Adult ADHD Report for Healthcare Providers

Patient's Name: John DoeDate of Birth: 4/8/1980Date of Assessment: 6/3/2020Referring Provider: Frank Smith, MDMental Health Provider: John J. Parrino, Ph. D

The Adult ADHD Report includes four components: 1) An ADHD Screener; 2) A Clinical Interview; 3) An instrument that compares the patient's Executive Function and ADHD profile with a normative population; 4) A personality screener that identifies emotional symptoms (such as anxiety) that explain the patient's attention deficits or are comorbid with ADHD.

1. Attention Management Survey (AMS):

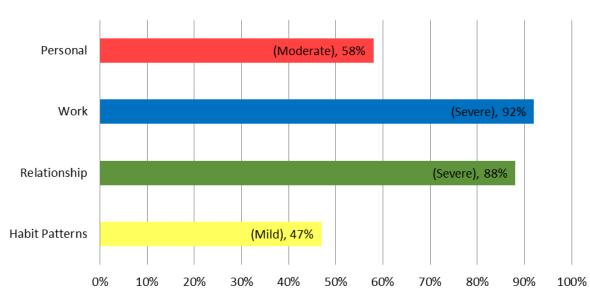
AMS is a screening instrument that measures deficits in attention in four areas:

Personal Distress (PD) – Stress and worries that accompany attention deficits.

Work Distress (WD) – Performance decrements that stem from focusing difficulties in a standard work setting, as a homemaker and/or student.

Relationship Distress (RD) – Trouble with significant others due to attention deficits.

Problematic Habit Patterns (PHP) – Persistent negative habits such as impulsive behaviors.



AMS Test Scores

2. Clinical Interview:

The Clinical Interview is based on behavioral categories related to Adult ADHD including distractibility, listening, organizational skills, impulsivity, hyperactivity and procrastination. The interview is facilitated by results from the AMS.

3. Standardized Executive Function Inventory and Adult ADHD Profile:

This inventory provides status of Executive Function and evaluates clinical behaviors related to ADHD in adults. This patient's propensity for ADHD symptoms is **VERY SIGNIFICANT.**

4. Diagnostic Screener:

This inventory provides a screening of information relevant to clinical problems such as anxiety and/or depression that underlie attention deficit issues and thus may rule out ADHD. The instrument also helps identify emotional problems that may be comorbid with ADHD. This patient's propensity for clinical problems is **MILD**.

Summary of Findings:

Patient reports significant distress due to attention deficits in the following areas:

Personal Distress: Moderate (58%)	Work Distress: Severe (92%)
Relationship Distress: Severe (88%)	Problematic Habit Patterns: Mild (47%)

Patient's propensity for ADHD symptoms is VERY SIGNIFICANT.

Patient's propensity for clinical problems is MILD.

Recommendations:

The patient has been encouraged to follow up with: Physician for further medical consultation: Yes Mental Health Provider for further testing: No Health Professional for short-term attention management training: No Health Professional for psychotherapy: Yes

Clinical Notes: Mr. Doe's profile indicates a very significant propensity for ADHD behaviors and symptoms. The Clinical Interview, along with the ADHD Screener, confirmed that focusing difficulties and inattention to details are triggering problems in his work setting and marriage. The Personality

Screener showed a mild tendency towards negative affect, which was pinpointed in the interview as episodes of performance anxiety on the job. Mr. Doe reaches the threshold for medical treatment of Adult ADHD. Short-term therapy focused on anxiety management training was recommended as well.