

Patient Questionnaire for Drs. Eide

Date _____

Patient Name _____ Birthdate _____

School _____ Main Teacher _____

Briefly list problems with which you want help:

MEDICAL HISTORY

Mother's Pregnancy Number of pregnancies prior to this one? _____

Medical problems during pregnancy _____
Fetal movements Normal Abnormal Not sure

Medical problems during delivery _____
Birth weight _____ Apgars (if known) _____ Color Normal Blue

Newborn Problems

- problems breathing 'yellow' (jaundice) seizures floppy body
- infections brain hemorrhage feeding problems 'jittery' colic

Developmental Milestones (if remembered)

Smiled responsively _____ Sat alone _____ Crawled _____ Walked _____

First words _____ Combining words _____ toilet trained _____

- Concerns about:** seeing hearing attention social interaction
 Right handed Left handed Both When noticed? _____

Allergies? (drugs or environmental) _____

Medications _____

Medical Illnesses of Conditions

- Ear infections Head injury Poor weight gain ADD/ADHD Seizures
- Meningitis Fevers Vision problems Hearing problems Asthma
- Dyslexias Coordination problems Speech problems
- Other _____

Prior Evaluations

Physician Psychologist School Therapist Other _____
Prior: EEG Head CT Head MRI Speech Therapist Other Therapy

Do you feel there has been a loss of a previously acquired skill? Yes No

Is there a family history of neurologic, learning, psychiatric, or developmental problem? If yes, please describe _____

Traits & Behaviors

- Shyness Problems with Transitions Refusal to go to School or Daycare
- Overexcitable at times Sensitive to lights or noises Tantrums Sad
- Head banging Spinning Flapping Hands Rocking Self-destructive
- Trouble with eye contact Making odd noises Jerking arms or hands
- Tilts head or squints while reading Poor hand-eye coordination
- Problems jumping rope, skipping, bicycling Confuses Right & Left Intense
- Sense of humor Kind Creative Hardworker 'People' person
- Resilient Optimistic Pessimistic Realistic Affectionate

Interests

- Sports Bike riding Cars/motorcycles Art Building Things
- Music Dancing Social activities Computer games or computer work
- Writing Pets/Animals Schoolwork Reading Math

Other: _____

Mental Energy

- Trouble staying alert Loses focus unless very interested Good & bad days
- Trouble finishing things Sleepy or exhausted at school
- Problems sleeping Picky or poor eater

Attention

- Distracted by sounds Distracted by visual details Focuses deeply
- May focus on unimportant details Daydreams Craves excitement or novelty
- Attention varies depending on subject
- Trouble staying seated Interrupts conversations Blurts out answers
- Forgets what just heard Trouble shifting attention Bored easily
- Creative, has lots of ideas Acts impulsively

Work production

- Trouble planning work Doesn't plan ahead A Multi-tasker
- Fidgety or overactive Disorganized with time Careless errors
- Doesn't notice when bothering others Punishment doesn't make a difference

Reading Problems Yes No

- Loses place Skips words Tires easily Rubs eyes Reversals
- Omits small words Phonics problems Comprehension Problems Problems Reading Aloud

Writing Problems Yes No

- Handwriting problems Problems putting ideas into words Spelling problems
- Organization problems

Speech Problems Yes No

- Problems putting ideas into speech Problems with articulating words
- Problems talking informally with family or friends

Math Problems Yes No

- Problems with basic math facts Careless errors Reversals Concepts

Mood Problems Yes No

- Seems moody Worries a lot Seems sad Negative comments about self
- Believes 'not smart' Has many fears Fluctuates from being sad to very excited
- Has unrealistic ideas Panics Has lost interest in favorite activities
- Has talked about killing himself/herself Gets angry, 'flies off the handle'

Bodily Health Yes No

- Headaches Stomach aches Hearing problems 'What/' or 'huh' alot
- Distracted by background noise Dizziness Wets bed/bathroom issues
- Makes odd sounds Has twitches or tics Has certain rituals or odd habits
- Carsickness Complains of blurred or double vision Eating problems
- Is preoccupied with cleanness Complains 'not well' on school days

Social Yes No

- Relates better to adults or younger children Lacks close friends
- Rejected by age group Has trouble talking like other kids
- Is sad about lack of friends Says & does things to annoy peers
- Has trouble making new friends Dislikes recess
- Gets picked on or bullied Has trouble with resolving conflicts
- Has trouble relating to the opposite sex

Aggressive Concerns Yes No

- Doesn't accept responsibility Disobeys parents Argues a lot
- Has tantrums Trouble with authorities Won't follow rules
- Uses bad language Fights with other students Is mean to animals
- Stirs up trouble Mean to brothers/sisters Takes things from others

Family History

Moms' Age _____ Years of School _____ Occupation _____
Dad's Age _____ Years of School _____ Occupation _____
Ages of Siblings _____

Family member with history of:

- Reading problems Attention Problems Tourette's Writing Problems
- Hearing problems Speech difficulty Hyperactivity Obsessive Compulsive
- Bipolar Learning Disability Behavior problems Depression
- Substance abuse Other neurologic or psychiatric illness _____

Parents are married separated divorced remarried other _____

Has the child endured any extremely stressful experience? _____

Neurology & Learning Evaluations

Please check with your insurance company about coverage. Reimbursement rules may change at any time, and some plans require referral from a primary care physician.

The following are common billing codes submitted to insurance companies. Neuropsychological / Learning assessments are performed as a team by both Drs. Fernette & Brock Eide. Billed initial office visit codes may include the following: 99245 (Consultation), 99204 (Office Visit), 96118 (Neuropsychological Assessment).

Neurology Consultation (99245): This evaluation includes an examination of cranial nerve functions, motor and sensory findings, general outline of medical & developmental history, and review of symptoms.

Neuropsychological Evaluation (96118): This evaluation includes examination for major cognitive areas, including hemispheric dominance, pencil control, fine motor control & speed, phonology, speed of word retrieval, reading & language skills (receptive, expressive, figurative, semantic, syntactical), gross motor & balance, attention, short & long term memory, visual & auditory memory, L-R discrimination, time orientation, problem-solving & planning, and spatial relations. Specific recommendations are made to help with educational decisions, school accommodations (if appropriate), and other referrals. 96118 encompasses test administration, scoring, interpretation, and reporting of performance relative to age norms.

The total rate billed for comprehensive testing including a follow-up visit is \$3500, including time for selection of test materials, test administration, scoring, interpretation, report, and follow-up visit.

Date

Patient's Parent or Guardian

Disclosure & Authorization

I authorize Eide Neurolearning Clinic to charge the credit /debit card I have listed for services at the time of the assessment unless otherwise agreed upon in advance. I agree to be personally & fully responsible for payment for services. I am aware that standard billing fees are \$3500, and that includes one follow-up session.

I am aware that upon my request this claim will be submitted as a courtesy to my insurance for my reimbursement according to my plan. I authorize the Eide Neurolearning Clinic to release to my insurance company any medical information for my child, which may be necessary for processing the claim..

I authorize Fernette Eide, M.D. and / or Brock Eide M.D. to examine and provide medical treatment to my minor child until further notice. I understand that by signing this authorization I am responsible for payment of all services rendered.

I authorize the release of any medical information to any relevant medical provider participating my child's care.

Yes If contacted by my child's teacher of school, I authorize you to share any
 No medical relevant information.

Yes You have my permission to send medical information (including preliminary
 No reports) by email.

SIGNATURE OF PARENT / GUARDIAN / ADULT PATIENT:

_____ DATE: _____

RELATIONSHIP IF MINOR: _____

School History

School _____ Main Teacher _____

How does your child feel about school? _____

Class Size _____

Do you have concerns about his / her class or school placement? _____

Do you have concerns about an IEP or 504? _____

Are any of the following subjects difficult for your child?

Yes No Not Sure

Art			
Computers			
English			
Foreign Language			
Handwriting			
Math			
Music			
Note Taking			
Reading			
Science			
Social Activities			
Social Studies / History			
Speaking / Discussion			
Sports / PE			
Creative Writing			
Report Writing			

Educational & School Requests

Because of frequent requests from parents, we are accepting requests for telephone conferences with school personnel / IEP meetings whenever our schedule permits. We must have seen the children personally in our clinic within the preceding year. Because providing consultation to educational planning conferences is not seen as a medical necessity by insurance, patient families are responsible for the entire cost and must sign the consent below.

Telephone rates are: \$200 per hour, billed in quarter hour increments. Patient families are also responsible for any long distance fees. A current credit card number (Visa or Mastercard) must be on file prior to the conference. Unless specifically requested otherwise, that number will be billed for phone conference fees immediately afterward.

Within a 10 mile radius, and if permitted by our schedules, we are willing to visit schools, visit classrooms, and meet with personnel at that location. For school visits, the rate is \$300 per hour (quarter hour increments).

- Yes, I am aware that if I request a School Conference by phone or in person by Fernette Eide, M.D. or Brock Eide, M.D. M.A., that this is an educational, not medical expense, therefore my insurance will not be billed. I agree to be personally and fully responsible for payment, and agree to the terms listed above.
- No, I am not interested in the possibility of a School Conference or visit for my child at the present time.

Signature of Parent / Guardian

Date

**Gifted Development Center
Characteristics of Giftedness Scale**

- Good problem solving/reasoning abilities**
- Rapid learning ability**
- Extensive vocabulary**
- Excellent memory**
- Long attention span**
- Personal sensitivity**
- Compassion for others**
- Perfectionism**
- Intensity**
- Moral sensitivity**
- Unusual curiosity**
- Perseverant when interested**
- High degree of energy**
- Preference for older companions**
- Wide range of interests**
- Great sense of humor**

- Early or avid reading ability**
- Concerned with justice, fairness**
- At times, judgment seems mature for age**
- Keen powers of observation**
- Vivid imagination**
- High degree of creativity**
- Tends to question authority**
- Shows ability with numbers**

Any other special interests or talents?

Attention & Sensory Checklist:

Seeing:

- Blurry vision - near or far?
- Double vision
- Rubs eyes
- Tilts head or closes one eye
- Reading Problems
- Skips Lines
- Distracted by Visual Details
- Distracted by Movement of Others

Hearing:

- Frequent ear infections
- Says What? Or Huh? A lot
- Covers Ears with Moderate Noise
- Talks Loud
- Distracted by Sounds
- Repeats Back What's Been Said Before Answering
- Delay Before Answering
- Problems in Large Groups, Parties
- Very Sensitive Ears
- Trouble with Background Noise
- Doesn't Respond to Name Being Called

Sensory Seeking:

- Likes Crashing, Bumping
- Always Moving, Hyperactive
- Chews on Shirt Collars
- Poor Sense of Personal Space, Leans on Others
- Wants to Touch Certain Textures
- Likes to Spin, Flap Hands, or Jump

Balance / Movement:

- Fears Falling
- Doesn't like Rough Housing
- Avoids Some Playground Equipment
- Prefers to Stand While Writing
- Insecure with Movement (stairs, escalator)
- Unexpected Falls Out of Chairs
- Trouble Learning to Ride a Bike

Tactile Sensitivity:

- Sensitive to Clothing Tags
- Doesn't like Messy Play or Water Splashes
- Would prefer wearing little or no clothes at home
- Avoids Physical Affection, Hugs
- Likes to Take Off Shoes / Socks

Taste / Smell Sensitivity:

- Picky eater- revolted by smells, tastes, textures
- Prefers 'white foods' pasta, mashed potatoes

Sleep / Energy Level:

- Sleeping Problems
- Snores
- Nightmares
- More fatigued at end of day
- Fatigues easily
- Often puts head on desk
- Problems Going to Bed
- Kicks while Asleep
- Doesn't Realize When Sleepy or Hungry
- Wake in Middle of Night
- Daytime Sleepiness
- Floppy or loose muscle tone
- Weak Grasp
- Flops When Sitting on Floor

Emotional Regulation:

- Overload in Loud or Busy Environment
- Punishment Doesn't Make a Difference
- Explosive Anger Spells

GDC Introversion/Extraversion Continuum

Please check the box indicating how close your child is to one of the descriptors within each pair:

	A	B	C	D	E	F	G	
Needs time to adjust	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adapts quickly
Embarrassed by own mistakes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Laughs at own mistakes
Mentally rehearses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thinks out loud
Prefers one close friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Prefers many friends
Hates being interrupted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Doesn't mind interruptions
Keeps feelings private	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Shows feelings readily
Needs time alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Needs social interaction
Learns by observing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Learns by doing
Reflective	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Impulsive
Explores topics in depth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Prefers variety to depth
Cautious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Risk-taker
Uncomfortable with change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Prefers novelty
Slow to respond, needs time to think	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Quick, verbally assertive
Concentrates intently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Easily distracted
Reserved	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outgoing
Needs to control environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Flexible, "goes with the flow"
Focused on inner world	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Focused on social life
Avoids attention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Likes attention
Questions own abilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Confident
In a new situation, prefers to listen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In a new situation, prefers to talk
Likes to concentrate on one activity at a time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Can focus on many ideas at once
May appear different at home and in public	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Same in public and at home
Is (has been) tantrum-prone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Expresses anger freely
Prefers a book to a party	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Prefers a party to a book
Holds in negative feelings in public, and vents them in a safe environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vents negative feelings when they arise

NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you may be used and disclosed, and how you can get access to this information. Please review it carefully.

The Eide Neurolearning Clinic respects your privacy. We understand that your personal health information is very sensitive. We will not disclose your information to others unless you tell us to do so, or unless the law authorizes or requires us to do so.

The law protects the privacy of the health information we create and obtain in providing our care and services to you. For example, your protected health information includes your symptoms, test results, diagnoses, treatment, health information from other providers, and billing and payment information relating to these services. Federal and state law allows us to use and disclose your protected health information for purposes of treatment and health care operations. State law requires us to get your authorization to disclose this information for payment purposes.

Examples of Use and Disclosures of Protected Health Information for Treatment, Payment, and Health Operations

For treatment:

- **Information obtained by a nurse, physician, or other member of our health care team will be recorded in your medical record and used to help decide what care may be right for you.**
- **We may also provide information to others providing you care. This will help them stay informed about your care.**

For payment:

- **We request payment from your health insurance plan. Health plans need information from us about your medical care. Information provided to health plans may include your diagnoses, procedures performed, or recommended care.**

For health care operations:

- **We use your medical records to assess quality and improve services.**
- **We may use and disclose medical records to review the qualifications and performance of our health care providers and to train our staff.**
- **We may contact you to remind you about appointments and give you information about treatment alternatives or other health-related benefits and services.**
- **We may contact you to raise funds.**
- **We may use and disclose your information to conduct or arrange for services, including:**
 - **medical quality review by your health plan;**
 - **accounting, legal, risk management, and insurance services;**
 - **audit functions, including fraud and abuse detection and compliance programs.**

Your Health Information Rights

The health and billing records we create and store are the property of the practice/health care facility. The protected health information in it, however, generally belongs to you. You have a right to:

- **Receive, read, and ask questions about this Notice;**
- **Ask us to restrict certain uses and disclosures. You must deliver this request in writing to us. We are not required to grant the request. But we will comply with any request granted;**
- **Request and receive from us a paper copy of the most current Notice of Privacy Practices for Protected Health Information (“Notice”);**
- **Request that you be allowed to see and get a copy of your protected health information. You may make this request in writing. We have a form available for this type of request.**
- **Have us review a denial of access to your health information—except in certain circumstances;**
- **Ask us to change your health information. You may give us this request in writing. You may write a statement of disagreement if your request is denied. It will be stored in your medical record, and included with any release of your records.**
- **When you request, we will give you a list of disclosures of your health information. The list will not include disclosures to third-party payors. You may receive this information without charge once every 12 months. We will notify you of the cost involved if you request this information more than once in 12 months.**

- Ask that your health information be given to you by another means or at another location. Please sign, date, and give us your request in writing.
- Cancel prior authorizations to use or disclose health information by giving us a written revocation. Your revocation does not affect information that has already been released. It also does not affect any action taken before we have it. Sometimes, you cannot cancel an authorization if its purpose was to obtain insurance.

For help with these rights during normal business hours, please contact:
 [name or title of designated staff member]
 [phone number or address]

Our Responsibilities

We are required to:

- Keep your protected health information private;
- Give you this Notice;
- Follow the terms of this Notice.

We have the right to change our practices regarding the protected health information we maintain. If we make changes, we will update this Notice. You may receive the most recent copy of this Notice by calling and asking for it or by visiting our [office/medical records department] to pick one up.

To Ask for Help or Complain

If you have questions, want more information, or want to report a problem about the handling of your protected health information, you may *contact*:
 [name or title of designated staff member]
 [phone number or address]

If you believe your privacy rights have been violated, you may discuss your concerns with any staff member. You may also deliver a written complaint to [name or title of person] at our practice/health care facility. You may also file a complaint with the U.S. Secretary of Health and Human Services.

We respect your right to file a complaint with us or with the U.S. Secretary of Health and Human Services. If you complain, we will not retaliate against you.

Other Disclosures and Uses of Protected Health Information

Notification of Family and Others

- Unless you object, we may release health information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. We may tell your family or friends your condition and that you are in a hospital. In addition, we may disclose health information about you to assist in disaster relief efforts.
- [Hospitals] Information may be provided to people who ask for you by name. We may use and disclose the following information in a hospital directory:
 - your name,
 - location,
 - general condition, and
 - religion (only to clergy).

You have the right to object to this use or disclosure of your information. If you object, we will not use or disclose it.

We may use and disclose your protected health information without your authorization as follows:

- With Medical Researchers—if the research has been approved and has policies to protect the privacy of your health information. We may also share information with medical researchers preparing to conduct a research project.
- To Funeral Directors/Coroners consistent with applicable law to allow them to carry out their duties.
- To Organ Procurement Organizations (tissue donation and transplant) or persons who obtain, store, or transplant organs.
- To the Food and Drug Administration (FDA) relating to problems with food, supplements, and products.
- To Comply With Workers' Compensation Laws—if you make a workers' compensation claim.
- For Public Health and Safety Purposes as Allowed or Required by Law:
 - to prevent or reduce a serious, immediate threat to the health or safety of a person
 - or the public.
 - to public health or legal authorities

- **to protect public health and safety**
- **to prevent or control disease, injury, or disability**
- **to report vital statistics such as births or deaths.**
- To Report Suspected Abuse or Neglect to public authorities.
- To Correctional Institutions **if you are in jail or prison, as necessary for your health and the health and safety of others.**
- For Law Enforcement Purposes **such as when we receive a subpoena, court order, or other legal process, or you are the victim of a crime.**
- For Health and Safety Oversight Activities. **For example, we may share health information with the Department of Health.**
- For Disaster Relief Purposes. **For example, we may share health information with disaster relief agencies to assist in notification of your condition to family or others.**
- For Work-Related Conditions That Could Affect Employee Health. **For example, an employer may ask us to assess health risks on a job site.**
- To the Military Authorities of U.S. and Foreign Military Personnel. **For example, the law may require us to provide information necessary to a military mission.**
- In the Course of Judicial/Administrative Proceedings **at your request, or as directed by a subpoena or court order.**
- For Specialized Government Functions. **For example, we may share information for national security purposes.**

Other Uses and Disclosures of Protected Health Information

Uses and disclosures not in this Notice will be made only as allowed or required by

- law or with your written authorization.

Web Site

- We have a Web site that provides information about us: www.neurolearning.com

Effective Date:

April 14, 2003