



PROVINCIAL ADHD PROGRAM CHILD ASSESSMENT

Box 178, 4500 OAK ST. VANCOUVER BC V6H 3N1

Email: vlepore@cw.bc.ca Tel: 604 875 3551 Fax: 604 875 2468

Patient:	
Date:	
Case Manager:	
Supervisor:	
Research Assistant:	

Identification

Age / D.O.B			Grade
Ethnicity	Caucasian Black Asian Aboriginal Other _____		
1 st language			
Parent 1	Name	Parent 2	Name
	DOB		DOB
	Gender <i>male female</i>		Gender <i>male female</i>
	Occupation		Occupation
	Highest level of education:		Highest level of education:
Relationship to child	Biological/birth parent, adoptive parent, stepparent, foster parent, grandparent, guardian, other _____		Biological/birth parent, adoptive parent, stepparent, foster parent, grandparent, guardian, other _____
Marital status	Married/common law, divorced, separated, widowed, single		
Custody	Mother; father; joint, guardianship, medical custody, undetermined		
# children at home			
# people in home			
# children with mental or physical disabilities			
Insurance	Non pharmacare drugs? Psychological Rx? Other extended health?		



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Past Psychiatric History

Age 1 st sx's	_____ years		
Type ADHD			
Date diagnosis			
Other dx			
Compliance	<i>Circle best represented</i> Full Usually takes medication Erratic use of medication No medication		
Current Medications	Date	Outcome <i>(for research purposes, document adverse events, success of treatment, and reason for change (if applicable)).</i>	Check (√) if for ADHD
Past Medications	Date (start-stop)	Outcome <i>(for research purposes, document adverse events, success of treatment, and reason for change (if applicable)).</i>	Check (√) if for ADHD
Herbal/OTC			
Psychological	Date	Outcome <i>(for research purposes, please out line provider, frequency, duration)</i>	
Other	Date	Outcome <i>(for research purposes, please out line provider, frequency, duration)</i>	



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Past Medical History

Illnesses: past	
Illnesses: present	
Surgeries	
Accidents	
Fractures	
Current Meds	
Specialists	
Cardiac	Extreme exercise; cardiac symptoms, abnormal exam, family history

Vital Signs

Height	Weight	Pulse	BP
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Developmental History

Pregnancy	Exposure to alcohol, nicotine, substances, drugs, abuse, stress, malnutrition
Gross motor	Crawling, walking, 2 wheeler, gym, sports
Language	Articulation, first words, full speech, ESL, expressive language, receptive language, pragmatic language
Fine motor	Shoe laces, keyboarding, cutlery, braiding hair, cutting, colouring, pencil grip, printing, handwriting, buttons
Temperament	quiet, easy, high strung, reactive, hyper, hard to soothe, willful, slow to warm up, difficult, happy, affectionate



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School

Past history (K – 12)	
Learning :	
<i>Reading</i>	
<i>Phonics</i>	
<i>Comprehension</i>	
<i>Written output</i>	
<i>Spelling, grammar</i>	
<i>Arithmetic</i>	
<i>Memory</i>	
<i>Sequencing</i>	
Psych testing (date, findings)	
Individual Education Plan	
Learning Assistance/week	
Extra help (tutoring, etc)	
Class Accommodations	
Daily Report Card	
Suspended /Expelled	
Behavior Plan	
Current academic level	
Homework	
Strengths	



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Social

Close friends	
Invited to parties, play dates, activities	
Prosocial behaviours (empathy, etc)	
Bullies others	
Bullied	
Treatment of animals	
Aggression, physical fights	
Behaviour alone with adults	
Behaviour with small children	
Sibling relationships	
Relationship with mother	
Relationship with father	
Hobbies (indicate frequency/week)	
Sports (indicate frequency/week)	
Screen time (hr/day)	TV, computer, game boy, internet, play station
Other	

Home

Conflicts	
Family atmosphere	
Stressors	



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Chores	
Discipline	
Rewards	
Parenting issues	
Morning routine	
Bedtime routine	
Aggression	
Mother/child	
Father/child	
Abuse history	

Positive Family Psychiatric History

Family history of depression, anxiety, suicide attempt, completed suicide, drug dependence/abuse, alcoholism, psychosis, personality disorders, ADHD, behaviour problems in school, oppositional or stubborn, tics, seizures, bipolar, schizophrenia, OCD, trauma, abuse, psychiatric hospitalization, treatment with psychotropic drugs, smoking, insomnia, learning disabilities, mental handicap, autism, Aspergers

Mother	
Father	
Siblings	
2 nd degree rel.	

Stressors

Family, financial, death, losses, illness, abuse, teasing, conflict, moves, failures and disappointments, unemployment. Three wishes? Child's perception of what they would most want to be different.



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Pertinent findings on Mental Status

Complete the KSADS module for ADHD with the family. Complete any other module from the KSADS in which the screening items are positive. Write down in this section pertinent positive abnormality on mental status, even if they do not meet diagnostic criteria. In addition complete your observations of the child's appearance, development, insight, strengths, difficulties and any other medical, sleep, or other relevant concerns. Document here discussion with the child directly and their participation in the interview.

Mental Status Guide (KSADS Screen)

	No	SUB	YES
ADHD			
Do you have trouble paying attention in school?			
Do you get easily distracted when you are trying to concentrate?			
Do you have difficulty remaining in your seat at school?			
Do you make a lot of careless mistakes at school? (addition, checking your work)			
Is it hard for you to remember what your parents and teachers say?			
Do you have difficulty following instructions?			
Do you have a hard time keeping your desk clean and finding things you need?			
Do you dislike doing school work that requires you to really concentrate?			
Do you often lose or misplace things?			
Do you often leave your homework at home or your books and coat on the bus?			
Do people often tell you to sit still, to stop fidgeting or squirming?			
Do you get into trouble for running around when you shouldn't?			
	No	Sub	Yes
Do you find it hard to stay in one place for a long time; are you always on the go?			
Do you have a hard time playing quietly?			
At school, do you sometimes call out the answers before you are called on?			
Do you find it hard to wait your turn?			
Do you get into trouble for talking out of turn or forget to put up your hand?			
Do people say you talk too much or that you are a chatterbox?			
Oppositional Defiant Disorder			
Do you get easily upset and lose your temper?			
Do you argue a lot with your parents, teachers or whoever is in charge?			
Do you ever get into trouble for not following the rules?			
Do people bug you or get on your nerves?			



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Do you often get angry with the people around you? Do others find you cranky?			
When someone does something unfair to you, do you try to get back at them?			
When you're asked to do something boring to you, do you delay or put up an argument?			
When you get into trouble do you say sorry or do you tend to say it's someone else's fault?			
CONDUCT DISORDER			
i. Do you ever not tell the truth? Give me some examples.			
ii. Do you ever 'play hooky' and miss class, go to school and leave early; or go to school late?			
iii. Do you get into physical fights?			
iv. When children bother you, do you try to pay them back? Give me an example of the worst time.			
iv. Do you steal or take things without telling?			
DEPRESSION			
i. Do you feel really sad, unhappy or empty for more than a day?			
ii. Do you feel irritated, annoyed or lose your temper easily?			
iii. Do you feel bored so that you just don't want to do things?			
iv. Do you don't enjoy doing things as much as you used to?			
v. Have you ever wished you were dead? Have you ever thought of killing yourself?			
vi. Have you ever tried to hurt yourself or kill yourself?			
MANIA			
i. Do you ever feel overly happy, high, or so silly that people find it strange?			
ii. Do you ever go through periods when you need less sleep but you don't get tired?			
iii. Do you ever go through periods when you are extremely active, starting a lot of projects and feel like you are powerful or can do things you never thought you could do?			
iv. Do you ever feel that there too many thoughts or ideas racing in your head?			
v. Do you ever see things that are not there?			
vi. Do you ever hear voices when you are alone?			
vii. Does your imagination ever play tricks on you? Did you ever have a strange experience?			
	No	Sub	Yes
PANIC DISORDER			
i. Do you ever have an attack where you were terrified, anxious, and did not feel well?			
SEPARATION ANXIETY DISORDER			
i. Do you worry more than other people? About what?			
ii. Do you worry about something bad happening to someone you love?			
iii. Do you worry about school so much that it bothers you?			
iv. Are you afraid of sleeping alone or reluctant to go away to camp or sleepovers?			
v. Do you ever feel afraid to be in a room by yourself or to go to the basement alone?			
SOCIAL PHOBIA			
i. Are you shy and nervous around people you don't know well?			
ii. Do you get very uncomfortable when you have to answer questions in class, join a group			



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of children, use the bathroom, eat in front of other people or do a performance?			
iii. Would you rather be alone than with other people you don't know well? Do you hesitate to phone people or go out to parties, clubs or activities?			
AGORAPHOBIA AND SPECIFIC PHOBIAS			
i. Are you really scared of dogs, horses, insects, heights, elevators, subways or the dark?			
ii. Are you really scared of being in a crowded place, heights, traveling in a bus, train or automobile, or going outside in public alone?			
iii. Does your fear(s) ever keep you from doing things you would like to do?			
GENERALIZED ANXIETY DISORDER			
i. Do you worry about things before they happen more than other children your age?			
ii. Do you get sick a lot, or miss school, gym class or other activities because you are have a headache, stomachache, muscle-ache or are just not feeling well?			
iii. Do you worry a <i>real</i> lot about what other people think about you?			
iv. Do you often feel 'up-tight' or tense? Do you find yourself always asking "What if?"			
OBSESSIVE-COMPULSIVE DISORDER			
i. Do you ever find yourself having to do things that seemed silly over and over, or things which you could not resist repeating like touching things, counting, washing your hands many times, checking locks or other things?			
ii. Are you ever bothered by thoughts, 'pictures' or words which come into your head for no reason and that you couldn't stop or get rid of, like worries about germs, dirt or that something bad might happening?			
ENURESIS			
i. Do you wet your bed or wet your pants during the day? Have you always had this problem?			
ii. What do you usually do when you have an accident, and how much does it bother you?			
ENCOPRESIS			
i. Do you sometimes have accidents and soil your bed when you are asleep at night or soil your pants during the day?			
ii. What do you usually do when you have an accident, and how much does it bother you?			
	No	Sub	Yes
ANOREXIA NERVOSA			
i. Do you worry about getting fat even though other people tell you it is not a problem?			
ii. Do you think about what you eat and whether you will get fat quite a bit?			
iii. If you see that you have gained a pound or two do you become quite concerned?			
BULIMIA NERVOSA			
i. Do you use diet pills, laxatives, water pills, vomiting to lose weight?			
ii. Do you ever have 'eating attacks' or binges after which you feel out of control or vomit?			
TIC DISORDERS			
i. Do you ever notice your muscles moving in a way that you didn't expect, like raising your eyebrows, blinking, scrunching up your nose, shrugging your shoulders, twirling, or picking?			
ii. Do you make noises or repeat sounds that without wanting to? Do you find yourself			



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sniffing, coughing, or clearing your throat daily even when you are not sick?			
CIGARETTE/TOBACCO USE			
i. How much and how often do you smoke? Since when?			
ALCOHOL ABUSE			
i. What's the most you ever drank in a single day?			
ii. What's the most number of days in a given week that you had something to drink?			
iii. Has anyone ever complained about your drinking? Is it causing you problems?			
SUBSTANCE ABUSE			
i. Have you ever taken marijuana, ecstasy, heroin, LSD, cocaine, crystal meth, or any other drug? When? How often? How much? What was the effect?			
POST-TRAUMATIC STRESS DISORDER			
i. Have you ever been in a car accident, a bad accident, a fire, a hurricane, flood or other seriously dangerous situation?			
v. Have you ever seen someone rob someone, shoot someone, attack someone, take someone hostage or steal from a store?			
v. Have you ever been mugged or attacked in any way?			
vi. Have you ever received any really bad news unexpectedly, like finding out that a loved one died or that they were so sick and would never get better?			
vii. Have you ever seen or heard your parents get into really nasty fights, where they call each other bad words, threaten to do really bad things, throw things, or really hurt each other?			
viii. Have your parents ever hit or hurt you?			
ix. Has any one ever touched you in your private parts when they shouldn't have, made you undress, make you get in bed with him or her, or make you play with his or her private parts?			
x. Is there anything else that has happened to you that was really bad, or something else you saw that was really scary, that you want to tell me about?			

Physician Interview:

FORMULATION

DIAGNOSIS AXIS 1

ADHD COMBINED TYPE	314.01
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ADHD HYPERACTIVE/IMPULSIVE TYPE	314.02
ADHD INATTENTIVE TYPE	314.00
OPPOSITIONAL DEFIANT DISORDER	313.81
CONDUCT DISORDER	312.81
TOURETTE	307.23
GENERALIZED ANXIETY DISORDER	300.02
PANIC	300.21
SOCIAL PHOBIA	300.23
OBSESSIVE COMPULSIVE	300.3
PTSD (specify trauma)	309.81
SEPARATION ANXIETY	309.2
DEPRESSION	296.2/296.3
DYSTHYMIA	300.4
BIPOLAR	296.7
BIPOLAR II	296.89
ADJUSTMENT DISORDER Depressed (0) Anxiety (2) Conduct (3) Mixed (4)	309.28
SLEEP DISORDER (SPECIFY)	307.42
CIRCADIAN RHYTHM SLEEP DISORDER	307.45
LEARNING DISORDER Reading (0) Math (1) Writing (2) Language (3)	315.x
DEVELOPMENTAL COORDINATION DISORDER	315.4
ENURESIS or ENCOPRESIS	307
ALCOHOL DEPENDENCE/ALCOHOL ABUSE	303/305
CANNABIS DEPENDENCE /CANNABIS ABUSE	304/305
OTHER SUBSTANCE DEPENDENCE OR ABUSE (SPECIFY)	304.1
ASPERGERS/ PERVASIVE DEVELOPMENTAL DISORDER	299.8
AUTISM SPECTRUM DISORDER	299.0
No Diagnosis	V71.09
Diagnosis deferred	799.9
Relational Problem	V61.2

AXIS II

MENTAL RETARDATION (MILD 317; MODERATE 318)	319
ANTISOCIAL PERSONALITY	301.7
BORDERLINE PERSONALITY	301.83
NARCISSISTIC PERSONALITY	301.81
PERSONALITY DISORDER NOS	301.9
OTHER	

<u>AXIS</u>	<u>DEFINITION</u>	<u>DESCRIBE</u>	<u>EXPLAIN</u>
AXIS III	MEDICAL		



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	DISORDERS				
AXIS IV	STRESSORS	MILD	MODERATE	SEVERE	

AXIS V	CGAS ANCHOR POINTS	SCORE
91-100	Superior functioning in all aspects of life; active, likeable, confident	
90-81	Good functioning in school, home, peers, transient everyday worries have mild reaction	
80-71	Slight impairment in school, home or peers, transient behavior and emotional reaction	
70-61	Difficulty in an area of life but functioning well (mood change, sporadic anti-social act)	
60-51	Variable functioning and sporadic difficulties in several areas of life, apparent to others	
50-41	Moderate interference in functioning or severe impairment in school, home or peers	
40-31	Major impairment; unable to function in 1 area (suicide attempt, persistent aggression, marked withdrawal and isolation, severe mood or thought disturbance)	
30-21	Unable to function within life, severe impairment in communication and reality testing	
20-11	Needs supervision to be safe and for self-care, gross impairment in communication	
10-0	Needs 24 hour supervision for severe aggressive, self-destructive behavior, affect, thought, reality testing, communication impairment.	

Clinical Global Impressions: Severity

Considering your total clinical experience with this particular population, how mentally ill is the patient at this time?

- | | |
|----------------------------|--|
| 0= Not assessed | 4= Moderately ill |
| 1=Normal, not at all ill | 5= Markedly ill |
| 2= Borderline mentally ill | 6= Severely ill |
| 3= Mildly ill | 7= Among the most extremely ill patients |

Treatment Recommendations



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Medication	
Family	
School/Work	
Counseling	
Referrals	
Follow up	

<i>Follow up with:</i>
<i>Date report dictated:</i>
<i>Report dictated by:</i>
<i>Next appt with:</i>
<i>Return to clinic: as needed months months weeks days</i>
<i>Referred to:</i>
<i>Research consents:</i>
<i>Notes:</i>