

ADHD Evaluation

Please describe your child and your concerns regarding attention and/or hyperactivity problems.

What are your expectations of this consultation?

Are you interested in exploring alternative treatments, seeking traditional medication therapies, or both? Please be specific if possible.

What, if any, therapies have you tried in the past? If you have used supplements and/or medications, please list them AND the dosages.

Have you taken your child to other physicians for treatment of ADHD? Please list physicians' names, addresses, and phone numbers. If your child has received a diagnosis of ADHD or related disorders from another physician, please provide office notes from that physician documenting the diagnosis.

******Note: In order to diagnose and prescribe the best treatment for your child, our office will possibly recommend laboratory evaluations and supplements that are NOT covered by insurance. If you are not interested in pursuing these tests or services, please be open and honest with us at your initial visit. Our desire is to meet your expectations but you must communicate them clearly in order for us to do so.**

ADHD Evaluation Checklist

- New Patient Packet
- ADHD Evaluation Form
- Parent Diagnostic Criteria Sheet
- Vanderbilt Scale – minimum of 2 sources
- Physician notes (if applicable)

VANDERBILT TEACHER BEHAVIOR EVALUATION SCALE

Name: _____ Grade: _____

Date of Birth: _____ Teacher: _____ School: _____

Each rating should be considered in the context of what is appropriate for the age of the child you are rating and reflect his/her behavior. Please indicate the number of weeks or months you have been able to observe the behaviors _____

Frequency Code: 0 = Never 1 = Occasionally 2 = Often 3 = Very Often

- | | | | | |
|--|---|---|---|---|
| 1. Fails to give attention to details or makes careless mistakes in schoolwork | 0 | 1 | 2 | 3 |
| 2. Has difficulty sustaining attention in tasks or activities | 0 | 1 | 2 | 3 |
| 3. Does not listen when spoken to directly | 0 | 1 | 2 | 3 |
| 4. Does not follow through on instructions and fails to finish schoolwork (<i>not due to oppositional behavior or failure to understand</i>) | 0 | 1 | 2 | 3 |
| 5. Has difficulty organizing tasks or activities | 0 | 1 | 2 | 3 |
| 6. Avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort | 0 | 1 | 2 | 3 |
| 7. Loses things necessary for tasks or activities (school assignments, pencils, or books) | 0 | 1 | 2 | 3 |
| 8. Is easily distracted by extraneous stimuli | 0 | 1 | 2 | 3 |
| 9. Is forgetful in daily activities | 0 | 1 | 2 | 3 |
| 10. Fidgets with hands or feet or squirms in seat | 0 | 1 | 2 | 3 |
| 11. Leaves seat in classroom or in other situations in which remaining seated is expected | 0 | 1 | 2 | 3 |
| 12. Runs about or climbs excessively in situations in which remaining seated is expected | 0 | 1 | 2 | 3 |
| 13. Has difficulty playing or engaging in leisure activities quietly | 0 | 1 | 2 | 3 |
| 14. Is "on the go" or often acts as if "driven by a motor" | 0 | 1 | 2 | 3 |
| 15. Talks excessively | 0 | 1 | 2 | 3 |
| 16. Blurts out answers before questions have been completed | 0 | 1 | 2 | 3 |
| 17. Has difficulty waiting in line | 0 | 1 | 2 | 3 |
| 18. Interrupts or intrudes on others (eg, butts into conversations or games) | 0 | 1 | 2 | 3 |
| 19. Loses temper | 0 | 1 | 2 | 3 |
| 20. Actively defies or refuses to comply with adults' requests or rules | 0 | 1 | 2 | 3 |

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Diagnostic Criteria* for Attention-Deficit/Hyperactivity Disorder (ADHD)

PATIENT NAME	
DATE	PATIENT AGE
EVALUATED BY	RELATIONSHIP TO PATIENT

Check the applicable symptoms in each section.

INATTENTION

- Often does not give close attention to details or makes careless mistakes in schoolwork, work, or other activities
- Often has difficulty sustaining attention in tasks or play activities
- Often does not seem to listen when spoken to directly
- Often does not follow through on instruction and fails to finish schoolwork, chores, or duties (not due to oppositional behavior or failure to understand instructions)
- Often has difficulty organizing tasks and activities
- Often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (such as schoolwork or homework)
- Often loses things necessary for tasks or activities, such as toys, assignments, books, or tools
- Is often easily distracted by extraneous stimuli
- Is often forgetful in daily activities

_____ **Total number of Inattention items checked**

HYPERACTIVITY

- Often fidgets with hands or feet or squirms in seat
- Often leaves seat in classroom or in other situations in which remaining seated is expected
- Often runs about or climbs excessively in situations in which it is inappropriate (adolescents or adults may have feelings of restlessness)
- Often has difficulty playing or engaging in leisure activities quietly
- Is often "on the go" or often acts as if "driven by a motor"
- Often talks excessively

IMPULSIVITY

- Often blurts out answers before questions are completed
- Often has difficulty awaiting turn
- Often interrupts or intrudes on others, such as butting into conversations or games

_____ **Total number of Hyperactivity & Impulsivity items checked**

If the patient has 6 or more symptoms of Inattention or Hyperactivity-Impulsivity that have persisted for at least 6 months to a degree that is maladaptive and inconsistent with developmental level, the patient should be considered for further evaluation.



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*Adapted from DSM-IV™ Diagnostic Criteria for Attention-Deficit/Hyperactivity Disorder. *Diagnostic and Statistical Manual of Mental Disorders*, 4th ed. Washington, DC: American Psychiatric Association; 1994.

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