



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

Date of birth: \_\_\_\_\_ MRN/File #: \_\_\_\_\_

Clinician's Name: \_\_\_\_\_ Date: \_\_\_\_\_

## CADDRA ADHD ASSESSMENT FORM

### Identifying Information

Patient: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Date seen: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: M \_\_\_\_\_ F \_\_\_\_\_ Grade (actual/last completed): \_\_\_\_\_

Current Occupation: Student \_\_\_\_\_ Unemployed \_\_\_\_\_ Disability \_\_\_\_\_ Occupation: \_\_\_\_\_

Status: Child / Adolescent or Adult Single \_\_\_\_\_ Married \_\_\_\_\_ Common-Law \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_

Ethnic Origin (Optional): \_\_\_\_\_

Other person providing collateral: \_\_\_\_\_ Patient's phone no: \_\_\_\_\_

### Demographics

|                    | Biological Father (if known) | Biological Mother (if known) | Spouse/Partner (if applicable) |
|--------------------|------------------------------|------------------------------|--------------------------------|
| Name:              |                              |                              |                                |
| Occupation:        |                              |                              |                                |
| Highest education: |                              |                              |                                |

Adopted: No \_\_\_\_\_ Yes \_\_\_\_\_ Age at time of adoption: \_\_\_\_\_ Country of Adoption: \_\_\_\_\_

Number of biological and/or half siblings: \_\_\_\_\_

|                   | Stepfather (if known) | Stepmother (if known) | Other Guardian (if applicable) |
|-------------------|-----------------------|-----------------------|--------------------------------|
| Name              |                       |                       |                                |
| Occupation        |                       |                       |                                |
| Highest education |                       |                       |                                |

Number of step-siblings:

Name of Custodial Parent:

Time with bio Father:

Time with bio Mother:

Time with step family:

Language: At home: English Other

At school:

Children (if Applicable): Number of Biological

Number of step children

| Names and Ages |  |
|----------------|--|
|                |  |
|                |  |
|                |  |

## Reason for Referral

Referred by: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Initiated by:    Self    Parent    Spouse    Employer |    School    Physician    Other:

impulsiveness

inattention

hyperactivity

Chief complaint  
(Check all that apply)

disorganization

mood/anxiety

procrastination

self esteem

substance use

academic problems

aggression

Other

Details:

Attitude to  
Referral:

ADHD SYMPTOM HISTORY: (onset, progression, worsening factors, protective factors, adaptive strategies, outcome)



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## Medical History

Allergies: No  Yes  Details: \_\_\_\_\_

### Cardiovascular medical history:

hypertension      tachycardia      arrhythmia      dyspnoea      fainting      chest pain on exertion      other

Specific cardiovascular risk identified: No  Yes  Details: \_\_\_\_\_

Positive lab or EKG findings: \_\_\_\_\_

### Positive medical history:

|   |   |   |
|---|---|---|
| In utero exposure to nicotine, alcohol or drugs | Stigmata of FAS/FAE                       | History of anoxia/perinatal complications |
| Developmental delays                            | Cerebral palsy                            | Lead poisoning                            |
| Neurofibromatosis                               | Other genetic syndrome                    | Hearing/visual problems                   |
| Thyroid disorder                                | Growth delay                              | Anemia                                    |
| Traumatic brain injury                          | Enuresis                                  | Injuries                                  |
| Sleep apnea                                     | Enlarged adenoids or tonsils              | Asthma                                    |
| Sleep disorders                                 | Medical complications of drug/alcohol use |   |

Other/details:

## Medication History

Extended Health Insurance: No  Yes  Details: \_\_\_\_\_

Public  Private Insurance  Coverage for psychological treatment: No  Yes

### Adherence to treatment/attitude towards medication:

Difficulty swallowing pills: No  Yes

(If applicable) Contraception: No  Yes  (Details): \_\_\_\_\_

| Current Medications | Dose | Duration RX | Outcome and Side Effects |
|---------------------|------|-------------|--------------------------|
|                     |      |             |                          |
|                     |      |             |                          |
|                     |      |             |                          |

| Previous Medications | Dose | Duration RX | Outcome and Side Effects |
|----------------------|------|-------------|--------------------------|
|                      |      |             |                          |
|                      |      |             |                          |
|                      |      |             |                          |



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Date: \_\_\_\_\_

## Physical Examination

Practice guidelines around the world recognize the necessity of a physical exam as part of an assessment for ADHD to rule out organic causes of ADHD, rule out somatic sequelae of ADHD, and rule out contraindications to medications. While this physical exam follows all the usual procedures, several specific evaluations are required. These include, but are not limited to:

### Rule out medical causes of ADHD-like symptoms

1. Hearing and vision assessment
2. Thyroid disease
3. Neurofibromatosis (cafe au lait spots)
4. Any potential cause of anoxia (asthma, CF, cardiovascular disease)
5. Genetic syndromes and facial or dysmorphic characteristics
6. Fetal alcohol syndrome: growth retardation, small head circumference, smaller eye openings, flattened cheekbones and indistinct philtrum (underdeveloped groove between nose and upper lip)
7. Physical abuse: unset fractures, burn marks, unexplained injuries
8. Sleep disorders: enlarged tonsils and adenoids, difficulty breathing, sleep apnea
9. Growth delay or failure to thrive
10. PKU, heart disease, epilepsy and unstable diabetes can all be associated with attention problems
11. Head trauma.

*Medical history/lab work provides information on maternal drinking in pregnancy, sleep apnea, failure to thrive, lead poisoning, traumatic brain injury.*

### Rule out sequelae of ADHD

1. Abuse
2. High pain threshold
3. Irregular sleep, delayed sleep phase, short sleep cycle
4. Comorbid developmental coordination disorder, evidenced by motor difficulties in doing routine tasks such as getting on the exam table
5. Picky eater: will not sit to eat
6. Evidence of injuries from poor coordination or engagement in extreme sports

### Rule out contraindications to medication

1. Glaucoma
2. Uncontrolled hypertension
3. Any evidence of significant cardiovascular abnormality

Date of last physical exam: \_\_\_\_\_ By whom: \_\_\_\_\_

Abnormal findings from last exam: \_\_\_\_\_

## Current Physical Exam

| System   | Done |   | Normal |   | Findings (Details of Abnormality) |
|--|------|---|--------|---|-----------------------------------|
|  | No   | Yes                                       | No     | Yes                                       |                                   |
| Skin   |      |   |        |   |                                   |
| ENT  |      |   |        |   |                                   |
| Respiratory  |      |   |        |   |                                   |
| GI and GU  |      |   |        |   |                                   |
| Cerebrovascular                                    |      |   |        |   |                                   |
| Musculoskeletal                                    |      |   |        |   |                                   |
| Immunol. & Hematological                           |      |   |        |   |                                   |
| Neurological                                       |      |   |        |   |                                   |
| Endocrinological                                   |      |   |        |   |                                   |
| Dysmorphic facial features                         |      |   |        |   |                                   |
| Other  |      |   |        |   |                                   |
| <b>Weight:</b><br>In children: percentile          |      | <b>Height:</b><br>In children: percentile |        | <b>Head Circum:</b><br>(In children only) |                                   |
|  |      |   |        | BP:                                       | Pulse:                            |
| <b>Positive Findings on Observation: (Details)</b> |      |   |        |   |                                   |

## Psychiatric History

|   |                    |                |
|---|--------------------|----------------|
| Assessed in childhood/adolescence/adulthood?                  | Yes _____ No _____ | By whom: _____ |
| Previous diagnosis:   |                    |                |
| Previous suicidal attempts or violent gestures toward others: | Yes _____ No _____ | Details:       |
| Psychological treatments:                                     | Yes _____ No _____ |                |
| Previous psychiatric evaluation / hospitalization:            | Yes _____ No _____ |                |

## Developmental History

|  |          |
|--|----------|
| Pregnancy Problems: No _____ Yes _____   | Details: |
| Delivery: _____ on time _____ Early (# of weeks: _____)<br>_____ Late (# of weeks: _____) _____ forceps used<br>_____ Caesarean section _____ breech |          |
| Difficulties gross motor: crawl, walk, two-wheeler, gym, sports: No _____ Yes _____  |          |
| Difficulties Fine motor: tracing, shoe laces, printing, writing: No _____ Yes _____  |          |
| Language difficulties: first language, first words, full sentences, stuttering No _____ Yes _____  |          |
| Odd behaviours noted: (e.g. rocking, flapping, no eye contact, odd play, head banging etc.) No _____ Yes _____                                       |          |

|   |
|---|
| <b>Temperament:</b> (e.g. difficult, willful, hyper, easy, quiet, happy, affectionate, calm, self-soothes, intense) |
| <b>Parent description of child's temperament:</b>   |

**Learning Disorder identified:** No Yes dyslexia dysorthographia dyscalculia dsyphasia Other \_\_\_\_\_

## Family History in First Degree Relatives

|  |         |
|--|---------|
| Childhood temperament of the biological parents, if known: (e.g. internalizing versus externalizing) |         |
| Father:  | Mother: |

| Positive Family History of:    |                      |                       |                         |
|--------------------------------|----------------------|-----------------------|-------------------------|
| ADHD (probable)                | ADHD (confirmed)     | Learning Disorders    | Intellectual Disability |
| Autism Spectrum Disorders      | Congenital Disorders | Anxiety               | Depression              |
| Bipolar                        | Psychosis            | Personality Disorders | Suicide                 |
| Sleep Disorders                | Tourette's/Tics      | Epilepsy              | Alcohol/Drug Problems   |
| Legal Convictions              |                      |                       |                         |
| History of early cardiac death |                      | Known arrhythmias     | Hypertension            |

|          |
|----------|
| Details: |
|----------|

## Functioning and Lifestyle Evaluation

|  |  |
|--|--|
| <b>General Habits</b> (depending on the subject's age, some may not apply). Give frequency and/or details: |  |
| <b>Exercise</b>  |  |
| <b>Nutrition</b>   |  |
| <b>Self-care, personal hygiene</b>   |  |
| <b>Adequate leisure activity</b>   |  |
| <b>Sleep Routine and Quality of Sleep</b>  | Bedtime: _____ Time to fall asleep: _____ Wake up time: _____<br># Sleep hours: _____ Melatonin: No ____ Yes ____ Dose _____   |
| <b>Sleep Problems? (BEARS)</b>   | Bedtime resistance:      No      Yes      Regularity:      No      Yes<br>Excessive daytime:      No      Yes      Snoring:      No      Yes<br>Sleepiness: Awakenings:      No      Yes |

| Risk Factor           | No | Yes | Details and Attitude towards Change |
|-----------------------|----|-----|-------------------------------------|
| Excessive screen time |    |     |                                     |
| Accident-prone        |    |     |                                     |
| Extreme sports        |    |     |                                     |
| Caffeine              |    |     |                                     |
| Smoking               |    |     |                                     |
| Alcohol               |    |     |                                     |
| Drugs                 |    |     |                                     |
| Financial             |    |     |                                     |
| Driving               |    |     |                                     |
| Relationships         |    |     |                                     |
| Parenting             |    |     |                                     |
| Family conflict       |    |     |                                     |
| Legal                 |    |     |                                     |
| Discipline            |    |     |                                     |
| Witness to violence   |    |     |                                     |
| Trauma                |    |     |                                     |
| Physical abuse        |    |     |                                     |
| Emotional abuse       |    |     |                                     |
| Sexual abuse          |    |     |                                     |
| Foster placements     |    |     |                                     |
| Significant losses    |    |     |                                     |
| Illness               |    |     |                                     |

| <b>Current Functioning at Home</b> (depending on age, some may not apply). <b>Give frequency and/or details:</b> |                 |
|--|-----------------|
| <b>Family/patient strengths</b>  |                 |
| <b>Stressors within the family</b>   | <b>Past:</b>    |
|  | <b>Present:</b> |
| <b>Family atmosphere</b>   |                 |
| <b>Morning routine</b>   |                 |
| <b>Attitudes towards chores</b><br>(adult: doing housework)  |                 |
| <b>Attitudes towards rules</b><br>(adult: able to set/follow rules)  |                 |
| <b>Engagement in family fun</b>  |                 |
| <b>Discipline in the family</b><br>(adult: parenting abilities)  |                 |
| <b>Relationship to siblings</b><br>(adult: partner relationship)   |                 |
| <b>Parent/spouse frustrations</b>  |                 |

| <b>Social Functioning</b> (depending on age, some may not apply). <b>Give frequency and/or details:</b> |  |
|---|--|
| <b>Patient's strengths:</b>   |  |
| <b>Hobbies, activities</b>  |  |
| <b>Friends</b><br>(e.g. play dates, parties, social events)   |  |
| <b>Social skills</b><br>(e.g. social cues compassion, empathy)  |  |
| <b>Humour</b>   |  |
| <b>Anger management</b><br>(e.g. aggression, bullying)  |  |
| <b>Emotional intelligence</b><br>(e.g. emotional control, awareness)                                    |  |
| <b>Sexual identity</b>  |  |

**Functioning at School** (if not at school, indicate where academic history took place and if there were difficulties)

School name:

English Second Language

Individual Education Plan

Specialized

Class Specialized Designation

Details:

|                                     | Kindergarten to Grade 8 | High School |
|-------------------------------------|-------------------------|-------------|
| Report card grades                  |                         |             |
| Report card comments                |                         |             |
| Behaviour problems                  |                         |             |
| Peer relations                      |                         |             |
| Teacher-child relationships         |                         |             |
| Teacher-parent relationships        |                         |             |
| Homework attitudes                  |                         |             |
| Organizational skills               |                         |             |
| Achieving potential/difficulties    |                         |             |
| Written output                      |                         |             |
| Accommodations                      |                         |             |
| Tutoring and/or Learning assistance |                         |             |
| Assistive Technology                |                         |             |

**College/University**

Accommodations:

Achieving potential/ difficulties:

**Functioning at Work** (depending on the subject's age, some may not apply) **Frequency and/or details:**

Current employment status:

FT

PT

Unemployed

Self-employed

Contract

Disability

Vocational Assessment:

\_\_\_\_\_ No \_\_\_\_\_ Yes - If yes, suitable jobs:

# of past jobs: \_\_\_\_\_

Length of longest employment:

Work strengths:

Work weaknesses:

Complaints:

Workplace accommodations:

Other information about work:



**RATING SCALES:** Administer one or more of the relevant rating scales to the parent, teacher or patient

**STEP ONE: Check the ADHD scale(s) used**

ADHD symptoms in childhood:  SNAP-IV  Weiss Symptom Record II  Other \_\_\_\_\_

Current ADHD symptoms:  SNAP- IV (for children)  ASRS (for adults)  Other \_\_\_\_\_

**STEP TWO: Fill in the result of the scale**

| SYMPTOM SCREENER (enter the number of positive items for each category, circle the box if the threshold was met or if ODD or CD is a concern) |       |       |        |         |
|---|-------|-------|--------|---------|
| Retrospective Childhood Symptom Screen  | IA /9 | HI /9 | ODD /8 | CD* /15 |
| <b>CURRENT</b>  |       |       |        |         |
| Parent  | IA /9 | HI /9 | ODD /8 | CD* /15 |
| Self  | IA /9 | HI /9 | ODD /8 | CD* /15 |
| Teacher   | IA /9 | HI /9 | ODD /8 | CD* /15 |
| Collateral  | IA /9 | HI /9 | ODD /8 | CD* /15 |
| Other comorbid dx*  |       |       |        |         |

\*Conduct disorder and other comorbid disorder only applies to the WSR

**FOR ADULTS:** The Adult ADHD Self Report Rating Scale (ASRS) can be used for current ADHD symptoms, part A being the screener section

| ADULT ADHD SELF REPORT RATING SCALE (ASRS) (record the number of positive items for Part A and Part B, circle the box where threshold is made) |        |
|--|--------|
| Part A (Threshold > 4)   | Part B |
| /6   | /12    |

**STEP THREE: Administer the Weiss Functional Inventory Rating Scale (WFIRS) (optional)**

| WEISS FUNCTIONAL INVENTORY RATING SCALE (WFIRS) (record the number of items rated 2 or 3, circle the boxes where you perceive a problem) |            |                      |            |                 |         |           |          |
|--|------------|----------------------|------------|-----------------|---------|-----------|----------|
| Parent   | Family /10 | School (Learning) /4 |            | ODD /8          | CD* /15 |           |          |
|  |            | (Behaviour) /6       |            |                 |         |           |          |
| Self   | Family /8  | Work /11             | School /10 | Life Skills /12 | Self /5 | Social /9 | Risk /14 |

**Other Scales:**

|  |
|--|
|  |
|--|

Psychometric Evaluation – Done?  No  Yes  Requested **Date(s) of testing:** \_\_\_\_\_

Intelligence Tests Score:  marked below  borderline  low average  average  
 above average  marked above  Superior

| WISC or WAIS (%ile or scaled score) | Verbal Comprehension | Perceptual Reasoning | Working Memory | Processing Speed | Older IQ tests used %ile/IQ                  |
|-------------------------------------|----------------------|----------------------|----------------|------------------|--|
|                                     |                      |                      |                |                  | Full Scale IQ<br>Verbal IQ<br>Performance IQ |

**Achievement tests Score:** -2 (>2 yrs below) -1 (1-2 yrs below) 0 (grade level) +1 (1-2 yrs above) +2 (>2 yrs above)

**Grade level:** Reading Spelling Math Writing

| MENTAL STATUS EXAMINATION (clinical observations of the interview) |
|--|
|  |

## SUMMARY OF FINDINGS

(This allows a clinician to reflect on the global collection of information in readiness for the diagnosis, feedback and treatment)

| Item of Relevance   | N/A | Does not indicate ADHD                        | Marginally indicates ADHD                       | Strongly indicates ADHD                        | Comments |
|---|-----|---|---|--|----------|
| Symptoms of ADHD in childhood                                     |     |   |   |  |          |
| Current ADHD symptoms   |     |   |   |  |          |
| Collateral information  |     |   |   |  |          |
| Clinical observation  |     |   |   |  |          |
| Family history of diagnosed first degree relatives                |     |   |   |  |          |
| Review of school report cards                                     |     |   |   |  |          |
| Previous psychiatric assessments                                  |     |   |   |  |          |
| Psychometric/psychological assessments                            |     |   |   |  |          |
|   | N/A | Suggesting an alternate explanation is better | ADHD is possible but other factors are relevant | ADHD is still the best explanation of findings | Comments |
| In utero exposure to substances                                   |     |   |   |  |          |
| Neonatal insult   |     |   |   |  |          |
| Infant temperament  |     |   |   |  |          |
| Developmental milestones  |     |   |   |  |          |
| Psychosocial stressors before 12                                  |     |   |   |  |          |
| Accidents and injuries (particularly head injury)                 |     |   |   |  |          |
| Major trauma before age 12 (e.g. abuse-physical, sexual, neglect) |     |   |   |  |          |
| Substance use history   |     |   |   |  |          |
| Other psychiatric problems  |     |   |   |  |          |
| Other medical problems  |     |   |   |  |          |

| Important Lifestyle Issues: |
|-----------------------------|
|                             |

# Treatment Plan

Patient Name: \_\_\_\_\_ MRN/File No.: \_\_\_\_\_

|  | N/A | To Do | Done | Referred to and comments/details |
|--|-----|-------|------|----------------------------------|
| <b>Psychoeducation</b>                   |     |       |      |                                  |
| Patient Education                        |     |       |      |                                  |
| Parent Education                         |     |       |      |                                  |
| Info to School                           |     |       |      |                                  |
| Handouts                                 |     |       |      |                                  |
| <b>Medical</b>                           |     |       |      |                                  |
| Physical Exam                            |     |       |      |                                  |
| CV Exam                                  |     |       |      |                                  |
| Baseline Ratings                         |     |       |      |                                  |
| Lab Investigation                        |     |       |      |                                  |
| Other                                    |     |       |      |                                  |
| <b>Pharmacological Interventions</b>     |     |       |      |                                  |
| Review Medication Options                |     |       |      |                                  |
| Medication Treatment                     |     |       |      |                                  |
| <b>Non-Pharmacological Interventions</b> |     |       |      |                                  |
| Psychological Testing                    |     |       |      |                                  |
| Social Skills Management                 |     |       |      |                                  |
| Anger Management                         |     |       |      |                                  |
| Addiction Management                     |     |       |      |                                  |
| Therapy                                  |     |       |      |                                  |
| Cognitive Behaviour Therapy              |     |       |      |                                  |
| Parent Training                          |     |       |      |                                  |
| OT Referral                              |     |       |      |                                  |
| Speech Therapy                           |     |       |      |                                  |
| <b>Educational &amp; Vocational</b>      |     |       |      |                                  |
| Psychoeducational Assessment             |     |       |      |                                  |
| Special Education/Accommodations         |     |       |      |                                  |
| Vocational Assessments                   |     |       |      |                                  |
| Workplace Accommodations                 |     |       |      |                                  |
| <b>Completion of Special Forms</b>       |     |       |      |                                  |
| CRA Tax Credits                          |     |       |      |                                  |
| Insurance                                |     |       |      |                                  |
| Other                                    |     |       |      |                                  |

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Copy sent to: \_\_\_\_\_ Fax No: \_\_\_\_\_