

DOCUMENTATION OF ADHD FOR UC SANTA BARBARA

One of your patients has notified the Disabled Students Program (DSP) of your recent evaluation /diagnosis and treatment of his/her ADHD.

This form is specifically designed for students whose primary diagnosis is ADHD.

Do not complete this form if the primary diagnosis is not ADHD. Please contact DSP at 805-893-2668 to request the appropriate form. If the incorrect form is submitted, you will be asked to complete the appropriate form.

Students requesting services or accommodations at UCSB through the Disabled Students Program are required to provide current documentation. Documentation standards to determine legal eligibility may be more stringent than for usual clinical practice. DSP requires more comprehensive documentation in order to determine if his/her symptoms and their respective severity levels rise to the level of disability and if so, determine appropriate accommodations and academic support services. DSP eligibility is based upon documented clinical data not simply self-report or evidence of a diagnosis.

Please complete the entire form, including DSM-5 Diagnosis. Eligibility cannot be determined without thorough information.

Note that not all conditions listed in the DSM-5 are disabilities, or even impairments for purposes of ADA. Therefore, a diagnosis does not, in and of itself, meet the definition of a disability necessitating reasonable accommodations under ADA or Section 504 of the Rehabilitation Act of 1973.

All information that you provide will be shared with the patient. This information is kept confidential, and cannot be released without written consent from the patient.

Patient Name: _____	7 Digit Perm #: _____
Telephone #: _____	Email: _____

I. DSM-5 Diagnosis

Please include all relevant diagnostic information including subtypes and/or specifiers for diagnostic domains & subgroups (as indicated in DSM-5) including V/Z codes: psychosocial and environmental stressors.

Focus of Clinical Treatment	Please select <i>one</i> response below that is the most appropriate ADHD diagnosis: ___ ADHD 314.00 (F90.0) Predominantly Inattentive presentation ___ ADHD 314.01 (F90.1) Predominantly hyperactive/impulsive presentation ___ ADHD 314.01 (F90.2) Combined presentation ___ ADHD 314.01 (F90.8) Other specified ADHD ___ ADHD 314.01 (F90.9) Unspecified ADHD
Secondary Diagnoses	
Medical Conditions	

I. DSM-5 Diagnosis (continued)

Please specify if patient is in partial remission: ____ Yes ____ No

Please specify current severity (please place an **X** next to the most appropriate level):

0-----50-----100
Mild Moderate Severe

Please note that the student will be completing the WHODAS 2.0 (World Health Organization Disability Assessment Schedule 2.0, 36 item version, self-administered through UCSB DSP)

II. Evaluation

In addition to DSM-5 criteria, please provide relevant information below, adding brief notes that you think might be helpful to us as we determine which accommodations and services are appropriate for the student.

Structured or unstructured interviews with the patient:

Interviews with other persons:

Behavioral observations:

AD/HD adult assessment measures:

Date evaluated:

Brown ADD Scale:

Conners' Continuous Performance Test:

Others (please list):

Educational history:

II. Evaluation (continued)

Medical history:

Psycho-educational testing: What tests were administered? Date(s) of testing? Please include copy of psycho-educational report.

Other (Please specify):

When did you last evaluate this patient? _____

If different, when was your last appointment with this patient? _____

How often have you met with this patient? _____

What is the prognosis? Poor____ Guarded ____Fair ____Good ____Excellent____

III. Treatment

Is the patient currently in treatment with you? Yes____ No____

If applicable, does medication mitigate the patient's symptoms?
Completely Mitigated____ Partially Mitigated ____ Not Mitigated____

Provide a list of medication(s), dosage, and side effects.

When were medications prescribed?_____

If applicable, do other treatments mitigate the patient's symptoms?
Completely Mitigated____ Partially Mitigated ____ Not Mitigated____

Please list those treatments.

IV. Specific Symptoms and Severity

Please indicate specific DSM-5 ADHD symptoms and their severity levels (please place an **X** at the most appropriate severity level if known):

Symptoms	Unknown	No Impact	Minimal Impact	Moderate Impact	Severe Impact
1. Inattention					
a. Often fails to give close attention to details or makes careless mistakes in school work, work, or other activities (e.g., overlooks or misses details, work is inaccurate).					
b. Often has difficulty sustaining attention in tasks or activities (e.g., has difficulties remaining focused during lectures, conversations, or lengthy reading).					
c. Often does not seem to listen when spoken to directly (e.g., mind seems elsewhere, even in the absence of any obvious distraction).					
d. Often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace (e.g., starts tasks but quickly loses focus and is easily distracted).					
e. Often has difficulty organizing tasks and activities (e.g., difficulty managing sequential tasks; difficulty keeping materials and belongings in order; messy, disorganized work; has poor time management; fails to meet deadlines).					
f. Often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (e.g., schoolwork or homework; for older adolescents and adults, preparing reports, completing forms, reviewing lengthy papers).					
g. Often loses things necessary for tasks or activities (e.g., school materials, pencils, books, tools, wallets, keys, paperwork, eyeglasses, mobile telephones).					
h. Is often easily distracted by extraneous stimuli (for older adolescents and adults, may include unrelated thoughts).					
i. Is often forgetful in daily activities (e.g., doing chores, running errands; for older adolescents and adults, returning calls, paying bills, keeping appointments).					
j.					
2. Hyperactivity and Impulsivity					
a. Often fidgets with hands or feet or squirms in seat					
b. Often leaves seat in classroom or in other situations in which remaining seated is expected (e.g., leaves his or her place in the classroom, in the office or other workplace, or in other situations that require remaining in place).					

Symptoms	Unknown	No Impact	Minimal Impact	Moderate Impact	Severe Impact
2. Hyperactivity and Impulsivity (continued)					
c. Often runs about or climbs excessively in situations in which it is inappropriate (Note: In adolescents or adults, may be limited to feeling restless).					
d. Often unable to play or engage in leisure activities quietly.					
e. Is often “on the go” or often acts as if “driven by a motor” (e.g., is unable to be or uncomfortable being still for extended time, as in restaurants, meetings; may be experienced by other as being restless or difficult to keep up with).					
f. Often talks excessively.					
g. Often blurts out answers before questions have been completed (e.g., completes people’s sentences; cannot wait for turn in conversation).					
h. Often has difficulty waiting his or her turn (e.g., while waiting in line).					
i. Often interrupts or intrudes on others (e.g., butts into conversations, games, or activities; may start using other people’s things without asking or receiving permission; for adolescents and adults, may intrude into or take over what others are doing).					
Additional Symptoms:					
Poor short term memory					
Poor time management under pressure					
Difficulty starting tasks					
Difficulty establishing routines					
Depressed mood over difficulties with ADHD					
Anxious about school performance					
Fatigue					
Difficulties regulating emotions					

V. Additional Information

Please provide any additional information. We would appreciate information related to how the patient's disability symptoms impact him/her in various academic tasks (e.g., exam taking, focus in lectures, time management and organization, completion of long term projects). Also, please include any information as to whether symptoms were observed and self-reported.

Signature of _____ Date _____
Evaluating Professional _____

Please Print Name _____

License/Certification Number: _____

Phone Number: _____ Fax Number: _____

Please fax this form to DSP at (805) 893-7127, or mail it to: University of California, Disabled Students Program, 2120 Student Resource Building, Santa Barbara, CA 93106-3070. Please don't hesitate to call DSP at (805) 893-2668 if you have any questions. Thank you very much for your assistance. Documentation is incomplete without clinician signature.