

Documentation of ADD/ADHD Diagnosis & Treatment

Our policy requires students requesting prescription for ADD/ADHD medications to provide documentation of previous diagnosis and treatment prior to providing treatment at George Mason University's Student Health Services.

Once you have completed the form, please mail or fax it back to us.

Patient's Chosen Name: _____ Legal Name _____ DOB _____

Name of Practice: _____

Practice Address: _____

Telephone: (____) ____ - _____ Fax: (____) ____ - _____

1) How would you describe your practice?

Pediatrician Family Practice Psychiatrist Psychologist Other _____

2) How was the diagnosis made? (check all that apply)

Psycho-educational testing Clinical interview & observation
 Validated checklists by patient Checklists by parents Checklists by teachers
 Psychiatrist referral Psychologist referral

Other _____

3) Which type? ADHD, inattentive-predom. ADHD, Combined type ADHD hyperactive-predom.

4) Please state if this patient was diagnosed or treated for any other emotional or behavioral health conditions

Oppositional defiant disorder Depression Anxiety Bipolar disorder
 Learning disability other _____

5) Last date you treated this patient for ADD/ADHD? ___/___/___

6) **List ALL CURRENTLY prescribed medications by you-** Name of medication & dosage (print clearly)

The student will receive medication refills at Mason's Student Health Services beginning on

Date ___/___/___

Provider's printed Name & Title: _____

Provider Signature: _____

Date ___/___/___