

**Monica Suchoff, M.D., F.A.A.P.**

**Developmental and Behavioral Pediatrics**

Discovery Developmental Center

840 E. Redd Rd. #3

El Paso, TX 79912

PH# 915-581-5557

FAX# 915-225-6443

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Thank you for choosing Discovery Developmental Center for the evaluation of your child.

The following information will be needed BEFORE an appointment can be set for your child:

\_\_\_\_\_ Your primary care provider REFERRAL TO DR. SUCHOFF

\_\_\_\_\_ The Patient Questionnaire

\_\_\_\_\_ The Insurance Information for your child

\_\_\_\_\_ The Teacher Questionnaire----this can be brought in the day of the appointment

\_\_\_\_\_ Dr.Suchoff will ONLY see the patient and parents the day of the appointment  
(no siblings or other children allowed on the waiting area)

As soon as this office has the above information, your child will be assigned an appointment.

Please be sure to leave us at least two phone numbers to reach you to make arrangements for the appointment.

*Gracias por elegir a Discovery Developmental Center para la evaluación de su hijo(a).*

*Se necesitan los siguientes documentos ANTES de poder hacerle la cita:*

\_\_\_\_\_ *La **referencia** para que lo evalúe la Dra. Suchoff*

\_\_\_\_\_ *Questionario del Paciente*

\_\_\_\_\_ *Datos de Aseguranza del paciente*

\_\_\_\_\_ *Questionario de la maestro(o)---este se puede traer el dia de la cita*

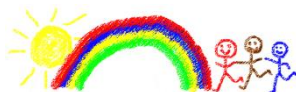
\_\_\_\_\_ *La Dra. Suchoff nomas veera al paciente con sus padres solamente el dia de la cita  
(No se permiten otros ninos en la sala de espera)*

*En cuanto la informacion sea disponible, se le dara la cita a su hijo(a).*

*Dejenos por lo menos dos numeros de telefono para hablarles y hacer los arreglos para la cita.*

Thank you/Gracias

Monica Suchoff, M.D. FAAP



**Monica Suchoff, M.D., F.A.A.P.**

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**Missed Appointments Policy**  
**Reglas y Multa Para Citas que no se Cancelan**

You have been given protected time to see the doctor. No one else can be given that same time. When you call to cancel with enough time, it is possible to give your appointed time to someone else who needs to come in urgently. When you do not cancel, not only are you missing your child's appointment, you are not giving someone else the opportunity to come at that time.

Effective immediately, there will be a \$50.00 penalty for missed appointments. To avoid having to pay the penalty, please call 48 hours before your appointment if you know you cannot come in. At the very least, call the morning of the appointment to make other arrangements.

Thank you for your considerate behavior.

*Se le ha dado tiempo protegido para ver a la Dra. A nadie mas se le puede dar la misma cita. Cuando hables para dar aviso que no vienen, es posible darle a alguien mas esa cita, especialmente a alguien a quien le urge. Cuando no cancelan, no tan solo pierden la cita de su hijo(a), les estan quitando la oportunidad a alguien mas que venga.*

*Efectivo inmediatamente, va ver una multa de \$50.00 US por cada cita que no se cancela con tiempo. Para evitar esta multa, por favor llame 48 horas antes de su cita si sabe que no va a venir. Al minimo, hable temprano el dia de su cita, para hacer otros arreglos.*

*Gracias por ser un paciente considerado.*

**Monica Suchoff, M.D.**

\_\_\_\_ I understand the policy regarding missed appointments.

\_\_\_\_ I understand that if I do not give advance notice that I will not attend my appointment, I will be responsible for paying \$50.00 as the penalty.

\_\_\_\_ I understand that my insurance WILL NOT pay the penalty, it is my responsibility.

\_\_\_\_ *Yo comprendo las reglas acerca de citas que no se cancelan.*

\_\_\_\_ *Yo comprendo que si no doy aviso que no voy a asistir a mi cita, yo soy responsable por pagar la multa de \$50.00 US.*

\_\_\_\_ *Yo comprendo que mi aseguranza NO PAGARA esta multa, la multa es mi responsabilidad.*

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Signature  
*Firma*

Printed Name  
*Nombre*

Date  
*Fecha*

Child's name  
*Nombre del paciente*

Date of Birth  
*Fecha de nacimiento*

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**REGISTRATION, PATIENT INFORMATION, AND PRIVACY PRACTICES ACKNOWLEDGEMENT**  
**REGISTRO, INFORMACION DEL PACIENTE, RECONOCIMIENTO DE NUESTRO TRATO DE INFORMACION PRIVADA**

**PATIENT/PACIENTE:**

Last Name/Apellido Paterno \_\_\_\_\_

Home Phone/Telefono de casa \_\_\_\_\_

First Name/Nombre \_\_\_\_\_

Cell Phone/ alternate phone/telefono alternativo \_\_\_\_\_

Address/Domicilio \_\_\_\_\_

Date of Birth/Fecha de nacimiento \_\_\_\_\_

\_\_\_\_\_

SS#/Numero de seguro social del paciente \_\_\_\_\_

City/Ciudad \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Emergency Contact Person and Phone Number: \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Hombre \_\_\_\_\_ Mujer \_\_\_\_\_

My Child Has/Mi Hijo o Hija Tiene: \_\_\_\_\_ Private Insurance/Seguro Privado \_\_\_\_\_ Medicaid \_\_\_\_\_ CHIP \_\_\_\_\_ SSI \_\_\_\_\_

**Person Responsible for Payment/Persona Responsable para el pago**

**Caregiver with the PRIMARY PRIVATE INSURANCE / Padre o Guardian con SEGURO PRIVADO--PRIMARIO**

Last Name/Apellido Paterno \_\_\_\_\_

Employer/Lugar de Empleo \_\_\_\_\_

First Name/Nombre \_\_\_\_\_

Work Phone/Telefono de Empleo \_\_\_\_\_

Relationship to the Patient/Relacion al Paciente:

SS# \_\_\_\_\_

\_\_\_\_\_ Parent/Padre o Madre \_\_\_\_\_ Other: \_\_\_\_\_

Date of Birth/Fecha de nacimiento \_\_\_\_\_

Insurance Name/Nombre de Seguro \_\_\_\_\_

Insured ID# \_\_\_\_\_

Address/Direccion de Seguro \_\_\_\_\_

Group # \_\_\_\_\_

City/Ciudad de Seguro \_\_\_\_\_

State/Estado \_\_\_\_\_ Zip Code/Codigo Postal \_\_\_\_\_

**Caregiver with the SECONDARY PRIVATE INSURANCE / Padre o Guardian con SEGURO PRIVADO--SECUNDARIA**

Last Name/Apellido Paterno \_\_\_\_\_

Employer/Lugar de Empleo \_\_\_\_\_

First Name/Nombre \_\_\_\_\_

Work Phone/Telefono de Empleo \_\_\_\_\_

Relationship to the Patient/Relacion con el Paciente:

SS# \_\_\_\_\_

\_\_\_\_\_ Parent/Padre o Madre \_\_\_\_\_ Other: \_\_\_\_\_

Date of Birth/Fecha de nacimiento \_\_\_\_\_

Insurance Name/Nombre de Seguro \_\_\_\_\_

Insured ID# \_\_\_\_\_

Address/Direccion de Seguro \_\_\_\_\_

Group # \_\_\_\_\_

City/Ciudad de Seguro \_\_\_\_\_

State/Estado \_\_\_\_\_ Zip Code/Codigo Postal \_\_\_\_\_

I authorize the release of any medical information necessary to process my insurance claims. **I authorize payment directly to Dr. Suchoff for services rendered. I will be fully responsible for all the charges NOT paid by my insurance company.**

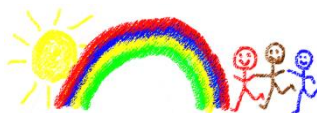
*Yo autorizo que se comparta informacion medica, la que sea necesaria para cobrarle al Seguro. Yo autorizo que el Seguro le mande el pago a la Dra. Suchoff para sus servicios medicos. Yo me hago responsable por los cobros que NO pague el Seguro.*

Signature/Firma \_\_\_\_\_ Date/Fecha \_\_\_\_\_

**Acknowledgement of Review of Notice of Privacy Practices/ RECONOCIMIENTO DE NUESTRO TRATO DE INFORMACION PRIVADA**

I have reviewed this office's Notice of Privacy Practices, which explains how my medical information will be used and disclosed. I understand that I am entitled to receive a copy of this document. *Se hizo disponible el aviso que describe nuestras polizas sobre informacion privada. Comprendo que tengo derecho a recibir una copia de ese documento.*

Signature/Firma \_\_\_\_\_



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**Patient Questionnaire Preguntas para el Paciente**

Child's Name / <i>Nombre del Paciente</i>	Birthdate / <i>Fecha de nacimiento</i>	Age / <i>Edad</i>	Male // <i>masculine</i> Female // <i>femenina</i>	Today's Date // <i>Fecha de Hoy</i>
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Address // <i>Domicilio</i> Street // <i>calle</i>	City and State // <i>ciudad/estado</i>	Zip Code / <i>zona Postal</i>
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Mother's Name // <i>Nombre de la Madre</i>	Birthdate // <i>Fecha de nacimiento</i>	Education / <i>Educación</i>	Occupation / <i>Ocupación</i>	Home Phone / <i>Teléfono de casa</i>	Cell Phone / <i>Teléfono celular</i>
Father's Name // <i>Nombre del Padre</i>	Birthdate // <i>Fecha de nacimiento</i>	Education / <i>Educación</i>	Occupation / <i>Ocupación</i>	Home Phone / <i>Teléfono de casa</i>	Cell Phone / <i>Teléfono celular</i>
With whom does the child live? <i>Con quién vive el Paciente?</i>			Parents' Marital Status <i>Estado civil de los padres</i>		

**Brothers and Sisters Hermanos y Hermanas**

<i>Nombre</i> <u>Full Name</u>	<i>Fecha de Nacimiento</i> <u>Birthdate</u>	<i>Escuela/Ocupación</i> <u>School or Occupation</u>	<i>Grado</i> <u>Grade</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Who is your child's regular doctor? \_\_\_\_\_ Who referred you to us? \_\_\_\_\_  
*Quién es el Dr.* *Quién los refirió a ésta clínica?*

**Behavior Comportamiento:** why was the child referred: *porqué se refirió su niño:*

\_\_\_\_\_

\_\_\_\_\_

age/grade at onset of behavior(s) *edad que comenzó* : \_\_\_\_\_

course—*como sigue*: \_\_\_\_\_getting better *mejorando* \_\_\_\_\_staying the same *igual* \_\_\_\_\_becoming more severe *empeorando*

Parents' perception of cause of problem(s)—*qué piensan que pueda ser la causa* \_\_\_\_\_

peer relations/popularity---*como se lleva con/ ó es aceptado por otros niño* \_\_\_\_\_

sibling relations—*como se lleva colos hermanos/primos* \_\_\_\_\_

**Behavior comportamiento:-----**

during mealtimes <i>a la hora de la comida/cena</i>	Homework <i>tarea</i>	Bathtime <i>para meterse a bañar</i>	at bedtime <i>para dormir</i>	while shopping <i>en tiendas</i>	Other activities <i>otras actividades</i>
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**Interference with discipline Interferencia con la disciplina:**

<input type="checkbox"/> none <i>nadie interfiere</i>	<input type="checkbox"/> occasional <i>de vez en cuando</i>	<input type="checkbox"/> frequent interference <i>muy seguido interfiere</i>	<b>if interference present it comes from: <i>si hay interferencia viene de:</i></b>
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**Consistency of discipline/rules Qué tan consistente son con las reglas y la disciplina:**

<input type="checkbox"/> always <i>siempre</i>	<input type="checkbox"/> usually <i>casi siempre</i>	<input type="checkbox"/> occasionally <i>de vez en cuando</i>	<input type="checkbox"/> none <i>ninguna</i>	discipline techniques <i>tipos de disciplina:</i>
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**Recent (past 6 - 12 months) changes in family status Cambios recientes en la familia:**

☐ none *ninguno* ☐ other *algo mas* \_\_\_\_\_

**Check the items which describe your child Márque todo lo que describa al paciente:**

☐ well-behaved *buen comportamiento* ☐ respectful *respetuoso* ☐ is welcome at others' homes *bienvenido en otras casas*  
☐ is well-liked/popular *populár/amigüero* ☐ is doing well in school *va bien en la escuela* ☐ outgoing personality *extrovertido*  
☐ daydreams *sueña despierto* ☐ distractible *distraído* ☐ dawdles *demasiado lento para hacer las cosas* ☐ forgetful *olvidadizo*  
☐ gets sidetracked when sent to do a chore/errand *se le olvida a qué lo mandaron a hacer* ☐ loses things *se le pierden facilmente las cosas*  
☐ disorganized *desorganizado* ☐ easily bored *se aburre fácilmente* ☐ does not complete projects/homework *deja cosas a medias/sin terminar*  
☐ cannot do homework without supervision *no puede hacer su taréa sin supervisión* ☐ forgets to bring home homework *olvida llevar la taréa a la casa*  
☐ fidgets/squirms *mueve los piés o las manos cuando está sentado* ☐ always on the go *en movimiento constante* ☐ impatient *impaciente*  
☐ runs *in stores/gets lost corretea o se pierde en las tiendas* ☐ loud and noisy *demasiado escandaloso* ☐ interrupts *interrumpe*  
☐ talks too much/too loudly *habla "hasta por los codos" ó en voz muy fuerte* ☐ gets into things *esculca cajones, closets, etc*  
☐ cannot sit still long enough to watch TV or listen to a story or during meals *no aguanta ver un programa entero o mientras que come sin levantarse varias veces*  
☐ not doing well in school (poor grades) *bajas calificaciones* ☐ does not seem to remember from one day to the next *no retiene lo que le enseñan*  
☐ does not seem to be learning *no aparece estar aprendiendo* ☐ easily frustrated *se frustra/ desespera facilmente*  
☐ poor reading comprehension *no comprende lo que leyó* ☐ does not understand homework *no le entiende a la taréa*  
☐ teacher feels that child may have to repeat year *es posible que no pase de año*  
☐ quick temper/tantrums more than others *corajúdo/berrinchúdo* ☐ defiant/talks back *resongón desafía* ☐ argues about request *discute ó reniega para todo*  
☐ likes to bother others *le gusta molestar a los otros* ☐ is easily upset by others *lo molestan facilmente* ☐ blames others *le hecha la culpa a otros*  
☐ holds grudges *rencoroso* ☐ gets revenge *vengativo* ☐ won't share *no comparte con otros* ☐ fights with siblings/friends *pelionéro*  
☐ lies to get out of trouble *miente para salirse de problemas* ☐ bossy *mandón*  
☐ unresponsive to discipline *no aprende de los castigos* ☐ uses foul language *usa palabras groseras* ☐ demands much attention *exige demasiada atención*  
☐ unpopular *rechazado por otros niños* ☐ will not listen to parents *adrede no les hace caso a los padres* ☐ destructive on purpose *destructor a propósito*  
☐ breaks rules *rompe las reglas* ☐ sets fires *prende fuegos* ☐ is cruel to animals *es cruel con animales* ☐ steals *roba*  
☐ lies to get others into trouble *inventa cuentos para meter a otros en problemas (no para quitarse la culpa de encima)*  
☐ seems sadder than usual *mas triste que lo normal* ☐ seems more anxious or fearful than usual *mas ansiedad o miedo de lo normal*  
☐ exceptionally shy *demasiado tímido* ☐ cries easily/overly sensitive *demasiado sensible/llora por todo* ☐ nightmares *pesadillas*  
other *algún otra inquietúd:* \_\_\_\_\_

**Previous School Experience Experiencia Escolar: --note any comments provided by previous teachers incluya comentarios de las maestras:**

Prekindergarten \_\_\_\_\_ Kindergarten \_\_\_\_\_

1st grade\_\_\_\_\_2ndgrade\_\_\_\_\_

3rd grade\_\_\_\_\_4th grade\_\_\_\_\_

5th grade\_\_\_\_\_6th grade\_\_\_\_\_

### Current School Experience *Éste Año Escolar*

Classroom placement *Que tipo de salon ó programa:* ☐ECE ☐Pre -K ☐KDG **Grade**\_\_\_\_\_ (☐regular ☐resource *especial* ☐bilingual)

☐retained *reprobó* \_\_\_\_\_ other *otro* \_\_\_\_\_

Teacher comments *Comentários que haya dicho la maestra:*

☐doing well *va bién* ☐eager to please *le gusta dar placer a la maestra* ☐works diligently *pone mucho empeño* ☐respectful *respetuoso*

☐participates in discussions *participa en discusiones* ☐good peer relations *se lleva bién con sus compañeros*

☐off-task *no está en lo que debe* ☐daydreams *sueña despierto* ☐easily distracted *se distrae fácilmente* ☐does not complete work *no termina su trabajo*

☐forgets to turn in homework *olvida entregar la tarea* ☐needs frequent redirection *necesita recordatorios frecuentes que haga su trabajo*

☐needs much 1:1 attention *necesita mucha atención individual* ☐distractibility interferes with potential *la distracción está impidiendo a que adelante*

☐blurts out answers *contesta fuera de su turno* ☐talks out of turn *habla cuando no se debe hablar* ☐fidgets *no se queda tranquilo*

☐disrupts the classroom *distrae a la maestra y los alumnos* ☐makes noises *hace ruidos* ☐out of seat *se sale de su asiento* ☐tattles *chismoso*

☐drops books/pencils/etc. *se le caen los lapices/cuadernos* ☐impulsive *impulsivo* ☐disorganized *desorganizado* ☐class clown *payaso*

☐poor use of time *desperdicia el tiempo* ☐poor study habits *desorganizado para estudiár* ☐meddles in peers' affairs *entrometido con sus compañeros*

☐below grade level *está trabajando mas bajo de su grado* ☐difficulty grasping concepts *no comprende los conceptos*

☐poor retention *no retiene la información* ☐poor reading comprehension *no comprende lo que leyó* ☐poor phonetics *no le entiende a la fonética*

☐does not understand directions *no entiende las direcciones* ☐inconsistent performance *de día en día varía el producto de su trabajo*

☐difficulty following multi-step directions *necesita que se le de instrucciones una por una, no corridas* ☐poor handwriting *no se le entiende a lo que escribe*

☐difficulty with word problems *dificultad con matemática cuando se trata de leer parafos* ☐letter/number reversals *escribe letras y numeros al revés*

☐easily discouraged or frustrated *se desanima o frustra fácilmente* ☐cries/overly sensitive *llora/es demasiado sensible* ☐shy/timid *vergonzoso/timido*

☐tantrums *hace rabietas/berrinches* ☐disrespectful *falta de respeto a los adultos* ☐disinterested in learning *desinteresado en aprender*

☐fights with peers *pelea con compañeros* ☐refuses to participate *rehusa participar* ☐refuses to follow rules *rehusa seguir las reglas*

☐refuses to work at full capacity *rehusa poner todo empeño* ☐refuses to do work *rehusa hacer su trabajo*

☐defiant with authority figures *desafía a las autoridades* ☐physically aggressive with adults *agresivo con adultos/maestro/administradores*

☐has taken illegal substances/weapons on campus *se ha llevado drogas o armas/navajas a la escuela* ☐starts fires *prende fuego* ☐steals *roba*

☐cruelty to animals or others *cruel con personas o animales*

other comments from the teachers *algunos otros comentarios de las maestras:* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### PAST MEDICAL HISTORY *DATOS MÉDICOS*

#### Pregnancy *Embarazo:*

How old was the mother when she was pregnant with this child *¿Qué edad tuvo la madre cuando se alivió de éste paciente?* \_\_\_\_\_

How many times was the mother pregnant before this child *¿Cuántos embarazos tuvo antes de éste paciente?* \_\_\_\_\_

Was there a healthy baby born with each pregnancy? ☐yes ☐no *¿Se le lograron todos los embarazos?* ☐Si ☐No

*explain explique* \_\_\_\_\_

#### Mother's health during pregnancy *La Salud de la Madre durante el Embarazo:*

did the mother <i>tuvo la madre:</i>	<u>yes</u> <u>si</u>	<u>no</u>	<u>explain</u> <u>explique:</u>
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have swelling or puffiness <i>hinchazón</i>			
have protein in the urine <i>proteína en la orina</i>			
have high blood pressure <i>alta presión (hipertensión)</i>			
have any illnesses with fever, rash, or muscle pains <i>enfermedad con calentura ó sarpullido</i>			
smoke cigarettes <i>cigarrillos</i>			How many a day? <i>Cuántos al día?</i> _____
drink liquor, beer, or wine <i>cerveza, licores, vino, bebida alcohólicas</i>			How much <i>¿Cuántas al día?</i> _____
take prescription medication <i>medicamentos recetados</i>			
take drugs such as marijuana, cocaine, heroin, methadone <i>drogas como marihuana, cocaína, heroína, metadona....</i>			
have special tests on the baby, (ex: sonograms, genetic) <i>pruebas especiales en el bebé, (ex: sonogramas, geneticas)</i>			

**Delivery Parto:** What was the due date? *Para qué fecha debía aliviarse?* \_\_\_\_\_ *vaginal* *cesárea*

If the cesarean section was done as an emergency, please explain why? *Si la cesárea fue de emergencia, por favor explique:* \_\_\_\_\_

Were forceps or vacuum assistance needed? *Se necesitaron forceps u otros instrumentos?* \_\_\_\_\_

Were there any problems during labor or delivery *¿Hubo problemas durante el parto?* \_\_\_\_\_

Was there anything wrong with the baby at birth? (ex: did not cry, needed oxygen, poor color, had to go to the intensive care nursery, birth defects, etc.)

*¿Tuvo problemas de recién nacido? (por ejemplo: no lloro, necesitó oxígeno, color pálido ó morado, tuvo que irse a cuidados intensivos, defectos de nacimiento)*

## Newborn period *Periodo del Recién Nacido:*

Birthweight *Peso al nacer* \_\_\_\_\_

Did this child stay in the hospital longer than you after birth? If so, please explain why

*¿Tuvo que quedarse el bebé en el hospital despues de que le dieron de alta a la madre? Si fue así, por favor explique:* \_\_\_\_\_

Did this child have breathing problems or require oxygen in the nursery *¿Tuvo el bebé problemas respiratórios ó requirió oxígeno en los cuñeros?* \_\_\_\_\_

Bleeding in the brain, convulsions, or other neurologic problems *¿Tuvo hemorragias en el cerebro, convulsiones, u otro problemas neurológico?* \_\_\_\_\_

Did the child have any infections (ex: meningitis, sepsis, etc.) while in the nursery? *¿Tuvo el bebé alguna infección mientras que estuvo en los cuñeros (por ejemplo: meningitis, sepsis, pulmonía)?* \_\_\_\_\_ Was there jaundice? *¿Tuvo el bebé ictericia?* \_\_\_\_\_

## Childhood *La Niñez:*

Has this child <i>Ha tenido éste paciente:</i>	<u>yes</u> <i>si</i>	<u>no</u>	<u>Explain</u> <i>explique:</i>
Had ear infections <i>¿Muchas infecciones de oído?</i>			
Seizures <i>¿convulsiones?</i>			
Had to stay in a hospital overnight? (not for surgery) <i>¿Ser internado en hospital?</i>			When and why? <i>Cuando y porqué?</i>
Had surgery? <i>¿Cirugía?</i>			
Been knocked unconscious? <i>¿Desmayo?</i>			
Allergies to medicines? <i>¿Alergia a medicamento?</i>			Which one(s)? <i>¿Cuáles?</i>
Had stitches, broken bones, or serious injury? <i>¿Ser enyesado ó que le hayan dado puntadas en herida?</i>			
Does the child have all his/her immunizations <i>¿Tiene todas sus vacunas?</i>			<b>Medications that the child is currently taking</b> <i>Anote cualquier medicina que el paciente esté tomando ahorita:</i>
Had a vision test? <i>¿Prueba de la vista/ojos?</i>			
Had a hearing test? <i>¿Prueba del oído?</i>			

**Review of Systems:** Please describe any problems with the: head, lungs, heart, stomach, intestines, urinary system, constipation/diarrhea, legs, muscles, strength, infections, etc. *Porfavor describa problemas que haya con la cabeza, los pulmones, el corazón, los intestinos, los riñones, problemas para ir al baño, con las piernas,*

los musculos, la fuerza, infecciones, etc.:

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**Development Desarrollo:**      **When did the child: ¿Qué edad tuvo el paciente cuando:**

Roll over *Se volteó por sí mismo* \_\_\_\_\_ Sit *Se sentó sin apoyo* \_\_\_\_\_ Stand *Se paró solito* \_\_\_\_\_ Walk alone *Caminó sin apoyo* \_\_\_\_\_

Say "ga-ga, ba-ba" *Balbucoó "ga-ga, ba-ba"* \_\_\_\_\_ Say single words *Dijo palabras sencillas* \_\_\_\_\_ Wave Bye-Bye *Dijo adios con la mano* \_\_\_\_\_

Play pat-a-cake *Jugaba a las tortillitas* \_\_\_\_\_ Put 2 words together *Empezo a poner 2 palabras juntas (nene llora, dame agua)* \_\_\_\_\_

Eat with fingers *Comía con sus dedos* \_\_\_\_\_ Eat with a spoon *Comía con cuchara* \_\_\_\_\_ Leave the bottle *dejó el biberón* \_\_\_\_\_

Pull off shoes and socks *Empezo a quitarse los zapatos y calcetines* \_\_\_\_\_ Pull on t-shirt or pull up shorts *Empezo a ponerse ropa sencilla* \_\_\_\_\_

Toilet train for: urine \_\_\_\_\_ bowel movements \_\_\_\_\_ *Se entrenó a usar el escusado* \_\_\_\_\_

Has the child lost any of his/her skills or abilities *¿Ha perdido el paciente alguna destreza ó habilidad?* \_\_\_\_\_

**Family History Datos de los Parientes:** Do any **blood-related family members** have any of the following problems? **Please tell me what relation to the patient they are:** *¿Hay algún miembro de la familia que padesca de uno de éstos problemas? **Quiénes son?** (Incluyendo abuelos, tíos, primos, hermanos)*

Hyperactivity (daredevils, class clowns, etc.) *Inquiétos (traviésos, tremendos, vagos, desobedientes, payasos, etc.):* \_\_\_\_\_

Short attention span (daydreamers, etc.) *Demasiado distraído (soñando despierto, cabeza en las nubes, etc.)* \_\_\_\_\_

Poor schoolwork, failed grades *Mal estudiante, clases reprobadas, dificultad con aprendizaje* Needed special education or resource *Clases especiales* \_\_\_\_\_

Mental retardation *Retrazo Mental* \_\_\_\_\_ Birth defects *Defectos de Nacimiento* \_\_\_\_\_ Epilepsy or convulsions *Epilépsia o convulsiones* \_\_\_\_\_

Heart attack or stroke younger than 49 years old *paro cardiaco o embolia a menos de 49 años de edad* \_\_\_\_\_

Problems with the law *Problemas de conducta (violentos, agresivos, ladrones, encarcelados, etc.)* \_\_\_\_\_

Problems with alcohol or drug abuse *Alcohólicos o drogadictos* \_\_\_\_\_

Depression, anxiety *Depresión, ansiedad, etc.* \_\_\_\_\_ Schizophrenia *Esquizofrenia* \_\_\_\_\_

Other problems *Otras problemas* \_\_\_\_\_

**Thank you for your help.**

**Gracias por su asistencia.**



# Monica Suchoff, M.D., P.A.

## Developmental and Behavioral Pediatrics

Discovery Developmental Center

840 E. Redd Rd. #3

El Paso, TX 79912

(915) 581-5557

Fax (915) 225-6443

### TEACHER QUESTIONNAIRE PRE-K TO KINDERGARTEN

Date: \_\_\_\_\_ Child's Name: \_\_\_\_\_

Assistant Principal: \_\_\_\_\_ Teacher's Name: \_\_\_\_\_

School Phone: \_\_\_\_\_ School Name: \_\_\_\_\_

Please check the appropriate description(s) of this program.

☐ Daycare                      ☐ English only                      Age range in this class \_\_\_\_\_  
☐ Headstart                      ☐ Bilingual                      Student-teacher ratio \_\_\_\_\_  
☐ Prekindergarten  
☐ Kindergarten  
☐ Special Class: explain \_\_\_\_\_

Has this child received special testing? \_\_\_\_\_ If so, what were the tests/results?

Is this child receiving special help in school? \_\_\_\_\_ If so, what type? \_\_\_\_\_

What will be his/her classroom placement next year? \_\_\_\_\_

Language	never	seldom	usually	always
Listens attentively to stories				
Follows directions easily				
Understands most of what is said to him/her				
Speaks in sentences				
Engages in spontaneous conversation				
Uses a good vocabulary				
Relates events in correct time sequence				
Articulates words clearly				
Other concerns:				
Learning	never	seldom	usually	always

Recognizes letters				
Recognizes and names colors				
Can sort shapes on a formboard				
Can hold and cut with scissors				
Controls pencil adequately for writing				
Recognizes and names shapes				
Can group objects according to color, size, or shape				
Understands the number concepts 1 through 5				
<b>Behavior and Adjustment</b>	<b>never</b>	<b>seldom</b>	<b>usually</b>	<b>always</b>
Is independent.				
Thinks before acting. Maintains classroom rules.				
Uses materials appropriately				
Completes work begun				
Plays well with peers				
Participates in group activities				
Attends to personal needs without help or reminding				
Shows appropriate control of emotions				
Enters new situations eagerly				

\_\_\_doing well academically \_\_\_eager to please \_\_\_works diligently \_\_\_participates in discussions \_\_\_respectful \_\_\_good peer relations  
 \_\_\_off-task \_\_\_daydreams \_\_\_easily distracted \_\_\_does not complete work \_\_\_needs much 1:1 attention \_\_\_shy/timid  
 \_\_\_blurts out answers \_\_\_talks out of turn \_\_\_disrupts the classroom \_\_\_makes noises \_\_\_fidgets \_\_\_out of seat  
 \_\_\_drops books/pencils/etc. \_\_\_impulsive \_\_\_disorganized \_\_\_poor use of time \_\_\_poor study habits \_\_\_class clown \_\_\_meddles in peer's affairs  
 \_\_\_below grade level \_\_\_difficulty grasping concepts \_\_\_poor retention \_\_\_poor comprehension \_\_\_does not understand directions  
 \_\_\_inconsistent performance \_\_\_poor handwriting  
 \_\_\_easily frustrated \_\_\_cries/overly sensitive \_\_\_tantrums \_\_\_refuses to follow rules \_\_\_refuses to do work \_\_\_disrespectful  
 \_\_\_disinterested in learning \_\_\_fights with peers \_\_\_refuses to participate

**Additional Comments:**

What are your major concerns when working with this child? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Person Completing This Form

# Monica Suchoff, M.D., P.A.

## Developmental and Behavioral Pediatrics

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### TEACHER QUESTIONNAIRE 1ST - 12TH GRADE

Name of Child: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Type of Class/Subject: \_\_\_\_\_

Name of Teacher: \_\_\_\_\_

Name of School: \_\_\_\_\_ District: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Assistant Principal: \_\_\_\_\_

Has this child already received testing at school? \_\_\_\_\_ If so, please list the tests and results: (see attached release of information)

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#### Academic Achievement

##### Reading Comprehension

\_\_\_ Below average

\_\_\_ Average

\_\_\_ Above Average

##### Reading Decoding

\_\_\_ Below Average

\_\_\_ Average

\_\_\_ Above Average

##### Math

\_\_\_ Below Average

\_\_\_ Average

\_\_\_ Above Average

##### Grammar

\_\_\_ Below average

\_\_\_ Average

\_\_\_ Above Average

##### Spelling

\_\_\_ Below Average

\_\_\_ Average

\_\_\_ Above Average

##### Verbal Ability

\_\_\_ Below Average

\_\_\_ Average

\_\_\_ Above Average

Do you feel he/she has difficulty with Physical Education Skills? \_\_\_\_\_

**Please comment on the following:**

1. Study and work habits: \_\_\_\_\_  
\_\_\_\_\_

2. Relationships with teachers: \_\_\_\_\_  
\_\_\_\_\_

3. Relationships with peers: \_\_\_\_\_  
\_\_\_\_\_

4. Special needs: \_\_\_\_\_  
\_\_\_\_\_

5. General emotional stability and health: \_\_\_\_\_  
\_\_\_\_\_

**Please check all that apply:**

☐ doing well    ☐ eager to please    ☐ works diligently    ☐ participates in class discussions    ☐ respectful    ☐ good peer relations

☐ off-task    ☐ daydreams    ☐ easily distracted    ☐ forgets to turn in homework    ☐ does not complete work    ☐ needs frequent redirection  
☐ needs much 1:1 attention    ☐ distractibility interferes with full potential    ☐ difficulty following multi-step directions    ☐ shy/timid

☐ blurts out answers    ☐ talks out of turn    ☐ disrupts the classroom    ☐ makes noises    ☐ fidgets    ☐ out of seat    ☐ drops books/pencils/etc.  
☐ impulsive    ☐ disorganized    ☐ poor use of time    ☐ poor study habits    ☐ class clown    ☐ meddles in peers' affairs    ☐ tattles

☐ below grade level    ☐ difficulty grasping concepts    ☐ poor retention    ☐ poor reading comprehension    ☐ poor phonetics  
☐ does not understand directions    ☐ difficulty with word problems    ☐ inconsistent performance    ☐ poor handwriting    ☐ letter/number reversals

☐ easily discouraged or frustrated    ☐ cries/overly sensitive    ☐ tantrums    ☐ disrespectful    ☐ disinterested in learning  
☐ fights with peers    ☐ refuses to participate    ☐ refuses to work at full capacity    ☐ refuses to follow rules    ☐ refuses to do work  
☐ defiant with authority figures    ☐ physically aggressive with adults    ☐ has been caught with illegal substances/weapons on campus

Evaluation of progress and recommendations for placement: \_\_\_\_\_  
\_\_\_\_\_

What concerns do you have, which are not addressed by this form? \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date