



# Attention Disorders Clinic

94 Marshall Drive • Endicott, N.Y. 13760    PHONE (607) 785-0400    FAX (607) 785-0077  
www.theADHDdoc.com

Vincent J. Monastra, Ph.D.  
Clinical Director

PATIENT'S NAME: \_\_\_\_\_ Soc. Security: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (H): \_\_\_\_\_

Work: \_\_\_\_\_

Email: \_\_\_\_\_ Cell: \_\_\_\_\_

Insurance Co: \_\_\_\_\_

Insurance ID: \_\_\_\_\_ Policy Holder: \_\_\_\_\_

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If the patient is a child/adolescent, please complete this section:

Parent's Names: \_\_\_\_\_

Parent's Address(es): \_\_\_\_\_

\_\_\_\_\_

Parent(s) Employers: \_\_\_\_\_

Child's School: \_\_\_\_\_ Grade: \_\_\_\_\_

Child's Physician: \_\_\_\_\_

Doctor's Address: \_\_\_\_\_

Child's Medications: \_\_\_\_\_

Child's Medical Problems \_\_\_\_\_

Reasons for Seeking Evaluation: \_\_\_\_\_

\_\_\_\_\_

**SEE OTHER SIDE**

**If you are an adult seeking evaluation/treatment for yourself, please complete this section:**

**Employer's Name:** \_\_\_\_\_

**Your Position:** \_\_\_\_\_

**Your highest educational level:** \_\_\_\_\_

**Name of the school where you completed high school:** \_\_\_\_\_

**Name of the school where you attended college:** \_\_\_\_\_

**Your physician's name:** \_\_\_\_\_

**Medications you currently use:** \_\_\_\_\_

**Please list any medical problems:** \_\_\_\_\_

**Why are you seeking evaluation/treatment at this time?** \_\_\_\_\_

**Who did you consult with for this problem before coming to our clinic?** \_\_\_\_\_

**Has any member of your family (parents; siblings; grandparents; aunts; uncles; cousins) shown symptoms of any of the following problems (check those that apply):**

- |                                     |  |   |
|-------------------------------------|--|---|
| <input type="checkbox"/> alcoholism | <input type="checkbox"/> compulsive gambling     | <input type="checkbox"/> sexual addiction |
| <input type="checkbox"/> obesity    | <input type="checkbox"/> drug abuse              | <input type="checkbox"/> anxiety          |
| <input type="checkbox"/> depression | <input type="checkbox"/> frequent loss of temper | <input type="checkbox"/> panic disorder   |
| <input type="checkbox"/> ADHD       | <input type="checkbox"/> learning disorders      | <input type="checkbox"/> criminal actions |

