

# Adult ADHD/ADD Evaluation & Compliance

UMBC Sports Medicine

Dear Prescribing Physician:

The student-athlete presenting this form plans to or already participates in intercollegiate athletics at our institution. New legislation beginning August 1, 2009, involves the collection of medical records for those student-athletes diagnosed/treated for ADHD/ADD utilizing specific medication which may be banned by the NCAA. The attached Adult ADHD Evaluation Form is required for compliance with this new legislation. This document also assists institutions to ensure adequate medical records are on file for student-athletes diagnosed with ADHD in order to request a "medical exception" in the event of a positive finding during NCAA drug testing.

NOTE: Student-athletes without proper documentation on file may result in loss of eligibility for 365 days from the date of the drug test.

Please return this form to the student-athlete or to the following address or fax number:

UMBC Sports Medicine  
RAC Arena  
1000 Hilltop Circle  
Baltimore, MD 21250  
Phone #: 410-455-2123  
Fax #: 410-455-1191

Examples of the NCAA Banned-Drug Class Stimulants & Medications:

- Amphetamine (Adderall)
- Atomoxetine (Strattera)
- Dexmethylphenidate (Focalin)
- Dextroamphetamine (Vyvanse)
- Methamphetamine (Desoxyn)
- Methylphenidate (Ritalin)

For more information please visit [www.ncaa.org/health-safety](http://www.ncaa.org/health-safety).

## **Authorization to Release Information**

**(to be completed by student-athlete)**

I \_\_\_\_\_

*( Print Name of Patient)*

*(birth date)*

*(Social Security Number)*

hereby authorize release and disclosure of PHI including any information concerning my medical history and status, medical condition, diagnostic impressions, testing, treatment history, diagnosis and further treatment plans, as well as related personally identifiable health information to UMBC Sports Medicine Department including staff athletic trainers and team physicians.

# ADULT ADHD/ADD EVALUATION FORM

UMBC Sports Medicine

<b>Name (Last, First, M.I.):</b>	<input type="checkbox"/> Male	<input type="checkbox"/> Female
<b>Date of Birth:</b>	<b>Date of Evaluation:</b>	
<b>Physician Name (Printed):</b>	<b>Physician Specialty:</b>	
<b>Physician Address:</b>	<b>Physician Phone #:</b>	
	<b>Physician Fax #:</b>	

**CLINICAL EVALUATION**

Height:	Weight:	
Blood Pressure:	Pulse:	
EKG*:		
* There are no across-the-board recommendations for laboratory testing or diagnostic examinations for Adult ADHD. The prescribing practitioner may request testing as individually indicated and appropriate.		
<b>ADHD Rating Scale(s) / Reports:</b> Attach Supporting Documentation	<input type="checkbox"/> ASRS	Score:
	<input type="checkbox"/> CAARS	Score:
	<input type="checkbox"/> Other	Score:

**Pertinent History: Personal, Longitudinal, Family:**

  
  
  

**Summary of Clinical Diagnosis (referencing DSM-IV criteria):** Attach Supporting Documentation

  
  
  

**Have alternative non-banned medications been considered?**  Yes  No

**List Prescribed ADHD Medications:** Attach Copy of Prescription (Required by NCAA)

<i>Name</i>	<i>Dosage</i>

**ADDITIONAL EVALUATION COMPONENTS**  
Please attach supporting documentation if available.

- ADHD symptom reports
- Mental status examination reports
- Psychological/neuropsychological evaluation/testing reports
- Laboratory testing results
- Summary of previous ADHD diagnosis

<b>Physician Signature:</b>	<b>Date:</b>
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