

Geneva College Athletic Training

Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder Diagnosis Form (This form MUST be completed by examining physician, in full, to meet NCAA guidelines)

Examining Physician: _____

Specialty: _____

Office Address: _____

Office Phone Number: _____ Office Fax: _____

Clinical Evaluation Components:

Patient Name: _____ Date of Clinical Evaluation: _____

DOB: _____ Blood Pressure: _____/_____/_____ Pulse: _____ Other: _____

Comments regarding these readings:

Patient personal/social/family history. Please identify lifelong symptoms and current impairments (including, but not limited to: mood disorders, anxiety disorders, substance abuse disorders, antisocial disorder, learning disorders, etc):

Review of Systems (Cardiovascular Disease, Sleep, Appetite, Weight, Suicide/Homicide, etc):

Mental Status Examination:

ADHD Rating Scale(s) (e.g., Connors, ASRS, CAARS scores and report summary). Please attach supporting documentation.

Results of Any Other Tests Performed (e.g., psychological/neuropsychological testing):

Summary of comprehensive clinical evaluation (referencing DSM-IV criteria). Please attach supporting documentation:

History of treatment (Please include previous treatments as well as current/ongoing treatment):

Diagnosis:

Medication(s) and Dosage (Please include copy of the most recent prescription):

Have alternative non-banned medications been considered for treatment? (please circle) **Yes / No**
(For more information on substances banned by the NCAA, please visit the NCAA Web Site at the following address: <http://www.ncaa.org/wps/ncaa?ContentID=282> and click on Banned-Drug List)

Comments regarding patient medications:

Follow-up Plan:

Physician Signature: _____ **Date:** _____

Please include the following information if available:

- Report ADHA symptoms by other significant individual(s)
- Psychological testing results
- Physical exam date and results
- Laboratory/testing results
- Summary of previous ADHA diagnosis
- Other comments
- Disability services evaluation
- Fact sheet for stimulant use for ADHD