



DC MAP Template for Assessing ADHD Symptoms

CURRENT SYMPTOMS: *The patient is currently struggling with the following symptoms:*

Questions to elicit Attention Deficit Hyperactivity Disorder,

- a) Is the child restless/fidgety or constantly on-the-go, more active than other kids his age? Does he do things without thinking, interrupt, or have trouble waiting his turn? Consider [ADHD Hyperactive Type](#)
- b) Have difficulty concentrating on tasks, staying organized, listening and following directions? Gets distracted easily, forgets or loses things, or avoids homework? Consider [ADHD Inattentive Type](#)
- c) **If both sets of symptoms from a) and b) consider [ADHD Combined Type](#)**
- d) Argues with or defies parents/teachers, seems irritable or often loses temper when doesn't get his or her way? Consider [Oppositional Defiant Disorder \(ODD\)](#)
- e) Can't concentrate because mind is occupied especially in certain situations, worries more than other kids? Consider [Anxiety Disorder](#)
- f) Can't concentrate because of flashbacks or nightmares, seems jumpy, and recent history of traumatic event? (Might ask: "Since the last time we talked has anything scary or difficult happened?") Consider [PTSD](#)
- g) Suddenly has difficulty concentrating or being motivated for schoolwork when previously had no problem, along with other symptoms such as sleep/appetite/energy disturbance and down mood? Consider [Depression](#)
- h) Has something recently happened or changed that is causing stress on the child and impacting concentration or school performance? Consider [Adjustment Disorder](#)

IMPACTS: *What does a **Typical Day** look like (especially AM routine and homework time)?*

Identify any biological, personal, environmental changes that may have impacted the patient, and current impacts of symptoms on **(1) school, (2) home/family, and (3) peer functioning.**

DURATION: *The patient has had these symptoms* (how long, how often – for ADHD symptoms usually present since early childhood, though impairment may be more recent as situation/school changes):

PRECIPITANTS: *These symptoms most commonly emerge when* (Precipitation Factors: What leads to difficulties):

INTERVENTIONS: *The patient/family have tried to address this with* (what they have attempted [organization systems, reminders, sticker charts for tasks or behaviors, visual reminders, time-out], how helpful was it?):

PANDEMIC: Has the COVID-19 pandemic contributed to these symptoms or deterioration?

RATING SCALES: *The patient scored _____ on the* ([Vanderbilt](#), [Conners](#), [SNAP](#), etc.). Has the child previously had testing (academic or neuropsychological testing?) Do you have a copy?

Any Medical Components to these symptoms? (Hearing or Vision problems, Thyroid, Hypoglycemia, Elevated Lead/Low Iron, Sleep Issues)

Death/Self-harm/Suicidal ideation/Aggression ([thoughts, comments, actions](#)):

Other Psychiatric Disorders to Consider: Anxiety, Depression, Autism, Behavior/Conduct Disorder, PTSD, Substances



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MENTAL STATUS EXAM:

Appearance (grooming/dress):

Behavioral/Motor Observations (engaged or guarded, eye contact, busy/hyperactive, etc):

Speech (loud/soft, intrusive, fast/slow, articulation difficulties, etc):

Affect and Mood (full/restricted and bright/irritable/anxious/labile):

Thought Process (concentration intact or impaired/distractible):

Cognition (intact/impaired, intellect or fund of knowledge for age):

ASSESSMENT:

The patient meets diagnostic criteria for _____. Rating scales show current baseline scores of _____. From a biopsychosocial perspective, the patient has a family history/medical conditions of _____, appears to have difficulty with attention/concentration and/or become hyperactive/impulsive because _____, and difficulties are impacted by social factors such as [change in housing, family conflict, school/peer difficulties, etc.]. These symptoms interfere with the patient's current life by _____.

PLAN:

1. **Diagnostically**, the patient describes (subclinical, mild, moderate, severe) disorder. In addition, the patient also describes impairing symptoms of _____ disorders which we will monitor by (rating scales, review of those symptoms, discussion with teachers, etc.).
2. **Therapy Interventions** appropriate for this patient include (parent management training, executive functioning coaching, family behavioral therapy, individual therapy, etc.)
3. **Medication interventions** for this patient include methylphenidate or amphetamine stimulant (long or short acting) see www.ADHDmedicationguide.com for various preparation options; atomoxetine, alpha-agonist (clonidine or guanfacine). These were discussed with family, including risks, benefits, and potential side effects, and they agree to a therapeutic trial of _____, which we will start at _____ (dose). If any difficulties or unusual reactions emerge, family have been instructed to contact me immediately at the office phone number.
 - **Negative personal/family cardiac history? (palpitations, fainting, known murmur or congenital anomaly, hx of sudden death in family) – if none EKG not recommended, monitor vitals/weight**
4. **Other Interventions include:**
 - a. **In-office:** [How to start a behavioral sticker chart](#); [Create a family routine/schedule](#); [Time-out](#)
 - b. **School** (evaluations or 504/IEP accommodations, etc.)
 - c. **Parenting Support** (reading materials, parent support groups or individual evaluation/treatment, etc. for example [Taking Charge of ADHD](#))
 - d. **Daily Routine:** (e.g., Physical exercise planning, limit Screen Time/Social Media, nutrition/family meal, sleep hygiene)
 - e. **Follow Up** will be in _____ (days/weeks/months), and family will contact me if any changes or deterioration occurs.



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Resources for the Pediatrician:

AAP Practice Parameter: <https://pediatrics.aappublications.org/content/144/4/e20192528>

AAP training on Inattention and Impulsivity using MI: <https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Mental-Health/Pages/inattention-and-impulsivity.aspx>

AACAP Practice Parameter: <https://www.jaacap.org/action/showPdf?pii=S0890-8567%2809%2964587-1>

ADHD Toolkit: <https://www.mcpap.com/pdf/AAPADHDToolkit.pdf>

MCPAP ADHD guide: <https://www.mcpap.com/Provider/ADHD.aspx>

NIMH ADHD: <https://www.nimh.nih.gov/health/topics/attention-deficit-hyperactivity-disorder-adhd/index.shtml>

Resources for Families:

AACAP Facts for Families: https://www.aacap.org/AACAP/Families_and_Youth/Facts_for_Families/FFF-Guide/ADHD_and_the_Brain-121.aspx

https://www.aacap.org/AACAP/Families_and_Youth/Facts_for_Families/FFF-Guide/Children-Who-Cant-Pay-Attention-Attention-Deficit-Hyperactivity-Disorder-006.aspx

ADHD Resource Center:

https://www.aacap.org/AACAP/Families_and_Youth/Resource_Centers/ADHD_Resource_Center/Home.aspx

ADDitude Magazine: <https://www.additudemag.com/>

CDC Coping with Stress: <https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/managing-stress-anxiety.html>

CDC Helping Children Cope: <https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/for-parents.html>

CDC Help Children Learn: <https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/children/learning.html>



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Psychiatric Review of Systems

<p><u>ADHD</u></p> <p><u>Inattention</u></p> <ul style="list-style-type: none"> - Careless mistakes - Doesn't listen - Doesn't follow through - Unorganized - Hard to sustain attn - Loses things - Easily distracted - Forgetful <p><u>Hyp/Impulsivity</u></p> <ul style="list-style-type: none"> - Fidgets/squirms - Leaves seat - Runs/climbs excessively - Not quiet - Always moving - Talks a lot - Blurts out answers - Difficulty waiting turns - Interrupts people 	<p><u>Anxiety</u></p> <ul style="list-style-type: none"> - Excessive worry - Restlessness - Easily tired - Difficulty concentrating - Irritable - Muscle tension - Sleep problems <p><u>Social Phobia</u></p> <ul style="list-style-type: none"> - Fear of social situations - Fear of performance or scrutiny by others - Crying, tantrums, freezing, shrinking from unfamiliar social situations - May recognize fear is excessive - Situations avoided <p>*Separation anxiety?</p>	<p><u>Depression</u></p> <ul style="list-style-type: none"> - Depressed mood most of day (every day) - Diminished interest/pleasure - Weight loss/gain - Insomnia / hypersomnia - Motor agitation / retardation - Fatigue / loss of energy - Lower ability to concentrate - Indecisiveness - Recurrent thoughts of death <p><u>Mania</u></p> <ul style="list-style-type: none"> - Inflated grandiosity/self esteem - Less need for sleep - Racing thoughts - Distractibility - Increase in activity - Excessive involvement/movement
<p><u>CD / ODD</u></p> <ul style="list-style-type: none"> - Aggression to people/animals - Destruction of property - Deceitfulness / theft - Serious violation of rules - Loses temper - Argues with adults - Actively defies - Deliberately annoys - Blames others - Touchy / easily annoyed - Angry & resentful / spiteful 	<p><u>Schizophrenia</u></p> <ul style="list-style-type: none"> - Delusions - Hallucinations - Thought process/disorganized speech - Disorganized bx - Flat affect - Low initiation of goal-directed behavior - Lowered fluency/production of speech - Word salad 	<p><u>OCD</u></p> <ul style="list-style-type: none"> - Recurrent thoughts/impulses - Intrusive / inappropriate - Suppress by other thoughts/actions - Recognizes that product of own mind - Repetitive behaviors in response to obsession - According to rigid rules - Prevents/reduces distress