

***Are you a student seeking ADHD evaluation or medication?***

Often, college students have trouble focusing, getting organized or completing work at times of increased stress. If these problems have only started recently (e.g. after coming to undergrad or grad school), they are unlikely to be caused by ADHD. ADHD begins in childhood and is not simply a response to stress. Because ADHD begins at an early age, information from parents, physicians and collateral sources is often essential in making a clinical diagnosis.

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- X ***If you are unable to provide documentation which verifies that you have exhibited symptoms which caused functional impairment before the age of 7 years (or before the age of 12 years, DSM 5), you will NOT have met criteria for an ADHD diagnosis. Your workup will stop here.***

Please read all of the following important information carefully about our services for ADHD at SHC.

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**1. If I have never been diagnosed with ADHD before, can I get diagnosed at the Student Health Center?**

**No, Student Health Center does not provide services for new ADHD evaluation or testing. You CAN get a referral to a community provider.** If you have never been diagnosed or treated for ADHD (Attention Deficit – Hyperactivity Disorder), or been diagnosed but have no medical records available please contact our Insurance Office (824-2388) to be referred to a provider in the community.

**2. If I have been diagnosed with ADHD in the past, can I continue my care at the Student Health Center?**

**A. It depends. See steps A – F.** If you have been diagnosed and/or treated previously for ADHD, Student Health Center requires complete documentation of the diagnostic evaluation and treatment provided by your previous treating physician or other licensed professional. You will need to contact your previous provider to send your records to SHC well in advance of being scheduled. (You may have to pay a fee to your provider). Please note:

- ✓ **Thorough medical records pertaining to your diagnosis and treatment for ADHD are REQUIRED (must be legible and in English).**
  - X Summary letter from your previous provider may not be adequate documentation and cannot be a substitute for your medical records.
  - X Prescriptions, empty pill containers, parents' notes or any other similar "evidence" of previous ADHD diagnosis and treatment are considered inadequate documentation of diagnosis and treatment of ADHD.
  - X ***If you are unable to provide documentation which verifies that you have exhibited symptoms which caused functional impairment before the age of 7 years (or before the age of 12 years, DSM 5), you will NOT have met criteria for an ADHD diagnosis. Your workup will stop here.***
- B.** All documentation must be received and reviewed before medication is prescribed. There will be an administrative fee for record review which is usually not covered by health insurance plans. This could take up to four (4) weeks, so please plan ahead.

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- C. If the documentation is approved, you will be contacted and an appointment will be scheduled with a member of our psychiatric staff.
- D. If a psychostimulant is prescribed, you will be asked to complete and sign a psychostimulant medication agreement that will become a part of your medical record at SHC. Failure to abide by this agreement will result in psychostimulant medications not being prescribed or refilled.
- E. If the documentation is not approved, we will contact you to review the following options:
  - If you are unable to provide adequate documentation for the diagnosis of ADHD, you will be referred to a community provider.
  - You can contact your current provider for additional required documentation.
  - You can continue care with your current provider.

**IMPORTANT - You will need to work with your current prescriber during this process to ensure you have an adequate supply of medication.**

- F. Additionally, SHC might refuse to prescribe ADHD medications if after your initial appointment we determine, based upon our clinical judgment, that the prior diagnosis is incorrect. Many other problems such as depression, anxiety, or substance abuse can cause symptoms that might resemble ADHD.

MEDICAL RECORDS SHOULD BE SENT TO:

STUDENT HEALTH CENTER  
UNIVERSITY OF CA, IRVINE  
501 EAST PELTASON DRIVE  
IRVINE, CA 92697-5200  
ATTN: MEDICAL RECORDS

### Further Information for Providers

#### 1. What documentation needs to be sent for a NEW diagnosis of ADHD?

Evidence of work up by standard-of-care at UCI SHC must include documentation of:

- ✓ *Evidence of early impairment.*
- ✓ *Evidence of current impairment in two or more settings.*
- ✓ *A comprehensive diagnostic interview<sup>1</sup>*
- ✓ *Use of an objective ADHD rating scale that is completed by self-report OR a comprehensive documentation of DSM-IV criteria AND documentation that at least two (2) third-party sources from someone who has known the patient well since the age of 7 years (since age of 12 years acceptable after DSM V). Additional authorization will be required to speak with at least the two (2) third-party sources who have completed the rating(s) on the patient's behalf. Note that Internet checklists are not sufficient and do not meet best practice standards.*
- ✓ *Evidence of alternative diagnoses or explanations being ruled out.*
  - X **If you are unable to provide documentation which verifies that you have exhibited symptoms AND had functional impairment before the age of 7 years (or before the age of 12 years, DSM 5), you will NOT have met criteria for an ADHD diagnosis. Your workup will stop here. You will not be scheduled at the Student Health Center, and your care will be referred to the community.**

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<sup>1</sup>A comprehensive diagnostic interview includes but is not limited to a variety of sources, a history of present symptoms and their impact of significant impairment over time, developmental and family history, a full mental health review of systems, a full medical and medication history, relevant psychosocial history, thorough academic history of elementary, secondary and postsecondary education (including old report cards, transcripts and standardized test scores), relevant employment and legal history, and prior therapies/treatments

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- ✓ (determined on a case-by-case basis) Neuropsychological or psycho-educational assessment<sup>2,3</sup>. Even if the report contains a diagnosis of ADHD, this testing alone will not be considered diagnostic. However, it may help to clarify psychological factors, learning styles and detect any underlying learning disorders. Testing may not be required for diagnoses made prior to the age of 7/12 years.

<sup>2</sup>Acceptable Psychoeducational Tests/Neuropsychological Assessments **must** include:

**standard scores and percentiles provided for all normed measures, including subtests  
current data within 3 years**

**Aptitude Tests:** WAIS-III/WAIS-IV; WJ III COG, Kaufman, Stanford-Binet (*not Weschler  
Abbreviated Scale, Slosson, or Kaufman Brief*)

**Achievement Tests:** SATA, Stanford Test of Academic Skills, WIAT-II/III, WJ-III, or a combination  
of specific achievement tests (*not WRAT, or mini-Battery of achievement*)

**Tests of Information Processing / Assessments of Executive Functioning** (e.g. Continuous Performance Tests, Stroop,  
Stop-Signal Reaction Times, Tower of London/Hanoi, Trails B, Wisconsin Card Sort)

**TOMM and/or WMT\* **required** inclusion for testing done after age 12 years**

## **2. What documentation needs to be sent for transfer of Care/Continuation of Care for ADHD?**

Complete documentation of the diagnostic and evaluation and treatment provided by your previous  
treating physician(s) or licensed professional(s) including:

- ✓ **Thorough medical records are REQUIRED.**
- ✓ **Medical records must show evidence of early impairment and current impairment in two or more settings starting from ages 7-12 years** (can include IEP documentation)
- ✓ **Records must show continuity from the point of diagnosis and be recent up to the point of transfer of care**
- X *Summary letter from your previous provider cannot be accepted in lieu of medical records. A summary letter, while helpful, will need to be accompanied by medical records.*
- X *Prescriptions, empty pill containers, parents' notes or any other similar "evidence" of previous ADHD diagnosis and treatment are considered inadequate documentation of diagnosis and treatment of ADHD.*

**All documentation must be received and reviewed before an appointment will be scheduled.  
Since this is a time and labor-intensive process, there will be an administrative fee charged for  
this document review regardless of the outcome.**

**If the documentation is approved, you will be contacted and an appointment will be scheduled for a  
comprehensive diagnostic interview<sup>1</sup>.**

<sup>1</sup>A comprehensive diagnostic interview includes but is not limited to a variety of sources, a history of present symptoms and their impact of significant impairment over time, developmental and family history, a full mental health review of systems, a full medical and medication history, relevant psychosocial

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history, thorough academic history of elementary, secondary and postsecondary education (including old report cards, transcripts and standardized test scores), relevant employment and legal history, and prior therapies/treatments

All students who are prescribed stimulant medication will be asked to complete and sign a psychostimulant medication agreement that becomes a part of the medical record. Failure to abide by this agreement will result in psychostimulant medications not being prescribed or refilled. Students prescribed nonstimulant medications will be asked to complete and sign regular patient education and consent material and will be held to all patient standard of care practices at SHC.

**If the documentation is not approved, you will be contacted to review the following options:**

- If you are unable to provide adequate documentation and wish to receive services at SHC, we will require additional ADHD work up and testing
- You can continue your treatment with your current provider
- We can assist you in locating a provider in the community
- You can contact your current and previous providers for appropriate documentation with your written permission

American Academy of Child and Adolescent Psychiatry. Practice Parameter for the Assessment and Treatment of Children and Adolescents with Attention-Deficit/ Hyperactivity Disorder. *Journal of the American Academy of Child and Adolescent Psychiatry* 2007;46(7):894-921.

American Academy of Child and Adolescent Psychiatry. Practice Parameters for the assessment and treatment of children, adolescents, and adults with attention-deficit/hyperactivity disorder. *Journal of the American Academy of Child and Adolescent Psychiatry* 2007; 36(s):85s-121s.

American Academy of Child and Adolescent Psychiatry. Practice Parameter for the Use of Stimulant Medications in the Treatment of Children, Adolescents, and Adults. *Journal of the American Academy of Child and Adolescent Psychiatry* 2002;41(2s):26s-49s.

American Psychiatric Association: *Diagnostic and Statistical Manual of Mental Disorders*, Fourth Edition, Text Revision. Washington DC, American Psychiatric Association, 2000.

Bush S, Ruff R, Troster A et al. Symptom Validity Assessment: Practice Issues and Medical Necessity *Archives of Clinical Neuropsychology* 2005;20(4), 419-426.

Davidson M.A. ADHD in Adults: A Review of the Literature. *Journal of Attention Disorders* 2008;11(6):628-641

Mayes S, Calhoun S. WISC-IV and WISC-III Profiles in Children with ADHD. *Journal of Attention Disorders* 2006;9(3):486-493

University of California Practices for the Documentation and Accommodation for Students with Attention-Deficit/Hyperactivity Disorder (Dec 1995, Feb 2001)