CAL STATE EAST BAY

Documentation of Previous ADHD Treatment

Dear Provider: Please fill out the form below so that this student may continue treatment at the Cal State East Bay SHCS. **Please include a copy of the patient's intake note, most recent note, and currently prescribed medications.** Please submit the completed form and accompanying notes back to our office via:

- Fax: (510)885-3230, or (510)885-7595
- Mailing address:
  California State University, East Bay
  Student Health and Counseling Services
  Attention: Medical Records
  25800 Carlos Bee Boulevard
  Hayward, CA 94542
  Phone: 510-885-3735

Patient's Name: _____Date of Birth:_____

Dates you treated this patient for ADHD: _____

When were they diagnosed with ADHD?_____

How was their diagnosis of ADHD made? (Check all that apply): _____Psycho-educational testing

_____Validated checklists via parents and/or teachers _____Referral to Psychiatrist _____Clinical Interview

and observation _____Validated checklists by patient _____Referral to Psychologist _____Other (please

specify):_____

Which type of ADHD does this patient have:_____Predominant inattentive_____Predominant hyperactive/impulsive____Combined

Please list the patient's current medications:

_____
_____
_____

Please list the patient's other mental health diagnoses, if any:

_____
_____
_____

Please list the patient's medical diagnoses, if any:

_____
_____
_____

CAL STATE
EAST BAY

Have you ever had concerns about this patient misusing stimulant medication or other substances?
_____NO _____YES

Have you ever had concerns about this patient's safety while taking stimulant medication?
_____NO _____YES

If yes, please explain:
_____
_____
_____

Provider Information

Printed Name:_____

Credentials: (MD, DO, PhD, ARNP, etc):_____

License #:_____State:_____

How would you describe your practice? ___Pediatric ___Family Practice ___Psychiatry ___Psychology

___Other (please specify):_____

Practice Name:_____

Phone #:_____Fax#:_____

Email Address:_____

Signature:_____Date:_____

Please include a copy of the patient's intake note, most recent note, and current medications.

Thank you!