Adult Attention Deficit Hyperactivity Disorder (ADHD)
Sample Evaluation Format*

Comprehensive Clinical Assessment.

1. **Careful Longitudinal History Identifying Lifelong Symptoms and Current Impairment.****
   Evaluate for other conditions in addition to ADHD that would explain the symptoms and impairment including:

   - Mood disorders (major depressive disorder, bipolar disorder)
   - Anxiety disorders (panic, obsessive-compulsive, generalized anxiety, social anxiety, posttraumatic stress)
   - Substance use disorders
   - Antisocial disorder
   - Learning disorders

2. **Past History.**

   - Psychiatric
   - General Medical (focus on cardiovascular disease risk factors)
   - Occupational
   - Relationship
   - Legal
   - Medications (prescribed, over-the-counter, alternative, supplements)
   - Substance use (alcohol, caffeine, nicotine, illicit)
   - Review of previous medical records if available

3. **Personal/Social History** (includes corroboration of patient ADHD symptom reports if available).

4. **Family History.**

   - Psychiatric
   - General Medical (focus on cardiovascular disease risk factors)

5. **Review of Systems.**

   - General (focus on cardiovascular disease risk factors)
   - Sleep
   - Appetite
   - Weight
   - Suicide/Homicide

6. **Mental Status Examination.**

7. **Physical Exam/Indicated Laboratory/Testing***** (e.g., blood pressure, pulse, electrocardiogram).

8. **Adult ADHD Rating Scales** [e.g., Adult ADHD Self-Report Scale (ASRS); Conners' Adult ADHD Rating Scales (CAARS)].

9. **Other Testing** (e.g., psychological/neuropsychological testing).

10. **Assessment/Diagnosis.**

11. **Treatment /Follow-up Plan** (e.g., initial follow-up +/- 1 month; periodically thereafter).

12. **Consultation with ADHD experienced practitioner as needed.**

13. **Disability services evaluation as needed.**

14. **Fact sheet for stimulant use for ADHD.**

15. **Review of important safety information regarding stimulant use** (e.g., avoidance in symptomatic cardiovascular disease, moderate to severe hypertension, hyperthyroidism, glaucoma, during or within 14 days of MAOI use).

16. **Practitioner policy for stimulant misuse; lost or stolen stimulant prescription.**

    Sample: **STUDENT STIMULANT MISUSE POLICY:**

    Stimulants are Schedule-II drugs, which are controlled medications by the DEA (Drug Enforcement Administration). This means your doctor cannot give refills for your stimulant medication unless a new prescription is written for each refill. Schedule-II medications cannot be refilled by telephone. Misuse of stimulant medications is a common and recognized concern in the USA. **THIS OFFICE WILL NOT TOLERATE MISUSE. EVEN THE APPEARANCE OF MISUSE IS ENOUGH JUSTIFICATION TO CEASE STIMULANT TREATMENT. <u>THERE WILL BE NO REFILLS GIVEN FOR LOST OR STOLEN PRESCRIPTIONS.</u>** Do not give your prescription medication to anyone. Keep your medication in a safe place where others do not have access.

* Format is intended as a guideline and not as a specific way to practice. It is an example drawn from clinical practice experience and current scientific literature. The prescribing practitioner should use individual professional judgment.

** Impairment defined as relative to an average-functioning individual.

*** There are no across-the-board recommendations for laboratory testing or diagnostic examinations for adult ADHD. The prescribing practitioner may request testing as individually indicated and appropriate.