

Naval Medical Center Portsmouth

Directorate of Mental Health

Child & Adolescent Psychiatry

620 John Paul Jones Circle, Portsmouth, VA 23708

Phone (757) 953-5269

Fax (757) 953-6907

Your child has been referred and scheduled for a CHILD PSYCHIATRY EVALUATION.

Please complete the following:

- Consent form
- NMCP child intake packet completed by guardian/parent
- School evaluation packet completed by school personnel
- Parent AND teacher Vanderbilt ADHD questionnaire
- Parent and Child SCARED Questionnaires
- Parent and Child Mood and Feelings Questionnaires
- Parent ASD Screening Questionnaire

If you do not know the answer to a question or it does not apply, please mark with "I don't know" or "Not Applicable" respectively.

The above forms are available in the outpatient Psychiatry Clinic and can be picked up by the parents in person OR they can be e-mailed to parents.

In addition, please bring:

- Psychoeducational or school testing and recent report cards
- Copy of IEP or 504 plan

Parents may **drop off** the completed forms OR **fax** the completed materials to the Child and Adolescent Psychiatry clinic at 757-953-6907 (Attention: Hope Browning).

Both parents should come to this appointment unless deployed or living out-of-state. In order to provide undivided attention to your concerns and your child, we request that additional children are not present. You may wish to utilize the Child Care Waiting Center by calling for information and making an appointment in advance at 757-953-6904.