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Date of clinical evaluation for ADHD: \_\_\_\_\_ ICD-10 diagnosis code(s): \_\_\_\_\_

Relevant history and supporting information for diagnosis of ADD/ADHD:

*Please provide copies of records or any administered tests (including self-report forms, semi-structured interviews, etc.) that were used for evaluation and diagnosis.*

List medications prescribed in treatment of ADHD, including name of medicine, dose strength and schedule, as well as notes related to response or adverse effects:

Date, dose, and quantity of last stimulant prescription: