CADDRA
CANADIAN ADHD RESOURCE ALLIANCE

Patient Name:	
Date of Birth:	MRN/File No:
Physician 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: (*check all that apply*) ☐ Caucasian ☐ Asian ☐ Hispanic ☐ African-American ☐ Native			
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			
Number of biological and/or half siblings:			
	Stepfather (if applicable)	**Stepmother** (if applicable)	**Other Guardian** (if applicable)
Name			
Occupation			
Highest education			
Number of step-siblings:			
Custody (circle 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:**	**Fax:**
Initiated by: ☐ self ☐ parent ☐ spouse ☐ employer ☐ school ☐ physician ☐ other:			
Chief complaint: (check all that apply)	☐ impulsiveness ☐ disorganization ☐ self esteem ☐ aggression	☐ inattention ☐ mood/anxiety ☐ substance use ☐ other	☐ hyperactivity ☐ procrastination ☐ academic problems
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	☐ Coordination problems	☐ Cerebral palsy	☐ Lead poisoning
☐ Neurofibromatosis	☐ Myotonic dystrophy	☐ Other genetic syndrome	☐ Hearing / visual problems
☐ Thyroid disorder	☐ Diabetes	☐ Growth delay	☐ Anemia
☐ Traumatic brain injury	☐ Seizures	☐ Enuresis	☐ Injuries
☐ Sleep apnea	☐ Tourette's/tics	☐ Enlarged adenoids or tonsils	☐ Asthma
☐ 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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Physical Examination

Practice guidelines around the world recognize the necessity of a physical exam as part of an assessment for ADHD in order 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 who:**
Abnormal findings 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? ☐ No ☐ Yes **By whom:**	
Previous diagnoses:	
Previous suicidal attempts or violent gestures toward others: ☐ No ☐ Yes	**Details:**
Psychological treatments: ☐ No ☐ Yes	
Previous psychiatric evaluation/hospitalization: ☐ No ☐ Yes	

Developmental History

Pregnancy Problems: ☐ No ☐ Yes Delivery ☐ on time ☐ Early (# of weeks: _____) ☐ Late (# of weeks: _____) ☐ forceps used ☐ Caesarean section ☐ breech	**Details:**
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: (eg. 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	☐ Mental Retardation
☐ 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 sleepiness: ☐ No ☐ Yes Snoring: ☐ No ☐ Yes Awakening: ☐ No ☐ Yes

Important Risk Factors to Identify

Identified Risk Factor	No	Yes	Details and Attitude towards Change
Excessive time on computer, TV, video games	☐	☐	
Repetitive accidents or injuries	☐	☐	
Extreme sports (e.g. motorcycle, snowboarding, skateboarding, racing)	☐	☐	
Energy drinks, caffeine	☐	☐	
Nicotine (e.g. including cigarettes, cigars, chewing tobacco)	☐	☐	
Alcohol (e.g. binge drinking, blackouts, seizures, DUI, complaints)	☐	☐	
Drug use/abuse (e.g. cannabis, acid, mushrooms, cocaine, stimulants, heroin, abuse of prescription drugs)	☐	☐	
Financial impulse (e.g. gambling, shopping, stock trading, real estate failure)	☐	☐	
Financial risk (e.g. bankruptcy, poor money management, significant debt)	☐	☐	
Driving problems (e.g. speeding, lost license, accidents, violations)	☐	☐	
Relationship risks (e.g. lack of commitment, infidelity, unprotected sex)	☐	☐	
Parenting problems (e.g. Children's Aid, inconsistent parenting, overwhelmed)	☐	☐	
Disciplinary or legal action(s)	☐	☐	

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:	☐ ADHD Checklist	☐ SNAP-IV	☐ Other
Current ADHD symptoms:	☐ ADHD Checklist ☐ SNAP- IV (for children)	☐ Weiss Symptom Record (WSR) ☐ ASRS (for adults)	☐ Other

The ADHD Checklist can retrospectively be used to assess childhood ADHD symptoms (in adults), for current symptoms and for follow-up (all ages)

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	IA	/9	HI	/9	ODD	/8	CD*	/15
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)	/6	Part B	/12

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

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 (behaviour) /6		Life Skills /10	Self /3	Social /7	Risk /10
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 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 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 alternative explanation is better**	**ADHD is possible but other factors 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	☐	☐	☐	☐	

_____

_____

_____

_____

_____

DIAGNOSIS

Note: This table helps the clinician understand how the DSM-IV-TR records axial information

Axis I: Actual diagnosis and any learning disabilities

Axis II: Mental retardation, developmental delay and any personality disorders (traits if sub-threshold for an actual disorder)

Axis III: Any medical disorders or any past medical disorders that might be important to note

Axis IV: Severity of psychosocial stressors: Name the stressors and indicate their severity from Mild, Moderate, Severe

Axis V: Global Assessment of Functioning: This is a number given (from the table below) that helps to monitor functioning over time. This is a quick way of being able to record clinical progress.

Axis V	CGAS Anchor Points	Score
91-100	Superior functioning in all aspects of life; active, likeable, confident	
90-81	Good functioning in school, home, peers, transient everyday worries have mild reaction	
80-71	Slight impairment in school, home or peers, transient behaviour and emotional reaction	
70-61	Difficulty in an area of life but functioning well (mood change, sporadic anti-social act)	
60-51	Variable functioning and sporadic difficulties in several areas of life, apparent to others	
50-41	Moderate interference in functioning or severe impairment in school, home or peers	
40-31	Major impairment; unable to function in one area (suicide attempt, persistent aggression, marked withdrawal and isolation, severe mood or thought disturbance)	
30-21	Unable to function in life, severe impairment in communication and reality testing	
20-11	Needs supervision to be safe and for self-care, gross impairment in communication	
10-0	Needs 24 hour supervision for severe aggressive, self-destructive behaviour, affect, thought, reality testing, communication impairment.	

Diagnosis following DSM:
Axis I: DSM Diagnoses
Axis II: Personality/Developmental delay
Axis III: Medical conditions
Axis IV: Stressors (mild, moderate, severe)
Axis V: Global Assessment of Functioning

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 Accomodations	☐	☐	☐	
Completion of Special Forms				
CRA Tax Credits	☐	☐	☐	
Insurance	☐	☐	☐	
Other	☐	☐	☐	

Physician Signature: _____ **Date:** _____

Copy sent to: _____ **Fax No:** _____

_____