

Please complete the following questions below. Send a copy of this form along with the front and back of your insurance card and the patient's date of birth to:

billing@addtreatmentcenters.org

Patient's Name: _____ Date of Birth: _____ Date: _____
Person filling out this form: SAME or: _____

DIRECTIONS: Check all the symptoms that apply to the patient, past or present:

Past – Present

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- ___ ___ **Inattention**
- ___ ___ **Spaciness or tendency to daydream**
- ___ ___ **Sequential processing deficits**
- ___ ___ **Poor concentration**
- ___ ___ **Slow or variable response time**
- ___ ___ **Tendency to ruminate or worry**
- ___ ___ **Feels hopeless and helpless**
- ___ ___ **Irritability**
- ___ ___ **Overly sensitive, felling easily hurt**
- ___ ___ **Remorseful after tantrums**
- ___ ___ **Easily embarrassed/feelings of guilt**
- ___ ___ **Language deficits**
- ___ ___ **Passive**
- ___ ___ **Difficulty maintaining sleep**
- ___ ___ **Low thyroid function**
- ___ ___ **Not rested after sleep**
- ___ ___ **Incontinence**
- ___ ___ **Sleep apnea or snoring**
- ___ ___ **Poor receptive or expressive language**
- ___ ___ **Poor sequential processing**
- ___ ___ **Poor reading comprehension**
- ___ ___ **Poor calculation ability**
- ___ ___ **Poor logical thinking skills**
- ___ ___ **Good at art, math and science**
- ___ ___ **Low pain threshold**
- ___ ___ **Tension headaches**
- ___ ___ **Chronic aching pain**
- ___ ___ **Immune deficiency**
- ___ ___ **PMS- with depressive symptoms**
- ___ ___ **Depression without agitation or anger**

Past – Present

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- ___ ___ **Impulsivity**
- ___ ___ **Sensory overload**
- ___ ___ **Multiple competing thoughts**
- ___ ___ **Agitated depression**
- ___ ___ **Tics or Tourette's Syndrome**
- ___ ___ **Autism diagnosis**
- ___ ___ **Fearful, anxious, or paranoid**
- ___ ___ **Anger outbursts and/or tantrums**
- ___ ___ **Impatient**
- ___ ___ **Suicidal thoughts**
- ___ ___ **Holds grudges**
- ___ ___ **Many shame-based feelings of despair**
- ___ ___ **Aggressive**
- ___ ___ **Difficulty falling asleep-active mind**
- ___ ___ **Physically restless sleep**
- ___ ___ **Nightmares**
- ___ ___ **Teeth grinding or clenching (Bruxism)**
- ___ ___ **Manipulative**
- ___ ___ **Non-verbal learning disorder (social, spatial, etc.)**
- ___ ___ **Poor visual-spatial skill (map reading, puzzles)**
- ___ ___ **Poor at drawing**
- ___ ___ **Inability to write or color neatly within the lines**
- ___ ___ **Poor math abilities**
- ___ ___ **Good at language, literature and history**
- ___ ___ **Poor spelling**
- ___ ___ **Problem tracking during reading**
- ___ ___ **Spastic**
- ___ ___ **Lack of common sense**
- ___ ___ **Lacks a sense of humor**
- ___ ___ **PMS- with anger or agitation**
- ___ ___ **Constipation**
- ___ ___ **Reactive attachment disorder**
- ___ ___ **Problem expressing emotions**
- ___ ___ **Lack of body awareness**
- ___ ___ **High tolerance for pain**
- ___ ___ **Poor awareness of appetite**
- ___ ___ **Loud unmodulated voice**
- ___ ___ **Poor eye contact**
- ___ ___ **Lack of social awareness (or empathy)**
- ___ ___ **Lack of cause and effect thinking**
- ___ ___ **Hypertension**
- ___ ___ **Heart palpitations**

- ___ ___ **Odd development of social interactions**
- ___ ___ **Odd dev. of communication skills**
- ___ ___ **Restricted interests and behaviors**

- ___ ___ **Fails to see the "big" picture in terms of actions and consequences**
- ___ ___ **Lacks consistency and organization**
- ___ ___ **Procrastinates**
- ___ ___ **Lack of self confidence**
- ___ ___ **Negative attitude**
- ___ ___ **Post Traumatic Stress Disorder**
- ___ ___ **Oppositional Defiant**
- ___ ___ **Conduct Disorder**
- ___ ___ **Addiction issues**

- ___ ___ **Traumatic brain injury or closed head injury**
- ___ ___ **Coordination or movement problems**

SYMPTOM CHECKLIST – PAGE 2

DIRECTIONS: Check all the symptoms that apply to the patient, past or present:

Past – Present

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- Hyperactivity only present following sugar**
 - Mood swings**
 - Unexpected panic attacks without obvious triggering events**
 - Encopresis (pooping in pants)**
 - Binge eating**
 - Anorexia or Bulimia**
 - Seizures or Epilepsy**
 - Compulsive overeating**
 - Seasonally depressed (usually in winter months)**
 - Auditory processing deficits**
 - Visual processing (reading) deficits**
 - Sleep walking**
 - Abrupt arousal from sleep with fear**
 - Difficult to awaken**
 - No dream recall**
 - Sleep or night terrors**
 - Bedwetting at nighttime (nocturnal enuresis)**
 - Night sweats (not menopausal)**
 - Restless leg causing movement or arousal during sleep**
 - Too busy to sleep (manic sleep behavior)**
 - Menopausal hot flashes**
 - Panic attacks**
 - Irresistible daytime sleep attacks**
 - Sudden loss of muscle tone with emotional arousal**
 - Migraine headaches**
 - Fibromyalgia**
 - Sugar craving and reactivity**
 - Severe PMS (mood swings, migraines)**
 - Chronic fatigue syndrome**
 - Multiple chemical sensitivities**
 - Irritable bowel syndrome**
 - Autoimmune disorder**
 - Multiple Sclerosis**
 - Asthma**
 - Dissociative disorders**
 - Rage/severe anger**
 - Hypoglycemia**
 - Vertigo**
 - Tremor**
 - Compulsive behaviors**
 - Obsessive thoughts**
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