## NICHQ Vanderbilt ADHD Primary Care Initial Evaluation Form

Patient Name				
Date of Birth		Date of Evalua	tion	
Information From: $\square$ Parent(s) $\square$ Patie	nt □Teacher □	Current School/Grade		
Teacher Name(s)		Phone #(s)		
Counselor Name(s)		Phone #(s)		
Chief Concerns				
Significant Past Medical Histor	У			
☐ Birth history		☐ Developmental/behavioral history		
☐ Health history		$\square$ Family medical history		
☐ Current medications		☐ Prior ADHD diagnosis and/or treatment		
☐ Stressors		☐ School history		
Review of Systems				
☐ Problems with sleep onset or maintenar	nce	☐ Mood instability	☐ Disruptive behaviors	☐ Anxiety
□ Snoring, breathing pauses during sleep, or restless sleep		□Tics	☐ Learning difficulties	☐ Suicidal thoughts
☐ Substance abuse (including cigarettes, a	alcohol, drugs includ	ding prescription drugs)		
Physical Examination				
Height	Weight		BP	
HEENT/NECK:	CHEST/COR/LU	JNGS:		
ABD:	GU:			
NEURO:				
LAB/EVALUATIONS:   Vision	🗆 Hearing			

ADHD Subtype Score, Impairment, and Performance: Parent Report	Total Number of Postive Symptoms	Criteria	Meets DSM-IV Criteria?
Inattentive (questions 1–9); scores of 2 or 3 are positive.	/9	6/9 + 1 positive impairment score	$\square$ Y $\square$ N
Hyperactive/Impulsive (questions 10–18); scores of 2 or 3 are positive.	/9	6/9 + 1 positive impairment score	□Y □N
Performance (questions 48–54); scores of 4 on at least 2, or 5 on at least 1, are positive.	/7		
ADHD Subtype Score, Impairment, and Performance: Teacher Report	Total Number of Postive Symptoms	Criteria	Meets DSM-IV Criteria?
Inattentive (questions 1–9); scores of 2 or 3 are positive.	/9	6/9 + 1 positive impairment score	□ Y □ N
Hyperactive/Impulsive (questions 10–18); scores of 2 or 3 are positive.	/9	6/9 + 1 positive impairment score	$\square$ Y $\square$ N
Performance (questions 36–43); scores of 4 on at least 2, or 5 on at least 1, are positive.	/8		
	Symptoms p	Symptoms present >6 months? present to some degree <7 years old?	□ Y □ N □ Y □ N
screening for Comorbidities			
rom Parent NICHQ Vanderbilt:			
□ <u>Oppositional-defiant disorder</u> is screened by 4 of 8 symptor least 2, or 5 on at least 1, of the 7 performance items (que:		are positive) (questions 19–26) <u>AND</u> a sco	ore of 4 on at
☐ <u>Conduct disorder</u> is screened by 3 of 14 symptoms (scores at least 1, of the 7 performance items (questions 48–54).	of 2 or 3 are positive	) (questions 27–40) <u>AND</u> a score of 4 on a	at least 2, or 5 (
☐ <u>Anxiety/depression</u> are screened by 3 of 7 symptoms (scor on at least 1, of the 7 performance items (questions 48–54		ive) (questions 41–47) <u>AND</u> a score of 4 o	n at least 2, or
rom Teacher NICHQ Vanderbilt: Scores of 2 or 3 on a single iter	n reflect <i>often-occuri</i>	ring behaviors.	
Oppositional-defiant/conduct disorder are screened by 3 cat least 2, or 5 on at least 1, of the 8 performance items (q		2 or 3 are positive) (questions 19–28) AN	D a score of 4 o
☐ Anxiety/depression are screened by 3 of 7 items (scores of at least 1, of the 8 performance items (questions 36–43).	f 2 or 3 are positive) (	questions 29–35) <u>AND</u> a score of 4 on at	least 2, or 5 on
Learning disabilities are screened by examining questions suggest the presence of learning disabilities.	36 (reading) and 38 (	written expression); scores of 4 on both,	or 5 on 1,
rom Other Sources:			
om other courses.			

## **Assessment** $\square$ Does not meet criteria for ADHD. ☐ Predominantly Inattentive subtype requires 6 out of 9 symptoms (scores of 2 or 3 are positive) on items 1–9 AND a performance problem (score of 4 on at least 2, or 5 on at least 1) in the performance section for both the Parent and Teacher Assessment Scales. ☐ Predominantly Hyperactive/Impulsive subtype requires 6 out of 9 symptoms (scores of 2 or 3 are positive) on items 10–18 AND a performance problem (score of 4 on at least 2, or 5 on at least 1) in the performance section for both the Parent and Teacher Assessment Scales. ☐ ADHD Combined Inattention/Hyperactivity requires the above criteria on both Inattentive and Hyperactive/Impulsive subtypes. ☐ ADHD not otherwise specified. **Common Comorbidities** ☐ Anxiety/depression ☐ Oppositional-defiant disorder ☐ Conduct disorder ☐ Learning disabilities Plan ☐ Patient provided with a written ADHD Management Medication Plan Medication \_ Titration follow-up plan \_\_\_\_\_ Behavioral interventions \_\_\_\_\_ School interventions \_\_\_\_\_ Other specialist referrals Follow-up office visit scheduled \_\_\_\_\_ Education re: ADHD \_\_\_\_\_ ☐ Goal for measurement at follow-up (specific criteria, eq, homework done, decrease school disciplinary notes) **Coding and Billing** Office Visit: \_\_\_ \_\_\_ minutes >50% of time spent counseling or coordinating care? $\square$ Y $\square$ N

The recommendations in this publication do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate. Original document included as part of Caring for Children With ADHO: A Resource Toolkit for Clinicians, 2nd Edition. Copyright © 2012 American Academy of Pediatrics. All Rights Reserved. The American Academy of Pediatrics does not review or endorse any modifications made to this document and in no event shall the AAP be liable for any such changes.





