FOLLOW-UP CONSULTATION SESSION QUESTIONNAIRE

Hello again! I'm looking forward to speaking with you to learn about your response to the treatment plan that we developed when we last met. Please complete this questionnaire as part of the process. I'll review this information (as well as the behavioral rating scales that you will complete) to be better prepared for the consultation session. Talk with you soon.

Best Wishes
Dr. Monastra

PATIENT: _____ DATE OF BIRTH: _____

AGE: _____ GRADE: _____

EMPLOYER (ADULTS) _____

NAME OF PERSON COMPLETING THIS FORM: _____

CURRENT DIETARY HABITS:

What is typically eaten for breakfast? _____

_____

How many mornings each week is a sufficient amount of protein being eaten? _____

What is typically eaten for lunch? _____

_____

How many lunch meals each week contain a sufficient amount of protein? _____

Are any protein supplements being taken? _____

Are any other types of supplements being used to improve attention, mood or anxiety (e.g. Omega-3 EFA's or L-theanine) _____

_____

SLEEP HABITS:

When is bedtime? _____ How long does it take to fall asleep? _____

Does waking occur during the night? _____ How often? _____

Are any medications or supplements being used to help with sleep? _____

When in the morning is "wake up" time? _____

SLEEP HABITS (continued):

Is fatigue present upon waking? _____

MEDICATIONS FOR ATTENTION, BEHAVIOR, OR MOOD PROBLEMS:

MEDICATION	**DOSE**	**WHEN TAKEN**
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

COUNSELING:

Is counseling being provided? _____ Name of counselor: _____

What kind of treatment is being provided? _____

_____

SCHOOL INTERVENTIONS/ACCOMMODATIONS:

Is the school district (or your employer) providing any type of services or accommodations? ___

Please describe: _____

_____

_____

_____

TREATMENT RESPONSE? Has there been any type of improvement since beginning treatment? _____. In what ways have symptoms improved? _____

_____

What are your primary concerns today? _____

_____

_____