

1 Patient Information

1 PATIENT DETAILS

Name: _____ Date of Assessment: _____
DOB / Age: _____ Provider: _____
MRN: _____ Referral Source: _____

CC Chief Complaint & HPI

2 PRIMARY CONCERN

Inattention / hyperactivity / academic-work difficulties — duration, settings...

3 HISTORY OF PRESENT ILLNESS

Onset, duration, symptom domains, functional impairment, prior evaluations/treatments, pertinent negatives...

DH Developmental & Educational History

4a DEVELOPMENTAL HISTORY

Prenatal/perinatal, milestones, early behavioral concerns...

4b EDUCATIONAL / OCCUPATIONAL HISTORY

Academic performance, grades, accommodations, work productivity, organization...

SX DSM-5 Symptom Assessment

5a INATTENTION

Sustaining attention, careless mistakes, organization, avoidance of effortful tasks, forgetfulness...

5b HYPERACTIVITY / IMPULSIVITY

Fidgeting, leaving seat, excessive talking, interrupting, acting without thinking...

No. of Symptoms Present: _____ Duration (> 6 months): _____
Present Across Multiple Settings: _____

FI Functional Impairment & Background History

6a FUNCTIONAL IMPAIRMENT

Academic/occupational performance, social relationships, ADLs, emotional regulation...

6b PAST PSYCHIATRIC / MEDICAL / FAMILY / SOCIAL HISTORY

Past psych / medications / therapy...

Medical / family / social history...

O Objective — Mental Status Examination

4a APPEARANCE, BEHAVIOR & SPEECH

Appearance: _____
Behavior: _____
Speech rate/volume: _____

Psychomotor activity: _____
Eye contact: _____
Engagement: _____

4b MOOD & AFFECT

Reported mood: _____
Affect range: _____
Affect stability: _____

Affect appropriateness: _____
Congruence: _____
Reactivity: _____

4c THOUGHT PROCESS & CONTENT

Thought process: _____
Thought content / preoccupations: _____

Delusions / obsessions: _____
SI / HI (explicitly document): _____

4d PERCEPTION, COGNITION & JUDGMENT

Hallucinations: _____
Orientation: _____
Attention / memory: _____

Insight: _____
Judgment: _____
Safety assessment: _____

SA Standardized Assessment Tools

7 VALIDATED SCALES

Tool Used (Vanderbilt / Conners / ASRS): _____

Scores & Interpretation: _____

A Assessment

8a DIAGNOSTIC FORMULATION

ADHD Subtype (Inattentive / HI / Combined): _____

Severity (mild / moderate / severe): _____

8b DIFFERENTIAL DIAGNOSES & COMORBIDITIES

Anxiety, depression, learning disorder, comorbid conditions...

P Plan

9 MANAGEMENT

Medications / behavioral therapy / school-work accommodations / patient and caregiver education...

F Follow-Up

10 REASSESSMENT & MONITORING

Reassessment timeline and monitoring plan: _____

TIME DOCUMENTATION & BILLING

Total Time: _____
Counseling Time: _____
Primary Dx Code: _____

E/M Level: _____
Basis: _____
Secondary Dx Code(s): _____

PROVIDER NAME

CREDENTIALS

DATE & TIME