

BARKLEY’S

Quick-Check for Adult ADHD Diagnosis

Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Current ADHD symptoms:**

Are you currently taking medication to treat ADHD? (Y/N)

**Do you:**

1. Often make decisions impulsively? (Y/N)

2. Often have difficulty stopping activities or behavior when you should do so? (Y/N)

3. Often start projects or tasks without regarding or listening to directions carefully? (Y/N)

4. Often have poor follow-through on promises? (Y/N)

5. Often have trouble doing things in proper order? (Y/N)

6. Often drive with excessive speed? (Y/N)

7. Often become distracted by extraneous stimuli? (Y/N)

8. Often have difficulty sustaining attention in tasks or leisure activities? (Y/N)

9. Often have difficulty organizing tasks and activities? (Y/N)

**Areas of Impairment**

**Do you have problems in your:**

1. Occupation or job? (Y/N)

2. Social life? (Y/N)

3. Educational Activities? (Y/N)

**Recall of Childhood Behavior**

**When you were a child, did you:**

1. Often fail to give close attention to details or make careless mistakes in your work? (Y/N)

2. Often have difficulty sustaining attention in tasks or fun activities? (Y/N)

3. Often feel restless? (Y/N)

4. Often avoid, dislike, or were reluctant to engage in work that required sustained mental effort? (Y/N)

5. Often forget things in your daily activities? (Y/N)

6. Often interrupt or intrude on others? (Y/N)

Arizona ADHD Center

11000 N Scottsdale Rd.

STE 250, Second Floor

Scottsdale, AZ 85254

ADHD TREATMENT CONTRACT

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, am being treated for attention deficit hyperactivity disorder (ADHD). This treatment may involve the use of medications which are controlled substances, which can only be provided via an electronic prescription from a licensed healthcare professional at the above-named facility.

- Initial Below -

\_\_\_\_\_ In order to adequately monitor my condition, I agree to see my medical provider at the Arizona ADHD Center **every 30 days via telemedicine, and in person every 90 days** as directed by my healthcare provider.

\_\_\_\_\_ I understand the prescriptions for ADHD will only be given to me during appointment with my medical provider at the Arizona ADHD Center.

\_\_\_\_\_ I understand that it is my responsibility to schedule my appointments in advance so that I am not at risk of running out of my medications.

\_\_\_\_\_ I agree to complete routine physical examinations and intermittent diagnostic evaluations as seen fit by my healthcare provider as it relates to my diagnosis.

\_\_\_\_\_ I understand that I will **never** receive a prescription refill early even if my medication is stolen, destroyed, or otherwise lost.

\_\_\_\_\_ If I am unable to keep an appointment, I agree to notify the Arizona ADHD Center at least 24 hours in advance. I also understand that it is my responsibility to reschedule the appointment so that I am not at risk of running out of my medications.

\_\_\_\_\_ I agree to follow my medical provider’s instructions on how to take the medication.

\_\_\_\_\_ I agree to never request prescriptions to be given to me outside of a scheduled appointment, unless directed by my healthcare provider.

\_\_\_\_\_ I agree to a **urine drug test** at each in person visit and also at the discretion of my medical provider request.

\_\_\_\_\_ I agree to never see or share medications with anyone.

\_\_\_\_\_I agree to not seek out other medical providers or seek prescriptions for these medications from anywhere else. The only exception is if I have been explicitly directed to do so by my medical provider or during hospitalization.

\_\_\_\_\_ I agree to continually educate myself about my condition and pursue non-medication methods for controlling ADHD symptoms.

\_\_\_\_\_I understand I will be evaluated and treated by a Physician Assistant or Nurse Practitioner at all of my visits.

\_\_\_\_\_ I acknowledge that if I break any part of this agreement, my medical provider at the Arizona ADHD Center will discontinue my management of ADHD and discharge me entirely from receiving care at the Arizona ADHD Center.

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Patient Name Patient Signature

|  |  |  |  |
| --- | --- | --- | --- |
| Patients Name |  | Today’s Date |  |
| Please answer the questions below, rating yourself on each of the criteria shown using the scale on the right side of the page. As you answer each question, place an X in the box that best describes how you have felt and conducted yourself over the past 6 months. Please give this completed checklist to your healthcare professional to discuss during today’s appointment. | Never | Rarely | Sometimes | Often | Very Often |
| 1. How often do you have trouble wrapping up final details of a project, once the challenging parts have been done? |  |  |  |  |  |
| 2. How often do you have difficulty getting things in order when you have to do a task that requires organization? |  |  |  |  |  |
| 3. How often do you have problems remembering appointments or obligations? |  |  |  |  |  |
| 4. When you have a task that requires a lot of thought, how often do you avoid or delay getting started? |  |  |  |  |  |
| 5. How often do you fidget or squirm with your hands or feet when you have to sit down for a long time? |  |  |  |  |  |
| 6. How often do you feel overly active and compelled to do things, like you were driven by a motor? |  |  |  |  |  |
| Part A |
| 7. How often do you make careless mistakes when you have to work on a boring or difficult project? |  |  |  |  |  |
| 8. How often do you have difficulty keeping your attention when doing boring or repetitive work? |  |  |  |  |  |
| 9. How often do you have difficulty concentrating on what people say to you, even when they are speaking to you directly? |  |  |  |  |  |
| 10. How often do you misplace or have difficulty finding things at home or at work? |  |  |  |  |  |
| 11. How often are you distracted by activity or noise around you? |  |  |  |  |  |
| 12. How often do you leave your seat in meetings or other situations in which you are expected to remain seated? |  |  |  |  |  |
| 13. How often do you feel restless or fidgety? |  |  |  |  |  |
| 14. How often do you have difficulty unwinding and relaxing when you have time to yourself? |  |  |  |  |  |
| 15. How often do you find yourself talking too much when you are in social situations? |  |  |  |  |  |
| 16. When you’re in a conversation, how often do you find yourself finishing the sentences of the people you are talking to, before they can finish themselves? |  |  |  |  |  |
| 17. How often do you have difficulty waiting your turn in situations when turn taking is required? |  |  |  |  |  |
| 18. How often do you interrupt others when they are busy? |  |  |  |  |  |
| Part B |

Adult ADHD Self-Report Scale (ASRS-v1.1) Symptom Checklist