ADHD INSTITUTE

Adult ADHD Intake Form

Name of patient to be assessed *

First Name Last Name

Date of birth *

Day Month Year

Age *

Occupation *

Address *

Street Address

Street Address Line 2

City State / Province

Postal / Zip Code

Home Phone Number

Mobile Number *

Email *

example@example.com

Emergency contact details *

Name, number and relationship with someone who can be contacted in emergencies. Note: all information is confidential and no personal information will be shared without consent.

Medical History

Any known issues during gestation, delivery or infancy? *

Either with yourself or mother. Please note if you were born prematurely, how many weeks and birth weight

List any language spoken at home other than English *

Medical history - Please tick all that apply *

- ☐ Head injury with loss of consciousness
- ☐ Loss of consciousness
- ☐ Epilepsy or seizures
- ☐ Headaches or migraines
- ☐ Hydrocephalus, encephalitis, or meningitis
- ☐ Asthma
- ☐ Allergies
- ☐ Frequent ear infections in childhood
- ☐ Issues with hearing
- ☐ Issues with auditory processing (eg. hearing when there is background noise)
- ☐ Issues with vision requiring glasses
- ☐ Issues with tracking information when reading, or getting blurred vision (even though optometrist may have ruled out visual issues).
- ☐ Tics (ie. uncontrollable movements or sounds, not just fidgeting)
- ☐ Repetitive / stereotypical motor movements (eg. rocking, hand flapping etc)
- ☐ Ecolalia (ie., repeat words or phrases over and over for no reason)
- ☐ Sensory issues (eg. sensitivity to sound, light, touch, fabrics etc.)
- ☐ Temper tantrums, anger or intense irritability
- ☐ Self-injurous behaviour, self-harm or suicidality
- ☐ Intellectual disability (ie. IQ less than 70)
- ☐ Language delays in childhood
- ☐ Motor delays in childhood (ie. issues learning to walk)
- ☐ Current motor issues (coordination or fine motor skills)
- ☐ None of the above
- ☐ _____

Please describe any of the above or other diagnosed medical issues in more depth? Note if currently present, or has resolved.

Please list any illnesses, hospitalisation, or medical conditions

List all medications for medical conditions (excluding medications for psychiatric conditions): Names & dosages (note if current or previous) *

List any supplementation taken regularly

Eg. Iron, zinc magnesium, Omega 3 etc.

Are you *

- ☐ Right-handed
- ☐ Left-handed
- ☐ Mixed dominance

Please identify any issues with sleep or energy? Tick all that apply *

- ☐ Problems falling asleep
- ☐ Issues waking at night
- ☐ Not enough sleep
- ☐ Excessive sleep for age
- ☐ Very tired upon waking and hard to get moving
- ☐ Low energy during the day
- ☐ High energy during the day
- ☐ Issues with loud snoring
- ☐ Waking in night & struggling to breathe (noted by others)
- ☐ Sleep apnoea diagnosed (ie. closing of throat when sleeping)
- ☐ No issues with either sleep or energy
- ☐

Have you had a history of any significant drug usage? Please note if any current usage.

Psychological Background

Have you seen a psychologist or other mental health practitioner? *

Note all known details including names, what year, for how long, issues being addressed etc.

Have you ever been diagnosed with, or had a queried diagnosis, regarding:

- ☐ Schizophrenia, or any form of psychosis, or hallucinations (auditory or visual)
- ☐ Bipolar I, Bipolar II, or a period of mania
- ☐ Borderline Personality Disorder
- ☐ Any other type of personality disorder
- ☐ Suicidal depression resulting in an attempt on life
- ☐ Period of confused thinking where you have lost touch with reality (ie. high levels of paranoia or delusional thinking)
- ☐ Trauma such as PTSD or complex PTSD
- ☐ Issues with dissociation or a dissociative disorder (eg. DID)
- ☐ Eating disorder
- ☐ Gender dysphoria
- ☐ Autism Spectrum Disorder (including Aspergers)
- ☐ Depression, dysthymia or other issues with low mood
- ☐ Generalised anxiety
- ☐ Specific phobia
- ☐ social anxiety
- ☐ Obsessive Compulsive Disorder
- ☐ Tic disorder (eg. Tourette's)
- ☐ Oppositional Defiant Disorder (in childhood)

Please describe any diagnoses above, including whether a diagnosis was confirmed and or could not be confirmed. Please also describe any other psychological or psychiatric disorders even if not listed. *

Are you currently on any psychiatric medication, or have you previously taken medication, for any mood or attention issues? Please list

Any issues with social skills or socialising? *

E.g. issues making friends, keeping friends, preferring to isolate yourself, lacking empathy, doesn't seek out peers, poor social skills, poor eye contact, can't see things from others point of view, controlling etc.

Have you had any issues in the workplace? If so, please specify *

Note if issues with performance reviews, struggling to focus, disorganisation, resulting in firing or disciplinary action

Have you had any learning/academic issues? *

Please note any diagnoses of learning disabilities

Family history of psychological, attention, cognitive, learning or behavioural issues? *

Please list any relevant family diagnoses as well as suspected issues that appear obvious but may be undiagnosed.

Have you had any issues with any of the following executive issues? *

- ☐ Getting out of the house on time
- ☐ Running late for appointments or in deadlines at work
- ☐ Loses belongings like hats, jumpers, phones, glasses etc.
- ☐ Issues judging how long tasks will take
- ☐ Doing tasks last minute, only when under pressure
- ☐ Issues planning tasks
- ☐ Issues with organising belongings and staying tidy
- ☐ No planning or organisational issues
- ☐

Do you feel that issues with attention &/or issues with hyperactive/impulsive behaviour were present prior to age 12? *

- ○ Yes
- ○ No

Can you provide evidence that issues with attention &/or issues with hyperactive/impulsive behaviour were present prior to age 12?

- ☐ I can provide school reports prior to age 12
- ☐ I can get parents to complete a questionnaire about my behaviour prior to age 12
- ☐ I cannot provide evidence
- ☐ _____

Issues with attention?

	Minimal, only sometimes or not present	Often present and significant impact
Issues with paying attention to details and making careless mistakes?	○	○
Issues sustaining attention over long periods?	○	○
Doesn't seem to listen when spoken to directly (eg. mind elsewhere)?	○	○
Doesn't follow through on instructions and fails to complete tasks?	○	○
Issues organising tasks and activities?	○	○
Avoids or dislikes tasks that require sustained mental effort?	○	○
Loses belongings?	○	○
Distracted by things in the environment or unrelated thoughts?	○	○
Forgetful in daily activities?	○	○

Issues with hyperactivity or impulsivity?

	Minimal, only sometimes or not present	Often present and significant impact
Fidgety?	○	○
Leaves seat in situation when expected to remain seated?	○	○
Runs around or climbs in situations where it is inappropriate?	○	○
Issues engaging in leisure activities quietly?	○	○
Is often 'on the go' and has issues being still and quiet?	○	○
Talks excessively?	○	○
Blurts out answers before the question is completed?	○	○
Difficulties waiting their turn?	○	○
Interupts or intrudes on others?	○	○

Please email us any previous psychological, psychiatric, cognitive, learning, speech or occupational therapy reports within the next 1-2 days. Where possible please also send us school reports, preferably including primary school

Note: All previous assessment report will be kept for 7 years post assessment, or in the case of a child, till they are 25 years old. If you have misplaced any reports please contact the clinician for a copy where available.