



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	



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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	Secondary symptoms to medical causes	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					
Weight: In children: percentile		Height: In children: percentile		Head Circum: (In children only)	
				BP:	Pulse:
Positive Findings on Observation: (Details)					

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: _____) _____ Late (# of weeks: _____) _____ forceps used _____ 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 _____	

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

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

General Habits (depending on the subject's age, some may not apply). Give frequency and/or details:

Exercise

Nutrition

Self-care, personal hygiene

Adequate leisure activity

Sleep Routine and Quality of Sleep

Bedtime: _____ Time to fall asleep: _____ Wake up time: _____

Sleep hours: _____ Melatonin: No ____ Yes ____ Dose _____

Sleep Problems? (BEARS)

Bedtime resistance:	No	Yes	Regularity:	No	Yes
Excessive daytime:	No	Yes	Snoring:	No	Yes
Sleepiness:	Awakening:	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			

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

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

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
CURRENT				
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:

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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 _____ Verbal IQ _____ 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
Psychoeducation				
Patient Education				
Parent Education				
Info to School				
Handouts				
Medical				
Physical Exam				
CV Exam				
Baseline Ratings				
Lab Investigation				
Other				
Pharmacological Interventions				
Review Medication Options				
Medication Treatment				
Non-Pharmacological Interventions				
Psychological Testing				
Social Skills Management				
Anger Management				
Addiction Management				
Therapy				
Cognitive Behaviour Therapy				
Parent Training				
OT Referral				
Speech Therapy				
Educational & Vocational				
Psychoeducational Assessment				
Special Education/Accommodations				
Vocational Assessments				
Workplace Accommodations				
Completion of Special Forms				
CRA Tax Credits				
Insurance				
Other				

Physician Signature: _____ Date: _____

Copy sent to: _____ Fax No: _____