

DOCUMENTATION OF AD/HD
Cal Poly, San Luis Obispo – Disability Resource Center

In order for us to provide disability-related services, we need to establish that this individual has a physical or mental impairment that limits one or more of the major life activities. This form is designed to help us make that determination.

PLEASE PROVIDE THE FOLLOWING INFORMATION IN FULL

Patient Name _____ **Date:** _____
Last First M.I.

Note: Please attach any supportive report or test results relevant to the documented diagnosis and limitations—*particularly where the standard of practice for the diagnosis requires standardized testing.*

1. Date of last appointment with this individual: _____

2. Please identify any *current* mental disorder or condition you have diagnosed, or which you have on record, for this individual:

<ul style="list-style-type: none"> • Axis I: • Axis II: • Axis III: 	<ul style="list-style-type: none"> • Axis IV: • Axis V: • GAF Score:
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Level of Severity: Mild Moderate Severe In partial remission Residual state

3. **Quality of Life -- In general, this individual's quality of life is:**
 Excellent Good Fair Poor Very Poor

4. **Functional Limitations:** Please check the level of limitation you believe your patient experiences in the college environment as a result of his or her disability. Check only those boxes that apply.

1 = Unable to determine			2 = Mild			3 = Severe				
1	2	3	1	2	3	1	2	3		
									Caring for Oneself	Learning:
									Talking	• Reading
									Hearing	• Writing
									Breathing	• Spelling
									Seeing	• Quantitative Reasoning
									Walking/Standing	• Math Calculating
									Lifting/Carrying	• Processing Speed
									Sitting	• Memorizing
									Performing Manual Tasks	• Concentrating
									Eating	• Listening
									Working	Other:
									Interacting with Others	
									Sleeping	

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5. For the purpose of our assisting this student, please describe any prescribed medications, their side effects, and/or any potential impact the medications may have on academic performance.

6. Are there other specific symptoms manifesting themselves at this time which might affect the student's academic performance?

7. In addition to DSM-IV criteria, how did you arrive at this diagnosis?

<input type="checkbox"/> Structured or unstructured interviews	<input type="checkbox"/> Medical history
<input type="checkbox"/> Interviews with other persons	<input type="checkbox"/> Neuro-psychological testing. Date(s) of testing:
<input type="checkbox"/> Behavioral observations	<input type="checkbox"/> Psycho-educational testing. Date(s) of testing:
<input type="checkbox"/> Developmental history	<input type="checkbox"/> Standardized or un-standardized rating scales
<input type="checkbox"/> Educational history	<input type="checkbox"/> Other (Please specify)

8. Additional documentation attached? Yes No

9. Is there anything else you think we should know about this student?

Note: Qualified diagnosing professionals are licensed psychologists, psychiatrists, neurologists, and in some instances family practice physicians. The diagnosing professional must have expertise in the differential diagnosis of the documented mental disorder or condition, follow established best-practices in the field, and not be related to the patient.

Print Name _____ License Number: _____

Signature: _____

Address _____

Phone _____ Fax _____ Email _____

Return To:

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