

ADHD DOCUMENTATION FORM

STUDENT INFORMATION

Name (Last, First, Middle): _____

Date of Birth: _____ Institution: _____

Status (check one): Current Student Transfer Student Prospective Student

Phone: _____ Email Address: _____

Mailing Address: _____

DIAGNOSTIC INFORMATION

(To be completed by Qualified Healthcare Provider. Please print legibly or type.)

***Illegible and/or Incomplete forms will delay the documentation review process for the student.**

Please provide responses to the following items.

1. DSM-V Diagnosis: 314.00 ADHD

_____ **314.01 (F90.2) Combined presentation:** If both criteria for Inattention and Hyperactivity/Impulsivity are met for the past 6 months.

_____ **314.00 (F90.0) Predominantly Inattentive presentation:** If criteria for Inattention is met but criteria for Hyperactivity/Impulsivity is not met for the past 6 months.

_____ **314.01 (F90.1) Predominantly Hyperactivity/Impulsivity presentation:** If criteria for Hyperactivity/Impulsivity is met but criteria for Inattention is not met for the past 6 months.

_____ **314.01 (F90.8) Other Specified ADHD:** Symptoms characteristic of ADHD cause significant impairment in social, occupational, or other areas of functioning are present but do not meet the full criteria for ADHD or any other neurodevelopmental disorders, and the clinician chooses to communicate the specific reason why the full criteria of ADHD is not met.

_____ **314.01 (F90.9) Unspecified ADHD:** Symptoms characteristic of ADHD cause significant impairment in social, occupational, or other areas of functioning are present but do not meet the full criteria for ADHD or any other neurodevelopmental disorders, and the clinician chooses not to communicate the specific reason why the full criteria of ADHD is not met.

2. State the following:

- a. Date of diagnosis:
- c. Date of last contact with the student:
- b. Date of first contact with the student:
- d. Comorbid conditions:

3. Student's History

- a. ADHD History (inattention and/or hyperactivity during childhood):
Document symptoms that were present during early school years. Provide information supporting the diagnosis based on independent sources (e.g., past evaluations, school records, teacher report). Please attach copies of previous psychological evaluations.

- b. Medical History:
Provide relevant medical history. Is the student currently taking medication for ADHD? Are they experiencing any side effects with this medication?

4. Student's Current Specific Symptoms:

Please report ADHD symptoms listed in the DSM-V that the student currently exhibits that interfere with social, academic, and occupational functioning during the past 6 months.

Please attach copies of psychological evaluation and/or standardized rating scales used to determine diagnosis completed by independent observers in at least two settings (not including patient and clinician).

Examples of suggested assessment measures include:

continuous performance tests (VIGIL, TOVA, Conners, IVA) and Barkley Adult ADHD Rating Scale – IV (BAARS-IV). Additional information on suggested assessment measures are found at:

rcl.d.gsu.edu/evaluators

HEALTHCARE PROVIDER INFORMATION

(Please sign & date below and fill in all other fields completely. Please print legibly or type.)

Provider Signature: _____ Date: _____

Provider Name (Print): _____

Title: _____

License or Certification #: _____

Address: _____

Phone Number: _____ Fax Number: _____

FUNCTIONAL IMPAIRMENT

(To be completed by Qualified Healthcare Provider or Disability Service Provider. Please print legibly or type.)

Please state the student's functional impairments in an academic environment (classroom setting) based on the student's specific ADHD symptoms. Functional impairment must directly link the symptom to the impact the student experiences in the academic environment. (What academic tasks are adversely impacted due to ADHD symptoms and how?)

Completed By:

Name (Print): _____

Title: _____

Signature: _____ Date: _____