

CAL STATE EAST BAY

ADHD Treatment Policy

The CSUEB SHCS does not diagnose ADHD or do ADHD assessments. For ADHD assessment referrals: <https://www.csueastbay.edu/shcs/files/docs/getting-an-adhd-assessment-and-referrals.pdf>. Please make sure to: 1) ask what your total out of pocket cost will be, and 2) double check that the testing process and report meets SHCS requirements. ADHD testing can be expensive and often not covered by insurance.

Prior Diagnosis of ADHD (with copy of ADHD assessment report): Students previously diagnosed with ADHD who request stimulant medication from the SHCS must provide documentation of a diagnostic evaluation and diagnosis of ADHD conducted by a previous treating physician or licensed professional, and must meet the SHCS ADHD requirements listed below. ADHD assessment reports should be **faxed to 510-885-3230** or uploaded in My Pioneer Health by going to <https://health.csueastbay.edu>--> enter your NetID and password-->click on Messages-->click on New Message-->select Front Desk staff-->send your records as an attachment to that message. Please call 510-885-3735 with any questions.

Examples of information to be included are:

- Evidence of early impairment beginning in childhood
- Evidence of current impairment in two or more settings
- A comprehensive diagnostic interview (including a history of present symptoms and their impact of significant impairment over time, developmental and family history, mental health review of systems, medical and medication history, psychosocial history, academic history of elementary, secondary, and postsecondary education including old report cards, transcripts and standardized test scores, employment and legal history, and prior treatment including therapy and medications).
- An objective ADHD rating scale (e.g., CAARS/Conners) completed by self-report and at least one third-party sources from someone who has known you well since early elementary school.
- Exclusion of alternative diagnoses

A complete neuropsychological or psycho-educational assessment report is acceptable but **not** required.

Inadequate supporting information include: a summary letter from your previous provider, recent visit notes lacking the diagnostic evaluation, prescriptions, empty pill containers, parents' notes.

Prior Treatment of ADHD (but no ADHD assessment report): Students previously treated for ADHD with stimulants, but who do not have a copy of their assessment report, should ask their prescribing provider to complete the Documentation of Previous ADHD Treatment form, available on the SHCS website at: <https://www.csueastbay.edu/shcs/files/docs/documentation-of-previous-adhd-treatment.pdf> and should be **faxed to 510-885-3230** or uploaded in My Pioneer Health by going to <https://health.csueastbay.edu>--> enter your NetID and password-->click on Messages-->click on New Message-->select Front Desk staff-->send your records as an attachment to that message. Please call 510-885-3735 with any questions.

ADHD Medication and Controlled Substance Agreement: All students receiving prescriptions for stimulant medications or other controlled substances must review and sign the ADHD Medication and Controlled Substance Agreement, which can be found here on our website: <https://www.csueastbay.edu/shcs/files/docs/adhd-medication-and-controlled-substance-agreement.pdf>

SHCS providers may require a drug screening test before they prescribe or refill controlled medications. Meeting with an SHCS medical provider, counselor, or psychiatrist does not guarantee a prescription of or refill for stimulant medication. You should arrange refills with your current prescriber until the SHCS psychiatrist has agreed to prescribe or refill stimulant medications for you. If the psychiatrist has concerns regarding the safety of stimulant medications, substance use, or the validity of the ADHD testing or diagnosis, they may not prescribe, stop prescribing, or stop refilling controlled medications and refer you for further assessment or treatment outside the SHCS.

By signing below, I have read and understood these policies.

Student printed name _____ NetID _____

Student signature _____ Date _____