

PSYCHOLOGIST-PSYCHO EDUCATIONAL TESTING

**This is our recommended list. You do not have to use these providers, you may contact your insurance provider if you wish to find a doctor your insurance covers.

Dr. Shirley Boone-Sanford
2078 Teron Trace Ste 250 #326 Dacula GA 30019
678-205-0838
www.psychologygwinnett.com

Dr. Erin Floyd, Karen Dean
1805 Herrington Rd. Bld 2 Lawrenceville, GA 30043
770-962-1944
www.erinfloydpdhd.mysite.com

Dr. Matt Turner Kid Psychologist, LLC
1805 Herrington Rd Bld 2 Lawrenceville, GA 30043
678-524-6005
www.kidspsychologist.com

Dr. Judy Kerley, Dr. Mary Grace Thomas
4411 Suwanee Dam Road Ste 920 Suwanee 30024
678-714-9590

Dr. Saori Maruyama
10475 Medlcok Bridge Rd Bld 300 Ste 315 Johns Creek, GA 30097
678-369-3837
www.johnscreekpsychology.com

Dr. Spomenka Newman
1010 North Main Street Stone Mountain, GA 30083
770-315-4554
www.psychologist4kids.com

Psychological Solutions of North Atlanta
6290 Abbotts Bridge Rd Ste 501 Duluth, GA 30097
404-202-1309
www.psychsolutionsna.com

Dr. Craig Kerley
3949 Holcomb Bridge Road Ste 202 Norcross GA 30092
770-449-0082
www.drkerley.com

Atlanta Pediatric Psychology Associates
3589 Habersham at Northlake Tucker, GA 30084
770-939-4473
www.appanorthlake.com

Atlanta Area Psychological Associates, P.C
327 Dahlonega Street Suite 1801-B Cumming, Georgia 30040
770-953-6401
www.atlantapsych.com

Dr. Mary H. Danielak, Licensed Psychologist
314 Maxwell Road, Suite 400
Alpharetta, GA 30009
770-442-9447 x 111
www.YourShrink.com



LAWRENCEVILLE PEDIATRICS

Date:

Attention Deficit Disorder Intake Form:

Patient:

DOB:

Age:

Grade:

Was your child born premature or at term? If premature, how early? YES NO

Were there any complications with the pregnancy or delivery of your child? If so, please describe: YES NO

Does your child have any problems with sleep such as snoring, poor quality, frequent nightmares or trouble initiating sleep? If so please describe: YES NO

Does your child have a difficult temperament (i.e. had colic, lots of tantrums, picky eating, troubles with babysitters, etc?) YES NO

Has your child ever needed speech therapy, physical therapy or occupational therapy? If so please describe. YES NO

Have you ever been concerned that your child might seriously harm his/herself or someone else? YES NO

Has your child ever heard voices that weren't there, described visions that didn't exist? YES NO

Have you ever sought psychological counseling for your child? YES NO

Has your child had conflict with teachers, staff or peers at school? YES NO

Has your child ever been suspended from school? YES NO

Has there ever been discussion regarding repeating a grade at school? YES NO

Has your child ever had an Individualized Education Plan (IEP)? YES NO



LAWRENCEVILLE PEDIATRICS

Has your child had a history of:

Learning problems?	YES	NO
Serious head injury?	YES	NO
Loss of consciousness?	YES	NO
Meningitis?	YES	NO
Seizures?	YES	NO
Staring Spells?	YES	NO
Tics?	YES	NO
Depression?	YES	NO
Recurrent headaches?	YES	NO
Recurrent abdominal pain?	YES	NO

If you answered yes to any of the above questions, please describe here: _____

Please list any medications, including vitamins and herbal supplements, that your child currently takes. _____

Please check any of the following that occur in your family:

- Attention Deficit Disorder
- Mental Illness
- Drug or Alcohol Abuse
- Neurological disorder
- Learning/reading difficulties
- Birth defects
- Trouble with the criminal justice system
- Physical or sexual abuse
- Thyroid disease
- Toxic exposures (e.g. Lead, mercury)

If you circled any of the above conditions, please describe here: _____

Who lives in your home?

Reviewed _____