

ADHD Genetic/Sib Study Screening Form

Affected child's name: _____ **DOB:** _____

Address: _____

Sex: M F **Ethnicity:** Hispanic Non-Hispanic

Race: 1. American Indian / Alaska native 2. Asian 3. Black/African American
4. White 5. Hispanic /Latino 6. Native Hawaiian /Pacific Islander

ADHD diagnosed at what age? _____ **Meds/dosage** _____

Other Diagnoses: _____

Mother's name: _____

Address: _____ **DOB** _____

Telephone: _____ (h) _____ (w)

Best time to call: _____

Email _____ **Ethnicity:** Hispanic Non Hispanic

Race: 1. American Indian / Alaska native 2. Asian 3. Black/African American
4. White 5. Hispanic/Latino 6. Native Hawaiian/Pacific Islander

Ethnicity & Race of your Mother _____ **Father** _____

ADHD ? _____ **at what age?** _____ **Meds/dosage** _____

OtherDiagnoses : _____

Father's name: _____

Address: _____ DOB _____

Telephone: _____ (h) _____ (w)

Best time to call _____

Email _____ Ethnicity: Hispanic Non Hispanic

Race: 1. American Indian or Alaska native 2. Asian 3. Black/African American
4. White 5. Hispanic/ Latino 6. Native Hawaiian /Pacific Islander

Ethnicity & race of your Mother _____ Father _____

ADHD? _____ Diagnosed at what age? _____ Meds/dosage _____

Other diagnoses: _____

Sibling's name: _____

Address: _____ DOB _____

Sex: M F

Ethnicity: Hispanic Non Hispanic

Race: 1. American Indian/ Alaska native 2. Asian 3. Black/African American
4. White 5. Hispanic/ Latino 6. Native Hawaiian /Pacific Islander

ADHD ? _____ at what age? _____ Meds/dosage _____

Other Diagnoses: _____

Sibling's name: _____

Address: _____ DOB _____

_____ Sex: M F

Ethnicity: Hispanic Non Hispanic

Race: 1. American Indian /Alaska native 2. Asian 3. Black/African American
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ADHD ? _____ at what age? _____ Meds/dosage _____

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ADHD ? _____ at what age? _____ Meds/dosage _____

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