



Follow Up Behavior Clinic Form

Child's Name: _____

Name(s) and relationship(s) of Person(s) accompanying child to the clinic today:

Please describe your child's recent behaviors and how they have been doing:

Child's School: _____ City/State: _____ Grade: _____

Have you spoken with your child's teacher recently? _____ What reports are you receiving from them?

What concerns, if any, do you have for Dr. Niazi at your child's appointment today?

Please list any counseling or therapies your child is receiving and whom they are receiving them from:

Please list medications (prescription and OTC) that your child is currently taking :

Is there a family history of heart problems under the age of 55 years? Yes No

Does your child complain about taking the medication or avoid its use? Yes No

Does the medication seem to be helping as much as it did in the past? _____ If not, what has changed?

If you do not understand any of these questions, please ask your nurse.