



WESTMONT

Documentation of Attention-Deficit Disorder / Hyperactivity Disorder

One of your patients has notified the **Office of Disability Services (ODS)** at **Westmont College** 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 ODS at 805-565-6186 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 through the Office of Disability Services are required to provide current documentation that must be completed by a provider that has provided treatment and or evaluation in the past 6 months. Documentation standards to determine legal eligibility may be more stringent than for usual clinical practice.

Please note:

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.

Student's Name: _____ Phone: _____

Today's date _____

I. DSM-5 Diagnosis

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

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

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

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

When were medications prescribed? _____

III. Treatment continued

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
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., school work 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).					

Hyperactivity and Impulsivity					
a. Often fidgets with hands or feet or squirms in seat					
b. Often leaves seat in classroom 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).					
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 to 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 ADHD					
Anxious about school performance					
Fatigue					
Difficulty 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.

Certifying Professional *

Signature of Professional

Date

Professional's Name (printed) and Title

License No.

Address

Phone

City, State, Zip

Fax

Please fax this form to 805-565-7244, or mail to: Westmont College Office of Disability Services
Attn: Sheri Noble, 955 La Paz Rd., Santa Barbara, CA. 93108. For more information, contact ODS by
email at ods@westmont.edu.