



# New Patient Packet



# Welcome to Pediatric Associates.

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It is our pleasure to welcome your family to Pediatric Associates. We are excited you have chosen our practice and look forward to meeting you soon.

This packet will provide everything needed to get started with our office, including all the registration forms and documents required to begin your care.

Also, you will find information on child health and safety topics we believe are essential to whole child wellness including vaccinations, sleep, gun safety, and child passenger safety.

## WHO WE ARE

We are a group of board-certified pediatricians who work with our team of nurses, nurse practitioners, and child therapists. Our mission is to provide excellence in pediatric health care to Kansas City and beyond. We strive to fulfill this mission by offering evidence-based care from birth through adolescence, unsurpassed availability, and digital communication; all sprinkled with a bit of fun.

We have 3 locations to serve your family. You are welcome to visit any of our Pediatric Associates offices at any time for well or sick care. All our classes and events are open to any of our patients, regardless of your “home” location.

For more information, visit [pedsassoc.com](https://pedsassoc.com)



## APPOINTMENTS

Pediatric Associates is open 7 days a week to serve your family. Hours vary by location. We offer same-day sick appointments with your child's doctor. For additional convenience, we offer walk-in visits for simple illnesses and injuries - no appointment required - at all our locations throughout the day.

Routine well child care begins at the newborn follow-up visit, continuing through high school. At every well child visit, we will offer to schedule your next appointment to help us stay on track. If you don't schedule in the office, know that most of our physicians book well child appointments about 1-2 months in advance. Be sure to call in plenty of time to get the time you prefer.

### Plaza: Monday-Friday

Urgent Care: 8:00am - 9:00am

Office Hours: 9:00am - 4:30pm

(Walk-In Visits Welcome)

Urgent Care: 4:30pm - 7:00pm

### Plaza: Weekends & Holiday

#### Urgent Care

Sat. & Sun.: 9:00am - 5:00pm

Holidays: 9:00am - 3:00pm

(Unless otherwise posted; not available Christmas Day)

### Lee's Summit: Monday-Friday

Urgent Care: 8:00am - 9:00am

Office Hours: 9:00am - 4:30pm

(Walk-In Visits Welcome)

### Lee's Summit: Weekends & Holidays

Lee's Summit patients welcomed at the Plaza location for evening, weekend and holiday care.

### South Overland Park: Monday-Friday

Urgent Care: 8:00am - 9:00am

Office Hours: 9:00am - 4:30pm

(Walk-In Visits Welcome)

### South Overland Park: Weekends & Holidays

SOP patients welcomed at the Plaza location for evening, weekend and holiday care.

## FIRST TIME PATIENT CHECKLIST

- Required documents included in this packet (Pgs. 5-8)
- Health insurance card(s)
- Any applicable copay

## TRANSFER PATIENT CHECKLIST

- Documents included in this packet (Pgs. 5-8)
- Health insurance card(s)
- Any applicable copay
- Previous medical records (Pg. 9)
- Current immunization records



## WALK-IN VISITS

Think of us first for your child's illnesses and injuries. We are able to see children for simple visits throughout the day without an appointment. Please visit our website to see the types of illness and injuries that are appropriate for walk-in care. If your child has a problem that is not suitable for a walk-in visit, you will be scheduled with the next available clinician to ensure a longer visit time. If you are unsure where you should bring your child for care, call us first. We can let you know if it is a problem that needs an appointment, can be handled in a walk-in visit, or if other specialty care is required.

In most cases, we can treat your child in our offices without the need for an urgent care clinic or ER. We want to save you time, money, and worry!



## WEEKEND & HOLIDAY VISITS

Illness and injury visits are available by appointment on Saturdays, Sundays, and all holidays excluding Christmas Day. All weekend and holiday visits are at the Plaza location. Call the office as early as 9 am on the day you would like your child to be seen, and our team will offer you the earliest appointment available. More information can be found on our website.



## 24/7 ADVICE

During business hours, we are happy to answer any questions over the phone or text. We pride ourselves in responding as quickly as possible while prioritizing the patients who are needing same-day appointments. For less urgent matters, feel free to leave a message on our text line at any time, and we will reply during business hours. After the office closes, you can still reach us! Our after-hours answering service will re-direct calls needing emergency guidance to our on-call physician.



## CANCELLATIONS

Life happens. We get it. As much as possible, we ask that you kindly give us 24-hour notice when cancelling or rescheduling an appointment so that other patients can be seen. Families who repeatedly miss appointments without notification may be asked to leave our practice.

## PREFERRED DOCTOR

- Alan Moylan, DO
- Allee Tiitinen, MD
- Andrew Demo, MD
- Angie Linz, DO
- Chuck Moylan, MD
- Connor Moylan, DO
- Erin McDaniel, MD
- Julie Ehly, MD
- Kate Robben, DO
- Kelsey Ragsdale, DO
- Kevin Burgert, MD
- Kristin Palmen, MD
- Laura Kantor, MD
- Madeline Summers, MD
- Mike Kasper, MD
- Natasha Burgert, MD
- Samantha Wiemann, MD
- Tanner Isaacson, MD
- Wendy Hulsing, MD

## HOW DID YOU HEAR ABOUT US?

- Web search
- Social media
- Another physician
- Other child is a patient
- Other: \_\_\_\_\_

## HOW DO YOU PREFER TO BE CONTACTED?

- Home Phone  Mobile
- Work Phone  Email

## PATIENT INFORMATION

Patient's name \_\_\_\_\_  
Biological sex \_\_\_\_\_ Date of birth \_\_\_\_\_  
Race/Ethnicity \_\_\_\_\_  
Preferred name \_\_\_\_\_  
Primary home address \_\_\_\_\_

## PARENT INFORMATION

Parent #1 name \_\_\_\_\_  
(Financially responsible)  
Relationship to Patient \_\_\_\_\_ Date of birth \_\_\_\_\_  
Employer \_\_\_\_\_ Occupation \_\_\_\_\_  
Work phone \_\_\_\_\_ Home phone \_\_\_\_\_  
Mobile phone \_\_\_\_\_ Maiden name \_\_\_\_\_  
Email address \_\_\_\_\_  
Primary home address \_\_\_\_\_  
(If different than child)  
Parent #2 name \_\_\_\_\_

Relationship to Patient \_\_\_\_\_ Date of birth \_\_\_\_\_  
Employer \_\_\_\_\_ Occupation \_\_\_\_\_  
Work phone \_\_\_\_\_ Home phone \_\_\_\_\_  
Mobile phone \_\_\_\_\_ Maiden name \_\_\_\_\_  
Email address \_\_\_\_\_  
Primary home address \_\_\_\_\_  
(If different than child)

## PREFERRED PHARMACY

Name \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

**OTHER CHILDREN IN YOUR FAMILY:**

Child's name \_\_\_\_\_  
 Date of birth \_\_\_\_\_  
 Biological sex  M  F | PA Patient  Y  N

Child's name \_\_\_\_\_  
 Date of birth \_\_\_\_\_  
 Biological sex  M  F | PA Patient  Y  N

Child's name \_\_\_\_\_  
 Date of birth \_\_\_\_\_  
 Biological sex  M  F | PA Patient  Y  N

Child's name \_\_\_\_\_  
 Date of birth \_\_\_\_\_  
 Biological sex  M  F | PA Patient  Y  N



**CONSENT FOR TREATMENT:**

I authorize the clinicians of Pediatric Associates - An affiliate of Children's Mercy, Inc. to conduct physical examinations and routine services, order and perform tests, and administer treatment deemed necessary by the examining clinician. I will be given the opportunity to ask questions and have my questions answered. Should treatment be performed, the clinician will fully inform me as to the nature of the procedure, the alternatives to treatment, and the risks involved.

**PRIVACY STATEMENT:**

On behalf of all the children listed on this registration, I have been made aware of Pediatric Associates - An affiliate of Children's Mercy, Inc.'s privacy policies and offered a written copy for my records.

**FINANCIAL STATEMENT:**

I hereby give authorization for payment of insurance benefits to be made directly to Pediatric Associates - An affiliate of Children's Mercy, Inc. I understand that I am financially responsible for all charges whether or not they are covered by insurance and authorize this healthcare provider to release all information necessary to secure payment of benefits.

Sign name: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_

Relationship: \_\_\_\_\_

## PATIENT INFORMATION

Patient's name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Do you consider your child to be in good health?  Y  N

Do you have any concerns about your child's health?  Y  N

If yes, please explain: \_\_\_\_\_

## PAST MEDICAL HISTORY (PLEASE CHECK ALL THAT APPLY)

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> Asthma         | <input type="checkbox"/> Migraines     | <input type="checkbox"/> Eczema                  | <input type="checkbox"/> Urinary tract infection |
| <input type="checkbox"/> Crossed eyes   | <input type="checkbox"/> Bronchiolitis | <input type="checkbox"/> Reflux                  | <input type="checkbox"/> Other (please list):    |
| <input type="checkbox"/> Preterm infant | <input type="checkbox"/> Concussion    | <input type="checkbox"/> Allergic rhinitis       | _____  |
| <input type="checkbox"/> Seizures       | <input type="checkbox"/> Constipation  | (seasonal allergies)                             | _____  |
| <input type="checkbox"/> Bed wetting    | <input type="checkbox"/> ADHD          | <input type="checkbox"/> Multiple ear infections | _____  |

## SURGICAL HISTORY (PLEASE CHECK ALL THAT APPLY)

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> Adenoids removed | <input type="checkbox"/> Hypospadias repair  | <input type="checkbox"/> Strabismus repair       | <input type="checkbox"/> Other (please list): |
| <input type="checkbox"/> Appendix removed | <input type="checkbox"/> Nasal cauterization |  | _____   |
| <input type="checkbox"/> Circumcision     | <input type="checkbox"/> PE (ear tubes)      | <input type="checkbox"/> Pyloric stenosis repair | _____   |
| <input type="checkbox"/> Hernia repair    | <input type="checkbox"/> Tonsillectomy       |  | _____   |

## BIOLOGICAL FAMILY HISTORY (PLEASE CHECK ALL THAT APPLY, INDICATING THE RELATIONSHIP TO YOUR CHILD AND AGE OF ONSET)

<input type="checkbox"/> ADHD	<input type="checkbox"/> Crohn's disease	<input type="checkbox"/> High cholesterol
<input type="checkbox"/> Alcoholism	<input type="checkbox"/> Cystic fibrosis	<input type="checkbox"/> Hypothyroidism
<input type="checkbox"/> Allergies (seasonal)	<input type="checkbox"/> Depression	<input type="checkbox"/> Learning disability
<input type="checkbox"/> Anemia	<input type="checkbox"/> Developmental disabilities	<input type="checkbox"/> Leukemia
<input type="checkbox"/> Anxiety	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Migraine
<input type="checkbox"/> Arrhythmia	<input type="checkbox"/> Drug allergy	<input type="checkbox"/> Seizures
<input type="checkbox"/> Asthma	<input type="checkbox"/> Eating disorder	<input type="checkbox"/> Sickle cell trait
<input type="checkbox"/> Bleeding disorders	<input type="checkbox"/> Hearing loss	<input type="checkbox"/> SIDS
<input type="checkbox"/> Celiac disease	<input type="checkbox"/> Heart attack (< 50 yrs old)	<input type="checkbox"/> Tuberculosis
<input type="checkbox"/> Congenital hip dysplasia	<input type="checkbox"/> High blood pressure	<input type="checkbox"/> Ulcerative colitis
<input type="checkbox"/> Other		

## BIRTH HISTORY

Any complications with the pregnancy?  Y  N If yes, please explain \_\_\_\_\_

Born at term?  Y  N If no, length of gestation \_\_\_\_\_

Born vaginally or by C-section?  Vaginally  C-section NICU stay after birth?  Y  N

Birth weight \_\_\_\_\_ During pregnancy, did mom use tobacco, alcohol or other drugs?  Y  N



## CURRENT ROUTINE MEDICATIONS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## ALLERGIES:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Does anyone smoke in the home or car?  Y  N

Do you own firearms?  Y  N If yes, are they stored correctly?  Y  N Unsure



Sign name: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_

Relationship: \_\_\_\_\_



## AUTHORIZATION FOR RELEASE OF INFORMATION

Patient's name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Responsible party \_\_\_\_\_

Patient's address \_\_\_\_\_  
(City) (State) (Zip code)

Patient's phone number: \_\_\_\_\_

## AUTHORIZATION

RELEASE MEDICAL RECORDS FROM:

Doctor/Hospital \_\_\_\_\_

Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

RELEASE MEDICAL RECORDS TO:

Doctor/Hospital \_\_\_\_\_

Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

I understand that I may revoke this authorization at any time except to the extent that action has been taken to comply with it. Without my expressed revocation, this consent will automatically expire upon satisfaction of the need for disclosure or on the SIXTIETH DAY after the date of my signature below, whichever may occur first.

In consideration of the healthcare provider's compliance with this request, I fully and forever release Pediatric Associates - An affiliate of Children's Mercy, Inc. from any and all liability, claims, damages, suits, and causes of action arising out of, related to, or in any way connected with the release of medical information this document requests and authorizes.

A photocopy or facsimile of this form is valid as the original.

Sign name: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_

Relationship: \_\_\_\_\_

# Vaccinations

Immunizations are an essential part of whole child wellness. All the physicians at Pediatric Associates vaccinate their own children on-time and on-schedule. We expect our patient families to do the same.

Pediatric Associates follows the national immunization guidelines set forth by the American Academy of Pediatrics, the Advisory Committee of Immunization Practices, and the Centers for Disease Control.

Our families may visit any of our locations for vaccine visits, no appointment is required.

Helpful, evidence-based information on vaccines can be found on these reputable websites:

[healthychildren.org](http://healthychildren.org)

[chop.edu/vaccines](http://chop.edu/vaccines)



**B**

**BIRTH**

HEPATITIS B



**2**

**MONTHS**

PEDIARIX  
 PREVNAR 13  
 HIBERIX  
 ROTARIX



**4**

**MONTHS**

PEDIARIX  
 PREVNAR 13  
 HIBERIX  
 ROTARIX



**6**

**MONTHS**

PEDIARIX  
 PREVNAR 13  
 HIBERIX  
 FLU VACCINE



**12**

**MONTHS**

MMR  
 VARICELLA  
 HEPATITIS A



**15**

**MONTHS**

DTaP  
 HIBERIX  
 PREVNAR 13



**18**

**MONTHS**

HEPATITIS A



**4**

**YEARS**

PROQUAD  
 KINRIX



**10**

**YEARS**

HPV



**11**

**YEARS**

Tdap  
 HPV  
 MENVEO



**16**

**YEARS**

MENVEO



**18**

**YEARS**

MENINGOCOCCAL B

THE ANNUAL INFLUENZA VACCINE AND COVID-19 VACCINE ARE OFFERED TO ALL CHILDREN 6-MONTHS AND OLDER.

## QUICK GUIDE TO YOUR CHILD'S SLEEP

Quality sleep is formative to whole child wellness and parental health. Rest is essential for the brain and body to restore and grow, and most kids and their parents are not getting enough of these vital hours. It is true that each individual has unique sleep needs, but there are evidence-based guidelines to help you determine if everyone is getting enough rest.

### Sleep facts:

- ▶ Your brain and body are working during sleep. These are important hours for repair and restoration of vital organs and body parts. In addition, hormone systems are triggered during restful sleep as we recharge and prepare for the next day.
- ▶ Only 8% of high schoolers get the recommended amount of sleep. Unfortunately, this is leading to a large number of sleep-deprived teenagers who are at increased risk of mental health challenges, attention and memory issues, drowsy-driving accidents, and poor grades.
- ▶ Sleep is a vital part of calm and peaceful parenting. In adults, chronic sleep deprivation can lead to irritability, short temper, speech changes (more “flat” and less effective), fewer joyful facial expressions, memory changes, and clumsiness. It is not selfish to expect a full night's sleep.

### Better sleep makes better parents.

We are here to help you reach your sleep goal with education and coaching for the whole family. In addition to working with your child's physician, Pediatric Associates offers classes on infant and child sleep. Find our calendar of classes on our website.

### How can I prevent SIDS?

From the first night in the hospital, all our parents are encouraged to practice safer sleep techniques to reduce the risk of Sudden Infant Death Syndrome (SIDS). As a community that has suffered from preventable infant loss, we encourage you to follow the best infant sleep practices. Safer sleep guidelines are evidence-based, not just a “good idea.” As always, all of our physicians are happy to answer questions unique to your family.

### Safe infant sleep practices include:

- ▶ Babies up to 1 year of age should be placed on their back to sleep for every sleep.
- ▶ Place baby in a bare, boring crib or bassinet with a firm, flat mattress.
- ▶ Do not use crib bumpers, loose blankets, or pillows in a crib.
- ▶ Place your infant in the same room where you sleep, but not in the same bed.
- ▶ Devices such as the Owlet and Angelcare have never been proven to protect infants from SIDS.
- ▶ Pacifiers during sleep are OK.
- ▶ Swaddle your baby to sleep, but don't let baby get too hot.
- ▶ Don't let baby sleep in the car seat or another inclined sleeping device.
- ▶ Breastfeed as you are able, and vaccinate on schedule.
- ▶ Don't smoke.

### REFERENCES

[healthychildren.org](https://www.healthychildren.org)   [psychologytoday.com](https://www.psychologytoday.com)   [ninds.nih.gov](https://www.ninds.nih.gov)

## CHILD PASSENGER SAFETY

Using a properly fitted car seat dramatically reduces the risk of injury and death during a motor vehicle collision. All our clinicians at Pediatric Associates are passionate about kids riding properly in cars, and we are here to help!

### Safety facts:

- ▶ Children seated in a booster seat in the back seat are 45% less likely to be injured in a crash than children using a seat belt alone.
- ▶ Never leave a child alone in a car, not even for a minute! Always look before you lock. Make it a habit to check the back seat every time you leave the car.
- ▶ Remember, don't purchase or use "after market" car seat products. Use only the accessories that came in the box with the seat. Not in the box? Don't use it! Types of "after market" items could include: snow suits, head and body pillows, and sleeping bag type inserts. It is important to avoid these items because they were not crash tested with the original seat.

We know that choosing the right car seat can be tough. Installing an infant or convertible car seat can be even tougher. National statistics show 3 out of 4 car seats are installed incorrectly. An improperly installed car seat can leave your child vulnerable to injury. One of our Nurse Practitioners, Lindsay Kiely, is here to help. She is a child passenger safety technician.

If you would like your car seat checked, please let us know. In addition, look for free, PA-sponsored, car seat checks near your home.



### AAP GUIDELINES FOR CHILD PASSENGER SAFETY:

- ▶ Rear facing: Keep your child in a rear-facing infant/convertible seat until your child has reached the highest weight or height allowed by the car seat manufacturer.
- ▶ Forward facing: Use a forward-facing harness as long as possible, up to the highest height or weight limit as listed by the manufacturer.
- ▶ Booster seat use until 4'9" tall, or about 11 years old.
- ▶ Backseat until 13 years old.

### REFERENCES

[healthychildren.org](https://www.healthychildren.org)

[nhtsa.gov](https://www.nhtsa.gov)

[safekids.org](https://www.safekids.org)

### REMEMBER KIDS LEARN BY WATCHING!

Be sure to set a good example by buckling yourself up - every ride, every time. Consistent enforcement on every trip helps children learn the importance and value of safe car riding habits.

## SAFE STORAGE OF GUNS

The safest home for children and teens is one without guns. We know that many of our Kansas and Missouri families own firearms. We also know our community has been affected by children dying as a result of firearms in their environment. Working together to decrease a child's access to loaded, unsecured weapons can help to prevent these tragedies.

### The Facts:

- ▶ Among children, the vast majority of unintentional shooting deaths occur in the home. Most of these deaths occur when children are playing with a loaded gun in their parent's absence.
- ▶ Kansas and Missouri are seeing increased rates of suicide. We know the most lethal suicide attempts involve firearms. Studies suggest more than 80% of guns used by youth in suicide attempts were kept in the home of the victim, a relative, or a friend.
- ▶ Talking about firearms with your children is not enough. 75% of elementary-aged children know where their parents keep their guns. Kids are curious and will explore available weapons.

### Gun Safety

The U.S General Accounting Office estimated that 31% of accidental deaths caused by firearms might be prevented with the addition of two devices: a child-proof safety lock and a loading indicator. If you own a firearm, the gun should be locked and unloaded, with ammunition locked separately. Children and teens should not be able to access the keys or combinations to lock boxes or gun safes. And, do not keep loaded guns in your car.

### Steps to Take

Visit [projectchildsafe.org](http://projectchildsafe.org) where you will find locations in Kansas and Missouri where you can receive a free cable gun lock. Also, you can sign a pledge of gun ownership to "Respect it. Secure it."

Visit [askingsaveskids.org](http://askingsaveskids.org) where you will find ways to talk about guns in the homes of family members and playmates, working together to ensure our children's environments are free from unsecured firearms.



### REFERENCES

[injury.research.chop.edu](http://injury.research.chop.edu)   [healthychildren.org](http://healthychildren.org)   [projectchildsafe.org](http://projectchildsafe.org)



FOR MORE INFORMATION  
VISIT US ANY TIME AT  
[PEDSASSOC.COM](http://PEDSASSOC.COM)



## AUTHORIZATION FOR RELEASE OF INFORMATION

Patient's name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Responsible party \_\_\_\_\_

Patient's address \_\_\_\_\_  
(City) (State) (Zip code)

Patient's phone number: \_\_\_\_\_

## AUTHORIZATION

I authorize \_\_\_\_\_  
(Name) (Address)

to furnish to Pediatric Associates - An affiliate of Children's Mercy, Inc. medical records, including immunizations on the above patient.

**OR**

I authorize Pediatric Associates - An affiliate of Children's Mercy, Inc. to furnish medical records, including immunizations on the above patient to \_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address) (Fax number)

I understand that I may revoke this authorization at any time except to the extent that action has been taken to comply with it. Without my expressed revocation, this consent will automatically expire upon satisfaction of the need for disclosure or on the SIXTIETH DAY after the date of my signature below, whichever may occur first.

In consideration of the healthcare provider's compliance with this request, I fully and forever release Pediatric Associates - An affiliate of Children's Mercy, Inc. from any and all liability, claims, damages, suits, and causes of action arising out of, related to, or in any way connected with the release of medical information this document requests and authorizes.

A photocopy or facsimile of this form is valid as the original.

Sign name: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_

Relationship: \_\_\_\_\_



# Psychological Evaluations

MIRAE J. FORNANDER, PHD

As children grow, many experience difficulties with learning, concentrating, getting along with others or managing their emotions. A psychological assessment can identify the primary cause of these challenges, while providing actionable ways to improve performance and behavior. Through comprehensive interviews, testing, questionnaires and health records, the assessments identify areas of strength and support. The results of the completed evaluation are individualized for each child, allowing for early identification and treatment of various psychological needs.

## WHY SEE A PSYCHOLOGIST?

Licensed clinical psychologists, like Dr. Fornander, are expertly trained to administer psychological assessments and interpret the results.

## PREPARING FOR AN APPOINTMENT

- Plan to follow your normal evening routine, including eating and sleeping.
- Bring glasses, hearing aids, or other assistive devices.
- Bring a snack and drink, as appointments are long.
- Take medications as prescribed.
- Bring all school records, teacher report form, and requested documents.
- Bring all completed paperwork and questionnaires.



## AREAS TESTED:

### An evaluation may assess

- Intelligence
- Academic Achievement
- Attention
- Memory
- Language
- Organization and Planning
- Emotional, Behavioral, Social, and School Functioning

### In order to diagnose

- ADHD
- Learning Disabilities
- Mood & Anxiety Disorders
- Developmental Disorders
- Intellectual Disabilities
- PTSD
- Gender Dysphoria
- Disruptive or Conduct Disorders
- Other concerns impacting children and adolescents who are at least five years old

**READY TO SCHEDULE? HAVE ADDITIONAL QUESTIONS?** Call the front desk at (816) 561-8100.