

ADHD INITIAL EVALUATION (03/22) (101464)

Category: **TEMPLATES TO RELEASE**

Scheduled appt type: _____

CC Initial ADHD evaluation
 Parental Concerns: Parental Goals: Academic performance: Overall behavior at home: Overall behavior at school: Current medication list reviewed with patient/family Current grade in school: Any prior academic difficulties: Any past developmental concerns / delays: Symptoms noted outside of school setting: Pertinent family history:

HPI Any prior treatments attempted: If completed, parent initial Vanderbilt assessment reviewed, findings: If completed, teacher initial Vanderbilt assessment reviewed, findings: If completed, psycho-educational testing reviewed, findings: Cardiovascular risk assessment reviewed, findings: If completed, additional surveys:

freeform
ROS _____

Structured ROS

Structured exam

NL: general appearance: alert, pleasant, not ill appearing, no distress	<input type="checkbox"/>
NL: neck: supple, trachea midline, no masses or significant adenopathy	<input type="checkbox"/>
NL: thyroid: no enlargement or mass	<input type="checkbox"/>
NL: respiratory effort: no retractions, no tachypnea	<input type="checkbox"/>
NL: auscultation of lungs: clear & equal breath sounds without rales, rhonchi or wheeze	<input type="checkbox"/>
Pert: palpation of heart: PMI nondisplaced	<input type="checkbox"/>
NL: auscultation of heart: regular rate & rhythm, no murmur	<input type="checkbox"/>
NL: abdomen: soft, nontender/nondistended, normal bowel sounds, no mass	<input type="checkbox"/>
NL: liver & spleen: no hepatosplenomegaly	<input type="checkbox"/>
NL: inspection (includes subcutaneous tissue): no rash	<input type="checkbox"/>
NL: cranial nerves	<input type="checkbox"/>
NL: DTRs	<input type="checkbox"/>
NL: age appropriate gait & coordination on observation	<input type="checkbox"/>
NL: mood & affect	<input type="checkbox"/>
Pert: speech rate, volume, articulation and coherence	<input type="checkbox"/>
Pert: concentration	<input type="checkbox"/>

Pert: activity level	
Pert: cerebellar signs: normal Romberg, rapid alternating movement, heel toe walk	
NL: age appropriate social/language interaction	
NL: EOM's	
NL: pupils & irises: PERRLA	
Pert: red reflex/fundoscopy exam	
NL: parent-child interactions	
NL: activity level: responsive & interested in environment	

Remaining template documentation elements

Counseling:	If applicable to patient's age, discussed abuse potential and risks of sharing / selling medication
Coordination of Care:	_____
Diagnosis:	Attention-deficit hyperactivity disorder, combined type(F90.2)
Assessment:	Patient meets criteria of the DSM-5 for diagnosis of ADHD, including the presence of noted symptoms, age of onset, and presence in multiple settings Co-morbidities: Additional concerns:
	Reviewed with patient/family diagnosis of ADHD If indicated/provided, discussed results of completed and scored validated Conners/Vanderbilt surveys and/or psycho-educational evaluation with patient/family Reviewed both non-medicine (behavioral) and medication treatment options with emphasis on stimulant medications Reviewed implications of medicine on growth and blood pressure. Baseline growth chart reviewed with patient/family. Possible common side effects reviewed with family, including headache, sleep disturbance, appetite loss, potential for increase in labile moods, abdominal pain Assessed patient/family preferences,

Plan:	<p>readiness to change and self-management abilities, and utilizing joint decision making, made a plan to start a medication trial at this time</p> <p>Target outcomes including improved/optimal school performance, improved social functioning and behavior in multiple settings outlined and discussed with family</p> <p>Additional patient-specific target goals outlined if applicable</p> <p>Potential barriers to compliance with prescribed medication regimen discussed and strategies reviewed including extra medication to be kept at school nurse's office if applicable</p> <p>Discussed FDA and office regulations on prescribing stimulant medications</p> <p>Behavioral therapy/IEP if indicated</p> <p>Appropriate prescriptions written</p> <p>Re-evaluate within 1 month of starting medication</p>
Patient Instructions:	

Remaining workflow elements

Procedures

Orders

Diag Test	EKG [Imaging]	
Survey	ADD: NICHQ Vanderbilt FOLLOW-UP	
Followup	ADHD follow-up copy	3-4 weeks
Diag Test	HEARING SCREEN PURE TONE AIR ONLY [In House]	
Diag Test	VISION SCREEN [In House]	
Checklist	Phone check	

