

Australian Evidence-Based Clinical Practice Guidelines For ADHD



Diagnosis Checklist

The following checklist has been produced to aid in the diagnostic process for people with ADHD to ensure all important information is provided to a newly diagnosed person with ADHD.

The information below should be provided to people with ADHD following their ADHD diagnosis, usually by their paediatrician, psychiatrist, psychologist or other trained health professional.

Client name	
Clinician's name	
Client DOB	
Today's Date	

1. Complete a comprehensive diagnosis:

ADHD Diagnosis	Child and Adolescent aged 16 and below (6 of 9 symptoms)	Adult aged 17 and above (5 of 9 symptoms)
Evidence of symptoms in the developmental period (before age 12 years) e.g. school reports, parental or self retrospective reports,	<input type="checkbox"/>	<input type="checkbox"/>
Symptoms cause impairment in at least two settings (e.g. home, school, work, community)	<input type="checkbox"/>	<input type="checkbox"/>
Symptoms cause clinical significant impairment (Family, social, intimate relationships, academic, occupation, psychological (self-view), recreational, activities of daily living, financial, legal, risk)	<input type="checkbox"/>	<input type="checkbox"/>

<input type="checkbox"/> Inattentive symptoms	<input type="checkbox"/> Hyperactive-impulsive symptoms	<input type="checkbox"/> Symptoms present for at least 6 months
<input type="checkbox"/> Inattentive presentation	<input type="checkbox"/> Hyperactive-impulsive presentation	<input type="checkbox"/> Combined presentation

2. Consider and diagnose any co-occurring conditions:

Co-occurring diagnoses	Present	Co-occurring diagnoses	Present
Autism	<input type="checkbox"/>	Personality disorder	<input type="checkbox"/>
Specific learning disorder	<input type="checkbox"/>	Trauma disorder	<input type="checkbox"/>
Oppositional defiant disorder	<input type="checkbox"/>	Eating disorder	<input type="checkbox"/>
Anxiety disorder	<input type="checkbox"/>	Language disorder	<input type="checkbox"/>
Depressive disorder	<input type="checkbox"/>	Tourette disorder	<input type="checkbox"/>
Bipolar disorder	<input type="checkbox"/>	Sleep disorders	<input type="checkbox"/>
Intellectual disability	<input type="checkbox"/>	Others:	<input type="checkbox"/>

3. Provide comprehensive information following a diagnosis of ADHD:

Information following a diagnosis	Provided	Information following a diagnosis	Provided
Describe the symptoms of ADHD and their impacts	<input type="checkbox"/>	Describe any local and national support groups and voluntary organisations (also known as consumer groups)	<input type="checkbox"/>
Describe other common difficulties arising from ADHD symptoms e.g. emotion regulation difficulties, reduced self-esteem	<input type="checkbox"/>	Provide links to up-to-date, reliable and reputable websites such as aadpa.com.au	<input type="checkbox"/>
Identify and discuss the person's strengths	<input type="checkbox"/>	Discuss disability support options including the national disability insurance scheme, disability support pension	<input type="checkbox"/>
Describe how the severity of ADHD symptoms may vary due to factors such as stress (worsening of symptoms) or personal interest (resulting in motivation/ability to focus)	<input type="checkbox"/>	Describe eligibility for government benefits and allowances, including Carer Allowance provisions	<input type="checkbox"/>
Discuss environmental modifications to improve functioning	<input type="checkbox"/>	Offer to provide information to other parties regarding the ADHD diagnosis, how ADHD symptoms will affect the person's daily life and support needs. For example, other clinicians, school/ university/ workplace	<input type="checkbox"/>
Discuss rights to reasonable adjustments at school/university and the workplace and the types of accommodations	<input type="checkbox"/>	Describe treatment and support of ADHD when a person has a co-occurring mental health or neurodevelopmental disorder	<input type="checkbox"/>
Describe the possible negative impacts of a diagnosis including stigma from others, labelling, others not understanding	<input type="checkbox"/>	Discuss the role of a care coordinator and whether this would be helpful for the client	<input type="checkbox"/>
Describe the possible increased risk of self-medication that may have occurred	<input type="checkbox"/>	Consider and discuss any upcoming transitions and the need to plan for transitions early to ensure continuity of treatments and services	<input type="checkbox"/>
Describe the increased risk of substance use disorders and other addictions	<input type="checkbox"/>		
Discuss the impacts on driving (such as being distracted resulting in increased accidents) when ADHD is not treated	<input type="checkbox"/>		

4. Offer and discuss multimodal treatment and support:

Non pharmacological Treatment options	Provided	Pharmacological Treatment options	Provided
Discuss treatment targets of improved functioning and wellbeing (and that symptom reduction could be a secondary outcome) of non-pharmacological treatment	■	Discuss treatment targets of symptom reduction (and improved functioning and wellbeing as a secondary outcome) of pharmacological treatment	■
Discuss lifestyle changes	■	Discuss first line stimulant medication treatment options	■
Discuss parent-family training for young children, children and adolescents	■	Discuss second line medication treatment options	■
Discussed cognitive behavioural therapy approaches for adolescents and adults	■	For adults, discuss third line medication treatment options	■
Describe the typical benefits, adverse effects, efficacy, treatment length, and time taken before symptom or functional improvements occur for each type of treatment.	■	Describe the typical benefits, adverse effects, efficacy, treatment length, and time taken before symptom or functional improvements occur for each type of treatment.	■