



SANDHILLS CENTER

Managing Mental Health, Intellectual/Developmental Disabilities and Substance Abuse Services
 910-673-9111 (FAX) 910-673-6202 www.sandhillscenter.org Victoria Whitt, CEO

Attention Deficit Hyperactivity Disorder (ADHD) Assessment Tool			
Consumer Name:	DOB:	Record ID:	
Agency Name:	Service(s) Reviewed:		
Reviewer:	Review Date:		
Questions:			
1. Was Consumer screened for ADHD as a part of MH assessment?	Yes	No	N/A
2. Were at least 6 symptoms documented with age & frequency?			
3. Is there documentation of medication management?			
a. If YES; is there evidence of coordination with prescribing physician?			
b. If NO; was an evaluation recommended?			
c. Is there evidence of follow-up on recommendation status?			
4. Does documentation include level of client compliance with therapy & medication?			
5. Is there evidence of a co-morbid psychiatric disorder?			
6. Does treatment plan contain behavior therapy, psycho-education, and linkage to school and community?			
7. Is there evidence of periodic assessment to see if symptoms have decreased or have been absent for at least one (1) year?			
8. Is there documented evidence of weight loss/gain, increase in height, or increase in symptoms observed?			
9. If YES, is there documented evidence that patient was referred to their prescribing physician?			
10. If client is a child (1-17), are they on two or more antipsychotics?			
*For Prescribing Physicians Only (to be used in ADDITION to previous page)			
Questions:			
1. Is lab work being ordered to ensure therapeutic levels?	Yes	No	N/A
2. Is there on-going assessment for side effects of medication?			
3. If client is a child, and is on two or more antipsychotics, is there evidence of metabolic testing? (Look for catchphrases like "CMP and resting metabolic rate, weight loss/gain")			
4. Is there on-going assessment for medication compliance?			
a. If non-compliant, were barriers addressed?			
For patients ages 6-12 years ONLY:			
1. Is there evidence that the patient had a follow-up visit the first 30 days of being prescribed medication?			
2. Is there evidence that the patient was seen at least 3 times during the first 10 months of being prescribed medication?			
		<i>Date Below</i>	
<i>(Printed Name of Clinical Reviewer above, if applicable)</i>			
<i>(Signature of Clinical Reviewer above, if applicable)</i>			

HEDIS measures utilized: Follow-up care for children prescribed ADHD medication, Metabolic Monitoring of Children; Adolescents on Antipsychotics; Use of Multiple Concurrent Antipsychotics in Children and Adolescents
 Clinical Practice Guidelines utilized: NGC-9418, NCG-9904

P.O. Box 9, West End, NC 27376
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