

# NICHQ Vanderbilt ADHD Primary Care Initial Evaluation Form

Patient Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Date of Evaluation \_\_\_\_\_

Information From:  Parent(s)  Patient  Teacher  Current School/Grade

Teacher Name(s) \_\_\_\_\_ Phone #(s) \_\_\_\_\_

Counselor Name(s) \_\_\_\_\_ Phone #(s) \_\_\_\_\_

## Chief Concerns

### Significant Past Medical History

- |  |  |
|--|--|
| <input type="checkbox"/> Birth history       | <input type="checkbox"/> Developmental/behavioral history      |
| <input type="checkbox"/> Health history      | <input type="checkbox"/> Family medical history                |
| <input type="checkbox"/> Current medications | <input type="checkbox"/> Prior ADHD diagnosis and/or treatment |
| <input type="checkbox"/> Stressors           | <input type="checkbox"/> School history                        |

### Review of Systems

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> Problems with sleep onset or maintenance  | <input type="checkbox"/> Mood instability | <input type="checkbox"/> Disruptive behaviors  | <input type="checkbox"/> Anxiety           |
| <input type="checkbox"/> Snoring, breathing pauses during sleep, or restless sleep                           | <input type="checkbox"/> Tics             | <input type="checkbox"/> Learning difficulties | <input type="checkbox"/> Suicidal thoughts |
| <input type="checkbox"/> Substance abuse (including cigarettes, alcohol, drugs including prescription drugs) |   |  |  |

### Physical Examination

Height \_\_\_\_\_ Weight \_\_\_\_\_ BP \_\_\_\_\_

HEENT/NECK: \_\_\_\_\_ CHEST/COR/LUNGS: \_\_\_\_\_

ABD: \_\_\_\_\_ GU: \_\_\_\_\_

NEURO: \_\_\_\_\_

LAB/EVALUATIONS:  Vision \_\_\_\_\_  Hearing \_\_\_\_\_

NOTES:



**ADHD Diagnostic Assessment:** Rating scale used?  Yes  No If yes, scale used:  NICHQ Vanderbilt  Other

ADHD Subtype Score, Impairment, and Performance: <i>Parent Report</i>	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	<input type="checkbox"/> Y <input type="checkbox"/> N
Hyperactive/Impulsive (questions 10–18); scores of 2 or 3 are positive.	/9	6/9 + 1 positive impairment score	<input type="checkbox"/> Y <input type="checkbox"/> 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: <i>Teacher Report</i>	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	<input type="checkbox"/> Y <input type="checkbox"/> N
Hyperactive/Impulsive (questions 10–18); scores of 2 or 3 are positive.	/9	6/9 + 1 positive impairment score	<input type="checkbox"/> Y <input type="checkbox"/> N
Performance (questions 36–43); scores of 4 on at least 2, or 5 on at least 1, are positive.	/8		

Symptoms present >6 months?	<input type="checkbox"/> Y <input type="checkbox"/> N
Symptoms present to some degree <7 years old?	<input type="checkbox"/> Y <input type="checkbox"/> N

**Screening for Comorbidities**

From Parent NICHQ Vanderbilt:

- Oppositional-defiant disorder is screened by 4 of 8 symptoms (scores of 2 or 3 are positive) (questions 19–26) AND a score of 4 on at least 2, or 5 on at least 1, of the 7 performance items (questions 48–54).
- Conduct disorder is screened by 3 of 14 symptoms (scores of 2 or 3 are positive) (questions 27–40) AND a score of 4 on at least 2, or 5 on at least 1, of the 7 performance items (questions 48–54).
- Anxiety/depression are screened by 3 of 7 symptoms (scores of 2 or 3 are positive) (questions 41–47) AND a score of 4 on at least 2, or 5 on at least 1, of the 7 performance items (questions 48–54).

From Teacher NICHQ Vanderbilt: Scores of 2 or 3 on a single item reflect *often-occurring* behaviors.

- Oppositional-defiant/conduct disorder are screened by 3 of 10 items (scores of 2 or 3 are positive) (questions 19–28) AND a score of 4 on at least 2, or 5 on at least 1, of the 8 performance items (questions 36–43).
- Anxiety/depression are screened by 3 of 7 items (scores of 2 or 3 are positive) (questions 29–35) AND a score of 4 on at least 2, or 5 on at least 1, of the 8 performance items (questions 36–43).
- Learning disabilities are screened by examining questions 36 (reading) and 38 (written expression); scores of 4 on both, or 5 on 1, suggest the presence of learning disabilities.

From Other Sources:

- Mental health problems \_\_\_\_\_  Learning disabilities \_\_\_\_\_
- Other medical conditions \_\_\_\_\_

**Assessment**

- 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**

- Oppositional-defiant disorder
- Conduct disorder
- Anxiety/depression
- 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, eg, homework done, decrease school disciplinary notes)

**Coding and Billing**

Office Visit: \_\_\_\_\_ minutes >50% of time spent counseling or coordinating care?  Y  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 ADHD: 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.

