Little interest or pleasure in doing things?	0	1	2	3
3	Trouble falling asleep, staying asleep, or sleeping too much?	0	1	2	3
4	Poor appetite, weight loss, or overeating?	0	1	2	3
5	Feeling tired or having little energy	0	1	2	3
6	Feeling bad about yourself, or feeling that you are a failure	0	1	2	3
7	Trouble concentrating on things: ex homework, reading or TV?	0	1	2	3
8	Moving or speaking so slowly, or being so fidgety or restless	0	1	2	3
9	Thoughts that you would be better off dead, or of hurting yourself?	0	1	2	3

Medication side effects: Circle all that applies: Headache, Abdominal pain, change of appetite, trouble sleeping, late day irritability, social withdrawal, feeling dull or tired, tremors, tics, jerking or twitching, finger or skin picking, seeing or hearing things that are not present.