

Quotient Information Sheet

Name _____ Date _____

Date of Birth _____ Grade _____

School _____

Referral Source _____

Reason for the referral _____

Are any family members being treated for ADHD? If so, what is their relation to you?

Symptoms that led to the diagnosis of ADHD or make you suspect

ADHD: _____

If you have tried medication in the past, which medication? _____

If you stopped taking the medication, why? _____

Are you on medication currently? Name of medication and dose:

How does the medication improve your symptoms? _____

Do you have questions about whether the medication is working? _____

Have you (or your child) been diagnosed with any other emotional or behavioral issues?

If yes, are they currently being seen for therapy? _____

Are they on medication for these issues? _____

What question do you hope that the Quotient will help answer? _____

Is there anything else you would like me to know?