



Medical Group

Center for Neurodevelopmental Disabilities

FOR MAILING PURPOSES ONLY

Central Office:
Evanston Hospital
2650 Ridge Avenue
Burch Bldg. Room 318
Evanston, IL 60201
Phone: (847) 570-2577 / Fax: (847) 733-5424

Dear Parent/Caregiver,

Welcome to the Center for Neurodevelopmental Disabilities, a specialty clinic serving children and adolescents. Your child will participate in a multidisciplinary evaluation by a team of professionals and specialists which may include: Pediatric Neurologist, Developmental Pediatrician, Clinical Child Psychologist and/or Social Worker. Combining resources from multiple disciplines allows us to perform detailed diagnostic analysis and determine the best treatment options for your child.

_____ is scheduled on _____ at _____ AM / PM

Appointment Location:

_____ at the **Graham Medical Office Building** (Suite 800), located at 1000 Central Street in Evanston, IL 60201 (directly across from the Evanston Hospital)

_____ at the **NorthShore Pediatric Rehab Services** (Suite H-190), located at 9811 Woods Drive in Skokie, IL 60077 (in the same building as Everest College)

Please contact your insurance company prior to your child's appointment to determine coverage for the providers and services listed below. Let our office staff know if your insurance limits you to particular providers, so that we may schedule your appointment accordingly. You are responsible for any portion of the bill that your insurance company does not cover.

Each provider will bill separately.

	Provider	Hosp. Affiliation	Specialty Type	NPI *
	Susan Fielkow, MD	NorthShore University HealthSystem	Developmental-Behavioral Pediatrician	1336197565
	Rebecca Nelson, PhD	NorthShore University HealthSystem	Clinical Child Psychologist	1316006877

* National Provider Identification Number

Enclosed is a copy of our Intake Questionnaire. Please complete this information and bring it with you to your child's first appointment. **Do not fax or mail records to our office prior to the appointment date. If you have any written evaluations and test results/records, please bring photo copies of these documents with you to the appointment.**

Prior to your child's appointment, you will need to call the **Pre-registration Department at (847) 663-8600** to verify your insurance information. If you must cancel the appointment, please call our office at (847) 570-2577 at least 24 hours in advance. We look forward to seeing you and your child.

Thank you,
The Center for Neurodevelopmental Disabilities

Name: _____ D.O.B: _____ DOS: _____ MRN _____

INTAKE QUESTIONNAIRE:

Appointment Date _____ Patient Name: _____

Patient's age (in years and months) _____ Patient's School and Grade: _____

Full name, address and phone number of Pediatrician: _____

Please briefly state the reason for this visit and your expectations from it. What problems have you noticed? What has your pediatrician thought or done? What have teachers or school personnel said?

SYSTEM REVIEW:

Please indicate if your child has symptoms or known illnesses affecting any of the following organ systems:

Cardiac/circulatory: _____

Renal/urinary: _____

Hematologic: _____

Visual: _____

Pulmonary: _____

Dermatologic: _____

Muskuloskeletal: _____

Ear/Nose/Throat: _____

Gastrointestinal: _____

Endocrinologic: _____

Immunologic: _____

NEUROLOGIC HISTORY

Please indicate if your child has any of the following and give dates of occurrence:

Seizures or convulsions _____

Nervous tics _____

Head injury with loss of consciousness: _____

Meningitis or other brain/spine infections: _____

HOSPITALIZATIONS: _____

SURGERIES: _____

CURRENT MEDICATIONS (Give doses) _____

ALLERGIES: _____

DIET (Choose one): Regular _____ Medically restricted (e.g., lactose intolerance) _____

Name: _____ D.O.B: _____ DOS: _____ MRN _____

BIRTH HISTORY:

Was the baby adopted by you? _____ If so, at what age? _____
Child's Birthplace _____ Birth Weight _____
Mother's Age at Child's Birth _____ Duration of Pregnancy _____ weeks
Medication(s) taken during pregnancy _____
History of Miscarriage or Premature Births _____
Labor Type (please circle one) *spontaneous* *induced*
Length of Labor _____ What age did the baby come home? _____
Delivery Mode (please circle one) *vaginal* *cesarean section*
Baby's Response (please circle one) *spontaneously breathing* *needed resuscitation*
Newborn Care (please circle one) *regular nursery* *special care nursery*
Were there any complications with the birth? (i.e. seizures, birth injury, etc.) _____

DEVELOPMENTAL HISTORY

Please supply approximate age at which each of these developmental milestones occurred. If you cannot remember, indicate "normal" or "late."

Gross Motor Development

Lifts Head Age _____
Rolls Over Age _____
Sits without support Age _____
Pulls to stand Age _____
Crawls Age _____
Walks well Age _____

Language Development

Babbles Age _____
Says MaMa/DaDa specifically Age _____
Speaks single words Age _____
Combines two words Age _____
Recognizes colors Age _____
Gives alphabet Age _____
Counts to ten Age _____

Fine Motor Development

Reaches for objects Age _____
Passes objects hand to hand Age _____
Pincer (finger-thumb) Grasp Age _____
Scribbles Age _____
Forms letters Age _____

Social Development

Responsive Smile Age _____
Plays Peek-a-Boo Age _____
Initially shy with Strangers Age _____
Imitates Housework Age _____
Dresses Self Age _____

FAMILY HISTORY

If any family members have the following diagnoses, please indicate and give relationship to child:

Hyperactivity or attention deficit _____
School or learning problems _____
Speech or language problems _____
Mental Retardation _____
Migraine Headaches _____
Seizures/Epilepsy _____

Nervous tics _____
Depression/Psychiatric illness _____
Sleep Disorder _____

SOCIAL HISTORY

Father's age and occupation: _____
Mother's age and occupation: _____
Ages of brothers if any _____
Ages of sisters if any: _____
Child's school and grade: _____
Child's favorite extracurricular activities: _____

Name: _____ D.O.B: _____ DOS: _____ MRN _____

BEHAVIOR QUESTIONNAIRE

Please endorse all descriptors that apply to your child:

- ___ 1. Does not use nonverbal behaviors well (eye-to-eye gaze, facial expression, body postures, and gestures) to regulate social interaction.
- ___ 2. Has not developed peer relationships as well as other children his/her age or developmental level.
- ___ 3. Does not spontaneously share enjoyment, interests or achievements with other people (e.g. by showing, bringing, or pointing out objects of interest.)
- ___ 4. Does not socialize or interact on the emotional level with others.

Comments, examples or counter examples: _____

- ___ 5. Has a delay in, or total lack of the development of spoken language (not accompanied by an attempt to compensate through alternative modes of communication such as gesture or mime)
- ___ 6. If adequate speech is present, has marked impairment in the ability to initiate or sustain a conversation with others.
- ___ 7. Has stereotyped and repetitive use of language or idiosyncratic language.
- ___ 8. Has lack of varied, spontaneous make-believe play or social imitative play appropriate to developmental level.

Comments, examples or counter examples: _____

- ___ 9. Has an encompassing pre-occupation with one or more stereotyped and restricted patterns of interest that is abnormal either in intensity or focus.
- ___ 10. Has an apparently inflexible adherence to specific, nonfunctional routines or rituals.
- ___ 11. Has stereotyped and repetitive motor mannerisms (e.g., hand or finger flapping or twisting, or complex whole body movements).
- ___ 12. Has persistent pre-occupation with parts of objects.

Comments, examples or counterexamples: _____

- ___ 13. Has a delay or abnormal functioning in social interaction with onset prior to 3 years of age.
- ___ 14. Has a delay in use of language for social communication with onset prior to 3 years of age.
- ___ 15. Has a delay or abnormal functioning in symbolic or imaginative play with onset prior to 3 years of age.

- 16. At what age do you estimate your child's motor development? _____
- 17. At what age do you estimate your child's language development? _____
- 18. At what age do you estimate your child's problem solving skills? _____

- ___(a) often fails to give attention to details or makes careless mistakes in schoolwork, work, or other activities
- ___(b) often has difficulty sustaining attention in tasks or play activities
- ___(c) often does not seem to listen when spoken to directly
- ___(d) often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace (not due to oppositional behavior or failure to understand directions)
- ___(e) often has difficulty organizing tasks and activities
- ___(f) often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (such as schoolwork or homework)
- ___(g) often loses things necessary for tasks and activities(i.e.: toys, school assignments, pencils, books, or tools)
- ___(h) is often easily distracted by extraneous stimuli
- ___(i) is often forgetful in daily activities

- ___(j) often fidgets with hands or feet, or squirms in seat
- ___(k) often leaves seat in classroom or in other situations where remaining seated is expected
- ___(l) often runs about or climbs excessively in situations in which it is inappropriate (in adolescents or adults, may be limited to subjective feelings of restlessness)
- ___(m) often has difficulty playing or engaging in leisure activities quietly
- ___(n) is often “on the go” or often acts as if “driven by a motor”
- ___(o) often talks excessively
- ___(p) often blurts out answers before questions have been completed
- ___(q) often has difficulty awaiting turn
- ___(r) often interrupts or intrudes on others (i.e.: butts into conversations or games)

• Beside each item below, indicate the degree of the problem by a check mark.

	not at all	just a little	pretty much	very much
•excitable, impulsive	_____	_____	_____	_____
•cries easily or often	_____	_____	_____	_____
•restless in the “squirmy sense”	_____	_____	_____	_____
•restless, always up and on the go	_____	_____	_____	_____
•destructive	_____	_____	_____	_____
•fails to finish things	_____	_____	_____	_____
•distractibility or attention span problem	_____	_____	_____	_____
•mood changes drastically or quickly	_____	_____	_____	_____
•easily frustrated in efforts	_____	_____	_____	_____
•disturbs other children	_____	_____	_____	_____