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Date

weight _____ kg.

Primary PCP:

DOB

Name

Referred by:

Age

School

ISD

Grade

Symptoms: 1:

2:

3:

4:

Brief Description:

Is the patient pregnant? ☐ No ☐ Yes / Allergies:

/ PMed Hx:

SX: Restless ☐ Special Ed. ☐ Starring Spells ☐ Headaches ☐ Speech Therapy ☐ / ☒ = Yes ☒ = No

Inattention	Yes	?	No	ODD	Yes	?	No	Conduct	Yes	?	No
No attention to details, careless mistakes				Loses temper				Stolen more than once w/o confrontation			
Difficulty sustaining attention in tasks or play activities				Argues with adults				Stolen with confrontation			
Doesn't seem to listen				Actively defies requests or rules				Lied often			
Difficulty following instructions				Does things to annoy other people				Engaged in fire setting			
Difficulty organizing tasks and activities				Blames others for his mistakes				Often been truant from school			
Avoid tasks that require mental effort				Touchy or easily annoyed				Broken into someone's house, building or car			
Loses necessary things				Angry and resentful				Destroyed other's property			
Easily distracted by extraneous stimuli				Spiteful or vindictive				Been physically cruel to animals			
Forgetful in daily activity				Sleep problems				Forced someone into sexual activity			
Total				Reading difficulty				Used a weapon in more than one fight			
Hyperactivity	Yes	?	No	Math difficulty				Often initiated physical fights			
Fidgets or squirms				Motor deficit				Runaway overnight 2x or more			
Leaves seat in classroom				Speech deficit				Been physically cruel to people			
Runs about inappropriately				Total				Total			
Difficultly playing quietly				Previous CT Scan	<input type="checkbox"/> no	<input type="checkbox"/> yes					
"On the go" or "Motor driven"				Previous MRI	<input type="checkbox"/> no	<input type="checkbox"/> yes					
Talks excessively				Previous EEG	<input type="checkbox"/> no	<input type="checkbox"/> yes					
Total				Previous Lab	<input type="checkbox"/> no	<input type="checkbox"/> yes					
Impulsivity	Yes	?	No								
Blurts out answers											
Difficulty awaiting turn											
Interrupts or intrudes on others											
Total											

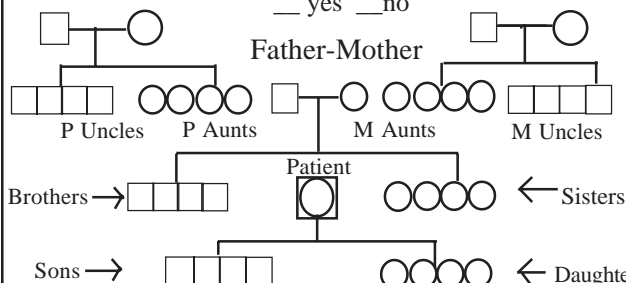
Conners' Global Index - Parent Version

	Never, Seldom	Occasionally	Often, Quite A Bit	Very Often, Very Frequent
Restless or overactive	0	1	2	3
Excitable, impulsive	0	1	2	3
Fails to finish things, he/she starts	0	1	2	3
Inattentive, easily distracted	0	1	2	3
Temper outbursts	0	1	2	3
Fidgeting	0	1	2	3
Disturbs other children	0	1	2	3
Demands must be met immediately	0	1	2	3
Cries often and easily	0	1	2	3
Mood changes quickly and drastically	0	1	2	3

Family History

__ yes __ no

Father-Mother



Name of medicine

Unit dose

A

M

N

N

P

M

Who prescribed it?
(Physician's Name)

Why was it
prescribed?

Any side effects?