For a NEW diagnosis of ADHD . . .

Often, UCI 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 and collateral sources is often essential in making a clinical diagnosis.

1. If you have never been diagnosed but would like to be evaluated for ADHD, please be advised that the following requirements are considered standard-of-care at UCI SHC for the diagnosis and must be part of your workup. The evaluation will take as long as required for the information to be obtained before a diagnosis will be made and any treatment plan discussed.

- Evidence of early impairment.
- Evidence of current impairment in two or more settings.
- A comprehensive diagnostic interview\(^1\)
- Use of an objective ADHD rating scale that is completed by self-report and at least two (2) third-party sources from someone who has known you well since the age of 7 years. Additional authorization will be required to speak with at least the two (2) third-party sources who have completed the rating(s) on your behalf. Note that Internet checklists are not sufficient and do not meet best practice standards.
- Evidence of alternative diagnoses or explanations being ruled out.
- (determined on a case-by-case basis) Neuropsychological or psycho-educational assessment\(^2,3\). 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 years.

\(^1\)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

\(^2\)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**
For Transfer of Care/Continuation of Care for ADHD . . .

If you have been diagnosed and treated previously for ADHD, the Student Health Center requires complete documentation of the diagnostic and evaluation and treatment provided by your previous treating physician(s) or licensed professional(s).

✓ Thorough medical records are REQUIRED.
✓ Medical records must show evidence of early impairment and current impairment in two or more settings
✓ 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.

SHC cannot prescribe refills on ADHD medication, and especially for stimulant medications, for the student who has not submitted sufficient proof of prior treatment. Students are asked to continue obtaining medication from their previous providers until care has been transferred to SHC. Students are encouraged to begin this transition well in advance, since there are often a large number of requests at certain periods of the academic year. Additionally, a SHC provider might refuse to prescribe ADHD medications if after the initial appointment, the provider determines, based on their clinical judgment, that the prior diagnosis is incorrect. Many other problems, such as depression, stress, anxiety, personality traits or substance abuse can cause symptoms that might resemble, but not be, 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 interview¹.

¹A 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

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


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