

Date: \_\_\_\_\_  
Office Location: \_\_\_\_\_



### Growing Child Pediatrics- Fast Brain™ Patient Visit

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_  
Email: \_\_\_\_\_

Current Medication: \_\_\_\_\_ Dose: \_\_\_\_\_

Side Effects: Headache:\_\_\_ Appetite\_\_\_ Sleep\_\_\_ Emotional/Depression:\_\_\_

Weight:\_\_\_\_\_ B/P:\_\_\_\_\_

**GRADES:** Better Same Worse

Language Arts/Reading \_\_\_\_\_(A,B,C,D, etc) Science \_\_\_\_\_(A,B,C,D, etc)

Math \_\_\_\_\_(A,B,C,D, etc) Other \_\_\_\_\_(A,B,C,D, etc)

Learning Issues : Organization \_\_\_\_\_ Completing tasks \_\_\_\_\_  
Following directions\_\_\_\_\_ Turning in assignments \_\_\_\_\_  
Test taking \_\_\_\_\_ Other:\_\_\_\_\_

Behavior Issues: Hitting/Touching \_\_\_\_\_ Fidgeting/Making noises\_\_\_\_\_  
Blurting out \_\_\_\_\_ Emotional\_\_\_\_\_ Other:\_\_\_\_\_

**LIFE AT HOME:** Better Same Worse

Comments:\_\_\_\_\_

Are there any **major changes** going on in the patient's life? \_\_\_\_\_

**MUSIC:** Do you listen to music while completing homework/projects? YES NO

What type of music?\_\_\_\_\_ Does it help? YES NO How much? 1 2 3 4 5 6 7 8 9 10

**TV/COMPUTER:** How much time (hours) do you watch tv? \_\_\_/day computer \_\_\_/day

Is there a TV or computer in patient's bedroom? YES NO

**POSITIVES:** One thing you do well:\_\_\_\_\_

**PLEASE INDICATE HOW YOU HEARD ABOUT US:** Fast Brain™ Website  GCP

Website  Advertisement  Where? \_\_\_\_\_ School  Phone Book  Other Doctor's

Office  Friend  Insurance company or Medicaid  Other Source  \_\_\_\_\_

*Office Use Only* \_\_\_\_\_

MED CHANGE TODAY? \_\_\_\_\_ NEW/CURRENT MED: \_\_\_\_\_

Teacher Form Score: Symptoms: \_\_\_\_\_ Performance: \_\_\_\_\_

Parent conference? YES NO EKG? YES NO CNS? YES NO