



Patient Name: _____

Date of birth: _____

MRN/File #: _____

Clinician's Name: _____

Date: _____

CADDRA CLINICIAN ADHD BASELINE/FOLLOW-UP FORM

Other person present during Interview:

Clinician:

Other therapist(s) involved:

Current medication(s):	Dose & schedule	Therapeutic Effects	Side Effects

Adherence to treatment: FULL (took medications as directed) PARTIAL (Missed doses, did not take all medication) NONE (Discontinued medication for at least a week)

Developments since last appointment:

<u>Height:</u>	<u>Weight:</u>	<u>BP:</u>	<u>Pulse:</u>
<u>Observations:</u>		<u>Opinion:</u>	

Psychiatric Diagnosis:

- | | | | |
|----------------------|-------------------------|------------------|-----------------------------|
| ADHD, Combined | Learning Disorder | Anxiety Disorder | Conduct Disorder |
| ADHD, Inattentive | Language Disorder | Depression | Personality Disorder/Traits |
| Oppositional Defiant | Intellectual Disability | Tic Disorder | Other |

Medical Problems:

Stressors:	Mild	Moderate	Severe	Extreme			
Impairment Severity:	Borderline	Mild	Moderate	Marked	Severe	Extreme	
Improvement	Very much improved	Much Improved	Minimally Improved	No change	Minimally worse	Much Worse	Very much worse

<u>Treatment Plan:</u>	Medication Treatment Plan:			
	No Change	Increase	Decrease	Switch
<u>Psychological/Other:</u>	<u>School/Work:</u>			
<u>Follow-up plan:</u>				

Signature: _____ Date _____

Copy to be sent to: _____