NorthShore University HealthSystem

# Intake Questionnaire for Patients with Movements Concerning Tics

Please complete all questions in their entirety to the best of your knowledge. The requested information is essential for the NorthShore University HealthSystem staff in determining the most efficient care plan.

Patient's Name: Date of Birth:

## Tics Information

1. What is the main concern that you would like addressed today?

   _____

   _____

2. When did the movements of concern begin

   _____

   _____

3. What are the different movements of concern?

   _____

   _____

4. Are they bothering the patient?_____

   Are they disruptive at school or during after school activities? Please describe:

   _____

   _____

5. Have you seen anyone for these movements in the past?

   _____

6. Has the patient been on medications for this in the past? Yes or No
7. Which medications?

   _____

   _____

   What was the outcome?

   _____

   _____

8. What triggers have you noted?

   _____

   _____

9. Any concern for obsessive or compulsive behaviors?

   _____

   _____

10. Any concern for issues with hyperactivity or attention?

    _____

    _____

11. Any family history of tics, ADHD, OCD, anxiety? If so, in whom:

    _____

    _____