



VANDERBILT PARENT BEHAVIOR EVALUATION SCALE (HEALTH PLAN)
Short Form

Child's Name:

Child's Date of Birth:

Name of Parent/ Guardian
Completing Form:

Phone#:

Today's Date:

Address:

Each rating should be considered in the context of what is appropriate for the age of the children you are rating and reflect his/her behavior.

Please indicate the number of weeks or months you have been able to observe the behaviors.

	Never	Occasionally	Often	Very Often
1. Does not pay attention to details or makes careless mistakes, for example homework	0	1	2	3
2. Has difficulty sustaining attention to tasks or activities	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 schoolwork (not due to oppositional behavior or failure to understand)	0	1	2	3
5. Has difficulty organizing tasks and activities	0	1	2	3
6. Avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort	0	1	2	3
7. Loses things necessary for tasks or activities (school assignments, pencils or books)	0	1	2	3
8. Is easily distracted by extraneous 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 excessively in situations when remaining seated is expected	0	1	2	3
13. Has difficulty playing or engaging in leisure/play activities quietly	0	1	2	3
14. Is "on the go" or often acts as if "drive by a motor"	0	1	2	3
15. Talks too much	0	1	2	3
16. Blurts out answers before questions have been completed	0	1	2	3
17. Has difficulty waiting his/her turn	0	1	2	3
18. Interrupts or intrudes on others (e.g., butts into conversations or games)	0	1	2	3

Wolraich, Mark, MD et al, *The Vanderbilt ADHD Diagnostic Parent Rating Scale*, Vanderbilt Children's Hospital Center for Child Development

Please turn over page and complete your doctor's information on the back

Mail to: Attn: NESQ QM Department

433 River Street, Suite 5000, Troy NY 12180

Thank you

Authorization for Disclosure of Medical Information

It is important for your child's doctor to have all of medical information to ensure that your child receives the best care possible.

Should the screening tests show that he/she might have Attention Deficit Disorder (ADHD), we would like to send the results to your pediatrician. Sending the test results is like having lab work sent to your child's doctor. The purpose of sending the results of your *Vanderbilt ADHD Screening* to your doctor is to assist in identifying any follow-up medical care that may be needed.

Please allow us to send your test results to your pediatrician by signing the release of information below. We will only send results that show a possibility of ADHD and you provide the name of your child's doctor.

I, (print name) _____ would like (Health Plan)/ValueOptions to send the results of my *child's* (name) _____ to:

Dr. _____ [] Pediatrician [] Family Practice

Address: _____

City: _____ State _____ Zip _____

You should complete this form if you wish to authorize ValueOptions to disclose the results of your child's Vanderbilt ADHD Screens to persons who may or may not directly be involved in making decisions regarding your child's health care. This authorization will remain in effect until the (a) date you specify; (b) one (1) year from date signed; or (c) the date you withdraw your permission.

Complete your acknowledgement that You understand that:

- You have the right to review the information that is being used or disclosed;
- You do not have to complete this authorization and your refusal will not affect your benefits unless this authorization is necessary to determine your benefits;
- The information used or disclosed by this authorization may be at risk for redisclosure by the recipient and no longer protected by federal privacy laws;
- You have a right to revoke this authorization at any time by completing and sending to
- ValueOptions a "Revocation of Authorization" Form, which may be obtained from ValueOptions; and
- You have a right to receive a copy of this signed authorization.

Permission/authorization to release this information expires one year from the date below.

Parent Signature: _____ **Date:** ____/____/____

Relationship to Child: _____

Courtesy of ValueOptions, Inc.

