

RIVER BEND EDUCATION DISTRICT

1315 S. Broadway
New Ulm, MN 56073
(507) 359-8700 – fax (507) 359-1161

Date: _____

To: _____ (Physician)

From: _____ (Case Manager)

Re: _____ (Student's Name)

Dear Physician,

_____ school, in conjunction with River Bend Education District, is conducting a special education eligibility evaluation for your patient, _____ . As part of this evaluation, we are investigating the relationship between his/her medication condition and his/her performance at school. In order to establish this relationship, we need updated medical documentation from you. To facilitate this process, we have sent River Bend Education District Health Condition Documentation Forms. Please complete this/these form(s) and return them to either your patient's parent or River Bend Education District. We appreciate your assistance with this and hope that this information will help us better serve your patient.

Sincerely,

RIVER BEND EDUCATION DISTRICT

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New Ulm, MN 56073
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To be completed by physician

Medical Documentation Form for Attention-Deficit-Hyperactive Disorder (AD/HD) (former terminology was ADD or ADHD)

Name: _____

Birthdate: _____

Directions: Please indicate the AD/HD diagnostic criteria by circling or documenting those symptoms which are indicated by your evaluation.

Diagnostic Criteria for Attention-Deficit/Hyperactive Disorder Diagnostic and Statistical Manual of Mental Disorders Fourth Edition (DSM-IV)

A. Either (1) or (2):

- (1) Six (or more) of the following symptoms of **inattention** have persisted for at least 6 months to a degree that is maladaptive and inconsistent with developmental level:

Inattention

- (a) often fails to give close attention to details or makes careless mistakes in schoolwork, work, or other activities
- (b) often has difficulty sustaining attention in tasks or play activities
- (c) often does not seem to listen when spoken to directly
- (d) often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace (not due to oppositional behavior or failure to understand instructions)
- (e) often has difficulty organizing tasks and activities
- (f) often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (such as schoolwork or homework)
- (g) often loses things necessary for tasks or activities (e.g., toys, school assignments, pencils, books or tools)
- (h) is often easily distracted by extraneous stimuli
- (i) is often forgetful in daily activities

- (2) Six (or more) of the following symptoms of **hyperactivity-impulsivity** have persisted for at least 6 months to a degree that is maladaptive and inconsistent with developmental level:

Hyperactivity

- (a) often fidgets with hands or feet or squirms in seat
- (b) often leaves seat in classroom or in other situations in which remaining seated is expected
- (c) often runs about or climbs excessively in situations in which it is inappropriate (in adolescents or adults, may be limited to subjective feelings of restlessness)
- (d) often has difficulty playing or engaging in leisure activities quietly
- (e) is often "on the go" or often acts as if "driven by a motor"
- (f) often talks excessively

(over)

Impulsivity

- (g) often blurts out answers before questions have been completed
- (h) often has difficulty awaiting turn
- (i) often interrupts or intrudes on others (e.g., butts into conversations or games)

- B. Some hyperactive-impulsive or inattentive symptoms that caused impairment were presented before age 7 years.
- C. Some impairment from the symptoms is present in two or more settings (e.g., at school or work and at home).
- D. There must be clear evidence of clinically significant impairment in social, academic, or occupational functioning.
- E. The symptoms do not occur exclusively during the course of a Pervasive Developmental Disorder, Schizophrenia, or other Psychotic Disorder, and are not better accounted for by another mental disorder (e.g., Mood Disorder, Anxiety Disorder, Dissociative Disorder, or a Personality Disorder).

Code based on type:

314.01 Attention-Deficit/Hyperactivity Disorder, Combined Type: if both Criteria A1 and A2 are met for the past 6 months

314.00 Attention-Deficit/Hyperactivity Disorder, Predominantly Inattentive Type: if Criterion A1 is met but Criterion A2 is not met for the past 6 months

314.01 Attention-Deficit/Hyperactivity Disorder, Predominantly Hyperactive-Impulsive Type: if Criterion A2 is met but Criterion A1 is not met for the past 6 months

Coding note: For individuals (especially adolescents and adults) who currently have symptoms that no longer meet full criteria, "In Partial Remission" should be specified.

Comments:

Physician's Signature: _____ Date: _____