



Almaden Pediatrics, Inc.

Behavioral Health Policy

This letter is to inform you of Almaden Pediatrics' policy for providing care for **all** behavioral health issues including, but not limited to, ADD/ADHD, school problems, behavioral problems, anxiety, depression, obsessive-compulsive disorder, and eating disorders.

If you are covered by an HMO:

All HMO plans consider care for behavioral health issues to be an uncovered benefit when provided by Almaden Pediatrics physicians. Instead, HMO plans provide these services through their Behavioral Health Network. Therefore you have two options:

1. We are happy to provide this care to your child. However, we will require you to make full payment at the time of service.
2. You can contact your Behavioral Health Network (this is usually listed on your insurance card) to find a covered provider.

If you are covered by a PPO, POS, EPO:

We *strongly* urge you to check with your insurance plan since it is likely that you will be balance-billed.

Almaden Pediatrics' fee structure for behavioral health care:

Initial evaluation:

New Patient	\$250
Established Patient	\$200
Follow-up Evaluation	\$75-\$125

*Fees are based on the length of the office visit and the complexities of the issues involved. Frequently the physician will spend significant time beyond just the office visit to address the problem/situation.

*Almaden Pediatrics requires all patients with ADD/ADHD to have follow-up evaluations every 3-6 months *minimally*. Follow-up evaluations for other behavioral health issues are determined on a case-by-case basis.

Please direct your questions regarding your specific benefits package to your insurance provider or your employer's Human Resources Department.

Signature: _____

Date: _____



Almaden Pediatrics, Inc.

Behavior Evaluation

To Be Completed by Parent:

Child's Name _____ Date _____

Please list your child's medication and dosage schedule:

Medications (s)	Dosage (s)	Time of day given
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- List your child's school and grade level:

School _____ Grade _____

- Comment on school performance (including behavior at school):

- Comment on family dynamics:

- Comment on your child's social skills in peer groups:

- List other therapies or treatment (counseling, tutoring, special education, etc.):

- List any outside interests or activities in which your child participates (team sports, scouting, hobbies, music, etc.):

- Please list any other concerns you have about your child:

Thank you.

Vanderbilt ADHD Parent Rating Scale (page 1 of 2)

Today's Date: _____ **Child's Name:** _____ **Date of Birth:** _____ **Grade:** _____

Completed by: _____ **Relationship to child:** Parent Other: _____

Directions: Each rating should be considered in the context of what is appropriate for the age of your child. When completing this form, please think about your child's behaviors in the past 6 months.

Is this evaluation based on a time when the child was on medication was not on medication not sure?

Symptoms	Never	Occasionally	Often	Very Often
1. Does not pay attention to details or makes careless mistakes with, for example, homework	0	1	2	3
2. Has difficulty staying focused on what needs to be done	0	1	2	3
3. Does not seem to listen when spoken to directly	0	1	2	3
4. Does not follow through when given directions and fails to finish activities (not due to refusal or failure to understand)	0	1	2	3
5. Has difficulty organizing tasks and activities	0	1	2	3
6. Avoids, dislikes, or does not want to start tasks that require ongoing mental effort	0	1	2	3
7. Loses things necessary for tasks or activities (toys, assignments, pencils, or books)	0	1	2	3
8. Is easily distracted by noises or other stimuli	0	1	2	3
9. Is forgetful in daily activities	0	1	2	3
10. Fidgets with hands or feet or squirms in seat	0	1	2	3
11. Leaves seat when remaining seated is expected	0	1	2	3
12. Runs about or climbs too much when remaining seated is expected	0	1	2	3
13. Has difficulty playing or beginning quiet play activities	0	1	2	3
14. Is "on the go" or often acts as if "driven by a motor"	0	1	2	3
15. Talks too much	0	1	2	3
16. Blurts out answers before questions have been completed	0	1	2	3
17. Has difficulty waiting his or her turn	0	1	2	3
18. Interrupts or intrudes in on others' conversations and/or activities	0	1	2	3
19. Argues with adults	0	1	2	3
20. Loses temper	0	1	2	3
21. Actively defies or refuses to go along with adults' requests or rules	0	1	2	3
22. Deliberately annoys people	0	1	2	3
23. Blames others for his or her mistakes or misbehaviors	0	1	2	3
24. Is touchy or easily annoyed by others	0	1	2	3
25. Is angry or resentful	0	1	2	3
26. Is spiteful and vindictive (wants to get even)	0	1	2	3
27. Bullies, threatens, or intimidates others	0	1	2	3
28. Starts physical fights	0	1	2	3
29. Lies to get out of trouble or to avoid obligations (i.e., "cons" others)	0	1	2	3
30. Skips school without permission	0	1	2	3
31. Is physically cruel to people	0	1	2	3
32. Has stolen things that have value	0	1	2	3

Adapted from the Vanderbilt ADHD Diagnostic Parent Rating Scale
 Mark L. Wolraich, MD. Oklahoma University Health Sciences Center. Used with permission.
 IHCADD003 / 01-07

Vanderbilt ADHD Parent Rating Scale (page 2 of 2)

Today's Date: _____ Child's Name: _____ Date of Birth: _____

Symptoms (continued)	Never	Occasionally	Often	Very Often
33. Deliberately destroys others' property	0	1	2	3
34. Has used a weapon that can cause serious harm (bat, knife, brick, gun)	0	1	2	3
35. Is physically cruel to animals	0	1	2	3
36. Has deliberately set fires to cause damage	0	1	2	3
37. Has broken into someone else's home, business, or car	0	1	2	3
38. Has stayed out at night without permission	0	1	2	3
39. Has run away from home overnight	0	1	2	3
40. Has forced someone into sexual activity	0	1	2	3
41. Is fearful, anxious, or worried	0	1	2	3
42. Is afraid to try new things for fear of making mistakes	0	1	2	3
43. Feels worthless or inferior	0	1	2	3
44. Blames self for problems, feels guilty	0	1	2	3
45. Feels lonely, unwanted, or unloved; complains that "no one loves him/her"	0	1	2	3
46. Is sad, unhappy, or depressed	0	1	2	3
47. Is self-conscious or easily embarrassed	0	1	2	3

Performance	Problematic		Average		Above Average
48. Overall academic performance	1	2	3	4	5
a. Reading	1	2	3	4	5
b. Mathematics	1	2	3	4	5
c. Written expression	1	2	3	4	5
49. Overall Classroom Behavior	1	2	3	4	5
a. Relationship with peers	1	2	3	4	5
b. Following directions/rules	1	2	3	4	5
c. Disrupting class	1	2	3	4	5
d. Assignment completion	1	2	3	4	5
e. Organizational skills	1	2	3	4	5

Comments:

For Office Use Only:

SYMPTOMS:

Number of questions scored 2 or 3 in questions 1-9: _____

Number of questions scored 2 or 3 in questions 10-18: _____

Total symptom score for questions 1-18: _____

Number of questions scored 2 or 3 in questions 19-26: _____

Number of questions scored 2 or 3 in questions 27-40: _____

Number of questions scored 2 or 3 in questions 41-47: _____

PERFORMANCE:

Number of questions scored 1 or 2 in questions 48-49: _____

Average performance score: _____

Vanderbilt ADHD Teacher Rating Scale (page 1 of 2)

Today's Date: _____ Child's Name: _____ Grade level: _____

Completed by: _____ I am the child's: Teacher School Psychologist Other: _____

Class Time: _____ Class Name: _____

Directions: Each rating should be considered in the context of what is appropriate for the age of the child you are rating and should reflect that child's behavior since the beginning of the school year. Please indicate the number of weeks or months you have been able to evaluate the behaviors: _____ weeks/months

Is this evaluation based on a time when the child was on medication was not on medication not sure?

Symptoms	Never	Occasionally	Often	Very Often
1. Fails to give attention to details or makes careless mistakes in schoolwork	0	1	2	3
2. Has difficulty sustaining attention to tasks or activities	0	1	2	3
3. Does not seem to listen when spoken to directly	0	1	2	3
4. Does not follow through when given directions and fails to finish activities (not due to refusal or failure to understand)	0	1	2	3
5. Has difficulty organizing tasks and activities	0	1	2	3
6. Avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort	0	1	2	3
7. Loses things necessary for tasks or activities (school assignments, pencils, or books)	0	1	2	3
8. Is easily distracted by extraneous stimuli	0	1	2	3
9. Is forgetful in daily activities	0	1	2	3
10. Fidgets with hands or feet or squirms in seat	0	1	2	3
11. Leaves seat in classroom or in other situations in which remaining seated is expected	0	1	2	3
12. Runs about or climbs excessively in situations in which remaining seated is expected	0	1	2	3
13. Has difficulty playing or engaging in leisure activities quietly	0	1	2	3
14. Is "on the go" or often acts as if "driven by a motor"	0	1	2	3
15. Talks excessively	0	1	2	3
16. Blurts out answers before questions have been completed	0	1	2	3
17. Has difficulty waiting in line	0	1	2	3
18. Interrupts or intrudes on others (e.g., butts into conversations/games)	0	1	2	3
19. Loses temper	0	1	2	3
20. Actively defies or refuses to comply with adults' requests or rules	0	1	2	3
21. Is angry or resentful	0	1	2	3
22. Is spiteful and vindictive	0	1	2	3
23. Bullies, threatens, or intimidates others	0	1	2	3
24. Initiates physical fights	0	1	2	3
25. Lies to obtain goods or favors or to avoid obligations (e.g., "cons" others)	0	1	2	3
26. Is physically cruel to people	0	1	2	3
27. Has stole items of nontrivial value	0	1	2	3
28. Deliberately destroys other people's property	0	1	2	3

Vanderbilt ADHD Teacher Rating Scale (page 2 of 2)

Today's Date: _____ Child's Name: _____ Grade level: _____

Symptoms (continued)	Never	Occasionally	Often	Very Often
29. Is fearful, anxious, or worried	0	1	2	3
30. Is self-conscious or easily embarrassed	0	1	2	3
31. Is afraid to try new things for fear of making mistakes	0	1	2	3
32. Feels worthless or inferior	0	1	2	3
33. Blames self for problems; feels guilty	0	1	2	3
34. Feels lonely, unwanted, or unloved; complains that "no one loves him/her"	0	1	2	3
35. Is sad, unhappy, or depressed	0	1	2	3

Performance

	Problematic		Average		Above Average
36. Academic Performance					
a. Reading	1	2	3	4	5
b. Mathematics	1	2	3	4	5
c. Written expression	1	2	3	4	5
d. Homework completion	1	2	3	4	5
37. Classroom Behavior					
a. Relationship with peers	1	2	3	4	5
b. Following directions/rules	1	2	3	4	5
c. Disrupting class	1	2	3	4	5
d. Assignment completion	1	2	3	4	5
e. Organizational skills	1	2	3	4	5

Comments:

Please return this form to:

Mailing address: _____

Fax number: _____

For Office Use Only:

SYMPTOMS:

Number of questions scored 2 or 3 in questions 1-9: _____
 Number of questions scored 2 or 3 in questions 10-18: _____
 Total symptom score for questions 1-18: _____
 Number of questions scored 2 or 3 in questions 19-28: _____
 Number of questions scored 2 or 3 in questions 29-35: _____
 Number of questions scored 4 or 5 in questions 36-43: _____

PERFORMANCE:

Number of questions scored 1 or 2 in questions 36-37: _____
 Average performance score: _____