

**Adult ADHD Assessment and  
Diagnosis Approach**

**It is suggested that the diagnosis of adult ADHD requires 2-3 visits. Assessment of ADHD is not a clinical emergency and requires enough time to gather necessary evidence for the diagnosis.**

**Suspect ADHD**

- Self-referral
- Adult patient referred for assessment of potential ADHD
- Re-assessment of adult patient previously diagnosed with ADHD in childhood

**First Visit**

- Standard mental health assessment:
- Review current symptoms\*
- Assess current symptom using a brief validated tool\*
- Assess functional impairment at home, work, school and in relationships\*
- Identify comorbidities\*
- Perform a thorough screen for substance abuse
- Exclude other disorders
- Assess physical health
- Gather/review additional information:
- Request past medical records, report cards, complete medical history
- Request childhood and developmental history
- Identify informants and obtain consent to contact them
- Schedule a second visit, preferably include an informant who can corroborate symptoms

**Second Visit**

- Review gathered information and assessment results
- Interview for corroboration of childhood symptoms
- Interview for corroboration of current symptoms and disfunction
- Consider severity of impairment
- Meets DSM-5 criteria for ADHD diagnosis\*
- Confirm and document diagnosis

**Third Visit**

- Explain diagnosis\*
- Discuss treatment options, risks and benefits\*
- Consider non-pharmacological management\*
- Initiate treatment if recommended\*
- Discuss need for treatment monitoring
- Educate patient on their responsibilities in managing their condition
- Assist with psychological support and relevant education\*

**Follow-up Visits**

New diagnosis, uncontrolled symptoms or change in medication – within 30 days; monthly until functionality is significantly improved; every 3-6 months once stabilized

- Review symptoms and functional abilities, including diurnal variations in symptoms
- Review impressions of informants
- Monitor for drug adverse effects\*
- Monitor for adherence to therapy
- Monitor vital signs (weight, blood pressure and heart rate)
- Monitor for signs of misuse/abuse/diversion
- Adjust therapy as needed
- Assist with additional management strategies for psychological, behavioral, occupation and educational needs (e.g., skill-building trainings, psycho-education, parenting, vocational and/or educational accommodation)\*

Consider Referral\*: Consider referral to a psychiatrist in the following several presentations and co-conditions:

- Extreme or severe dysfunction
- Suicidal or homicidal ideations
- Substance use or dependence
- Psychosis
- Extreme psychosocial stressors or present traumatic events
- Previous treatment failures
- Atypical presentation – if presentation as brand new symptoms this is not ADHD, even if not diagnosed as a child the symptoms must concur

\* = Resource available