

ADHD: Evaluation Guidelines

If you suspect or have been advised that your child is having learning difficulties or attention problems in an academic setting, schedule a consult visit with one of our physicians, without the child. We will take an age-appropriate history, including a description of the problems or symptoms, when they started, in which settings they occur, and a family history of similar problems.

The physician will review with the parents the cardinal symptoms of ADHD: inattention, impulsivity and hyperactivity. If the history suggests ADHD, we will recommend that you obtain an age-appropriate educational evaluation and will provide a list of Child Psychologists who do testing. Families who cannot arrange for private testing should make a formal request for an evaluation through the school psychologist or guidance counselor. The physician will supply a letter of support if necessary. However, if the history indicates a psychiatric problem such as anxiety or depression, with or without ADD, the doctor will refer the patient first for a psychiatric evaluation.

After the educational evaluation is complete and prior to further consultation with one of our physicians, send the written report along with any teacher or parent reports to our office. After review, a physician will meet again just with the parents to review the test results and recommendations. If our assessment supports the diagnosis of ADHD we will discuss treatment options, including educational modifications and the possible use of stimulant medications.

At a subsequent visit with your child present, we will take baseline measurements of height, weight, heart rate and blood pressure and explain how medication may be helpful. We will review the therapeutic effects and the possible side effects. Depending on your family history of heart problems, we may order some pre-treatment cardiac testing.

Our physicians are experienced in the medical management of straightforward ADD/ADHD. If we are not able to arrive at a successful treatment plan, or if a child has psychological problems in addition to ADHD, we may recommend a separate psychiatric evaluation in order to find the optimal treatment.

For more information about our management protocol, see [ADHD Office Management/Info for Parents](#)

Ed Psych Testing



Dr. Orit Batey	Easton	203-459-0181
Dr. Chris Bogart	Darien	203-202-7654
Dr. Michael Cohen	Westport	203-381-9396
Dr. Rosalie Greenbaum	New Canaan	203-972-6889
Dr. Vivian Koda	Norwalk	203-854-6900
Dr. Robert Kruger	Westport	203-227-2161
Dr. Ken Magrath	Westport	203-341-8699
Dr. Christine McCarthy	Fairfield	203-254-6406
Dr. Monica McQuaid	Stamford	203-329-0119
Dr. Ron Naso	Stamford	203-325-3661
Dr. Lauren Riordan	Stamford	203-348-2668
Dr. Kristi Sacco & Dr. Laura Gutman	Westport	203-767-0366
Dr. Nancie Spector	New Canaan	203-972-9009
Dr. Alexandra Stone	Bedford Village	914-205-3476
Dr. Valerie Warmflash	Stamford	203-329-0119
Dr. Elizabeth Wolfe	Wilton	203-761-1014

ADD/ADHD: Office Management Information for Parents

- Once a child has been diagnosed with ADD/ADHD, the pediatrician may recommend a trial of medication. At first, the physician will outline a two week treatment plan, starting with a low dose then make gradual increases in dosage over the first 4-6 weeks. During this period, the same physician who did the initial consult(s) will determine how often a patient must be seen to monitor effects and make changes.
- If your child develops side effects such as motor “tics”, sleep difficulties, severe emotional ups and downs, or intense headaches, stop the drug immediately and notify our office. Certain milder side effects such as recurrent stomach aches, decreased appetite or mild insomnia may simply require that we adjust the dosage.
- Stimulant Medications such as Ritalin, Focalin, Concerta and Adderall are generally safe and can be extremely effective for children with the diagnosis of ADD. Once a child reaches a stable daily dose, our protocol for on-going medication management is a follow-up visit every three months and a complete physical once every twelve months. These visits are particularly important not only to monitor treatment efficacy, but also to identify problems with growth, cardiac effects or other adverse effects. For some children, parents may choose not to give the drug on weekends, holidays or school vacations. The criteria for this decision can be discussed at follow-up visits. Whenever possible, please schedule your follow-up with the physician involved in the initial evaluation and treatment plan.
- Since we cannot call in prescriptions for controlled substances, they must be picked up by a parent or designated substitute. In general, each prescription can only be written for a one month supply at any one time. Please call one or two days in advance (Mon-Fri) so we can prepare the prescriptions ahead of time. We will not provide renewal prescriptions unless appropriate follow-up visits have taken place.
- Our physicians are experienced in the medical management of straightforward ADD/ADHD. If we are not able to arrive at a suitable treatment plan, or if in addition to ADHD, a child has other psychological problems, we may recommend a separate psychiatric evaluation in order to find the optimal medication.

ADHD EVALUATION

Family/Patient History

Date ___/___/___

PATIENT/CLIENT NAME

DATE OF BIRTH

LAST

FIRST

M

D

Y

In the space provided please indicate if your child or a close family member has or has had a history of:

Use this key to indicate relationship

M Mother	PGM Paternal Grandmother	MA/MU Maternal Aunt/Uncle
F Father	MGM Maternal Grandmother	PA/PU Paternal Aunt/Uncle
B Brother	PGF Paternal Grandfather	FC First Cousin
S Sister	MGF Maternal Grandfather	P Patient

	CHECK IF YES	RELATION
Congenital Heart Disease (CHD)	<input type="checkbox"/>	_____
Surgery to Correct CHD	<input type="checkbox"/>	_____
Heart Murmur	<input type="checkbox"/>	_____
Palpitations	<input type="checkbox"/>	_____
Fainting or Dizzy Spells	<input type="checkbox"/>	_____
Exercise Intolerance	<input type="checkbox"/>	_____
Irregular Heart Beat (any arrhythmia)	<input type="checkbox"/>	_____
Heart Attack / Death (before age 45)	<input type="checkbox"/>	_____
Stroke (before age 45)	<input type="checkbox"/>	_____
Unexplained Death (at young age)	<input type="checkbox"/>	_____
High Blood Pressure	<input type="checkbox"/>	_____
Thyroid Disease	<input type="checkbox"/>	_____