



HARVARD UNIVERSITY
HEALTH SERVICES
75 Mt. Auburn Street
Cambridge, MA 02138
617-495-2042

Thank you for inquiring about an appointment at the Counseling and Mental Health Services (CAMHS) for evaluation of attention problems. Please read the enclosed materials and complete them as instructed. Once we receive your completed forms, someone from the office will reach out to you with next available appointment dates and times.

Since we make a significant effort to provide appropriate treatment based on a comprehensive evaluation, the overall process of assessment may take several weeks. In the interim, if you are already taking any medications, it is important that you continue to obtain them from your current provider.

Thank you.

Staff at CAMHS

ATTENTION DEFICIT HYPERACTIVITY DISORDER

Attention Deficit Hyperactivity Disorder (ADHD) is a neurodevelopmental disorder that starts in childhood and sometimes persists into adulthood. During childhood and elementary school, it may present with inattention, hyperactivity and impulsivity. When it persists into adulthood, ADHD most often presents with impaired attention, including difficulty with time management, organization, and follow-through. These symptoms cause impairment in multiple areas of one's life and do not just affect academics.

If your problems with attention and focusing have started in college or later, it is unlikely that they are caused by ADHD. Difficulty with focusing and completing work is common for students during times of increased stress. Furthermore, almost all psychiatric disorders can cause inattention and difficulties with concentration. Distinguishing between ADHD, other disorders that impair focus, and normal problems with concentration requires a thorough and thoughtful assessment that evaluates academic, social and work impairment throughout one's life. Alcohol, marijuana and other drugs also can cause difficulties with attention, concentration, and processing speed, mimicking ADHD symptoms.

If other causes for your difficulties are uncovered in the course of a comprehensive evaluation, these need to be addressed or treated. Regardless of the reasons for your impairments, CAMHS is committed to helping you reduce your overall distress.

ADHD ASSESSMENT

PLEASE NOTE:

*The assessment process for ADHD will **require multiple meetings** with our medical and psychotherapy staff **and may take several weeks.***

*CAMHS does not provide refills on stimulant medications prior to the completion of the evaluation. You are encouraged to **continue obtaining medication from your previous physician or nurse** until care is arranged at CAMHS.*

*If you are interested in being evaluated and treated by a **community provider**, rather than at CAMHS, please see the names and contact information of several providers in the area on the last page of this handout.*

Because ADHD begins in childhood, we need to obtain a longitudinal history of symptoms in order to make an accurate diagnosis. We will need information from the student, the student's parent or guardian (or another adult who knew the student best during childhood) and/or any clinicians who may be involved in the student's care.

If you have already been diagnosed with ADHD and would like to transfer your treatment to CAMHS, or if you have never been diagnosed but would like to be evaluated for ADHD, please follow the instructions below to help facilitate your assessment.

The enclosed forms need to be completed and sent back to CAMHS before an ADHD evaluation can be scheduled.

1. **PAST MEDICAL/PSYCHIATRIC RECORDS:** If you have already been diagnosed, please send testing results and/or documentation of any former evaluation or treatment. An outside evaluation, treatment summary and/or neuropsychiatric assessment from the referring clinician will facilitate your evaluation at CAMHS. However, alone it will not be considered diagnostic, even if the report contains a diagnosis of ADHD. The report should include previous treatment attempts and your current medication regimen.
2. **AUTHORIZATION FOR DISCLOSURE OF MEDICAL INFORMATION:** Please provide your name, ID number and date of birth at the top of the form. Also please provide a designated parent's name as well as a current or former provider's name and contact information. Please leave the rest of the form blank as you will be asked to sign it at your first appointment at CAMHS. The CAMHS clinician may need to speak to the parent who has completed the forms below, and to your current provider and needs your written permission to do so.
3. **STUDENT QUESTIONNAIRES:** Please complete the following:
 - Student Questionnaire—The Basics
 - Student ADHD Questionnaire
 - Student Questionnaire for Current Symptoms Present for the Past 6 Months
 - Student Questionnaire for Symptoms Present During Childhood, Before Age 12
 - Adult ASRS
4. **PARENT OR GUARDIAN QUESTIONNAIRES:** Please ask one of your parents to complete the following:
 - Parent's ADHD Questionnaire
 - Parent's Questionnaire for Student's Symptoms Present During Childhood, Before Age 12.
5. **ADHD/STIMULANTS/SUBSTANCE USE INFORMATION SHEET:** Please read this form and sign it. We encourage you to also share it with your parents and/or other significant others.

Once you have completed the above, please send it via secure message via the patient portal (https://patient.huhs.harvard.edu/login_dualauthentication.aspx) to the mailbox of: “Community Referral/Med Eval, CAMHS-Students Only”

You can also bring the materials to our office:

CAMHS, Smith Center 4th floor, 75 Mt. Auburn Street, Cambridge, MA 02138
Tel: 617 495 2042

When we’ve received the above information, we will contact you to schedule an ADHD evaluation with a CAMHS provider.

We will also consider whether your symptoms may be caused or worsened by something other than ADHD. Several mental and physical health conditions can mimic or coexist with ADHD, including anxiety disorders, mood disorders, adjustment disorders, learning and language deficits, and medical disorders. Alcohol, marijuana and other drug abuse can also cause ADHD-like symptoms.

If, after the above evaluation is complete, the diagnosis is still unclear, you may be referred for **neuropsychological testing**. Testing can be helpful in identifying other potential causes for your symptoms and may demonstrate the significant impact of your impairments on academics. It may be helpful in identifying cognitive disabilities that can compound the problem and complicate management. This process can take several weeks.

CARE AND TREATMENT

If difficulties with attention and concentration appear to be due to non-ADHD factors, we will address these. We will discuss sleep, nutrition, level of activity, support systems, and stress management. We will recommend treatment for any other psychiatric disorders that may be present.

If a diagnosis of ADHD is made or confirmed, treatment will be tailored to the individual student. Optimal treatment of ADHD may include a combination of behavioral therapy, coaching, skills training and medication. Psychotherapy will be an important part of overall treatment, especially in the beginning stages. For ADHD treatment to be effective, students need to abstain from substance use or alcohol misuse, as these can worsen ADHD symptoms and interfere with the positive effects of proposed treatment.

At CAMHS we choose the most appropriate medication with the least potential for abuse. When medications are indicated, non-stimulants are considered. If stimulants are considered, we make every effort to minimize the risk of misuse or abuse of the medication. **Stimulants may be contraindicated in students who are drinking too much alcohol or using marijuana or other drugs with the potential for addiction, including certain medications prescribed by another doctor or clinical nurse specialist.**

If stimulants are considered, the prescriber at CAMHS will:

- Review the **Prescription Monitoring Program** for Massachusetts and other states to make sure the student is not receiving other controlled substances from other prescribers or pharmacies.
- Review the information on the **ADHD/Stimulants/Substance Abuse Information Sheet** with the student.
- Consider if a **random urine toxicology screen** would be required during treatment.

Student Questionnaire—The Basics

Name:

Harvard ID:

Difficulties in attention and concentration can be caused or exacerbated by disruptions in sleep, nutrition, exercise and the use of alcohol, marijuana and other substances. Other factors that are important are social supports, stress management skills and the ability to navigate through the daily challenges of being in a demanding environment. In view of the above, please answer the following questions. As part of our assessment, you will be meeting with a CAMHS therapist to review these issues.

	Never	Rarely	Sometimes	Often	Very Often
Sleep How often are you getting 7-8 hours of sleep per night?					
Eating Habits How often are you eating 3 meals per day?					
Exercise How often are you exercising regularly?					
Stress Management How often do you feel effective in managing day to day stress?					
Alcohol/Substances How often are you using alcohol?					
How often are you using other substances (marijuana, etc.)?					
Social Connections and Support How often do you feel that you have a strong social network that you can rely on for support?					
How often do you feel that you have specific supports/people that you can go to for support when needed?					

Student Questionnaire for Current Symptoms Present in the Past 6 Months

Name:		Date of Birth:			Today's Date:	
Harvard ID:						
	<p>Please place an X in the box that describes how you have been feeling and conducting yourself in the past 6 months. Please give examples for those which occur 'often' or 'very often' (adding if these are occurring at 'home' or at 'work' or at 'school').</p>	Never	Rarely	Sometimes	Often	Very Often
1	<p>How often have you been failing to give close attention to details, or making careless mistakes in schoolwork, at work or during other activities (e.g. overlooking or missing details, work is inaccurate)? Example:</p>					
2	<p>How often have you been having difficulty sustaining attention in tasks or play activities (e.g., having difficulty remaining focused in lectures, conversations, or lengthy reading)? Example:</p>					
3	<p>How often have you been not listening when spoken to directly (e.g., your mind being somewhere else)? Example:</p>					
4	<p>How often have you not been following through on instructions and failing to finish schoolwork or duties at the workplace (e.g., starting a task but losing focus and being easily sidetracked)? Example:</p>					
5	<p>How often have you been having difficulty organizing tasks and activities (e.g. disorganized at work or school, poor time management, missing deadlines)? Example:</p>					
6	<p>How often have you been avoiding, disliking or been reluctant to engage in tasks that require sustained mental effort (e.g., schoolwork, preparing assignments)? Example:</p>					
7	<p>How often have you been losing things needed for tasks or activities (e.g., school material, keys, wallet, etc.)? Example:</p>					
8	<p>How often have you been easily distracted by extraneous stimuli? Example:</p>					
9	<p>How often have you been forgetful in daily activities (e.g., errands, keeping appts)? Example:</p>					
10	<p>How often have you been fidgeting or tapping your hands or feet or have been restless in your seat? Example:</p>					
11	<p>How often have you been leaving your seat in situations where remaining seated is expected (e.g. in the classroom, in meetings, in the office)? Example:</p>					
12	<p>How often have you been moving or restless in situations where it was inappropriate? Example:</p>					
13	<p>How often have you been unable to play or engage in leisure activities quietly? Example:</p>					
14	<p>How often have you been 'on the go,' acting as if 'driven by a motor'? Example:</p>					
15	<p>How often have you been talking excessively? Example:</p>					
16	<p>How often have you been blurting out an answer before a question is complete, or cannot wait your turn in conversation? Example:</p>					
17	<p>How often have you been having difficulty waiting for your turn (e.g., while waiting in line)? Example:</p>					
18	<p>How often have you been interrupting or intruding on others (e.g., butting into conversations and activities, or taking over what others are doing)? Example:</p>					
<p>*** HOW DO THE ABOVE SYMPTOMS INTERFERE WITH OR REDUCE THE QUALITY OF YOUR SOCIAL, ACADEMIC OR OCCUPATIONAL FUNCTIONING?</p>						

Student Questionnaire for Symptoms Present During Childhood, Before Age 12

Name:	Date of Birth:	Today's Date:
Harvard ID:		

	Please place an X in the box that to the best of your memory describes how you felt and conducted yourself before age 12 .	Never	Rarely	Sometimes	Often	Very Often
1	How often did you fail to give close attention to details or made careless mistakes in schoolwork or other activities?					
2	How often did you have difficulty sustaining attention in tasks or play activities (e.g., had difficulty remaining focused in class, or in conversations or when reading)?					
3	How often did you not listen when spoken to directly (e.g., your mind was somewhere else)?					
4	How often did you not follow through on instructions and failed to finish schoolwork, chores (e.g., started a task but lost focus and was easily sidetracked)?					
5	How often did you have difficulty organizing tasks and activities?					
6	How often did you avoid, dislike or were reluctant to engage in tasks that required sustained mental effort (e.g., schoolwork or homework)?					
7	How often did you lose things needed for tasks or activities (e.g., school material, keys, wallet, etc.)?					
8	How often were you easily distracted by extraneous stimuli?					
9	How often were you forgetful in daily activities (e.g., when doing chores or errands)?					

10	How often did you fidget or tap your hands or feet or squirm in your seat?					
11	How often did you leave your seat in situations where remaining seated was expected (e.g., in the classroom)?					
12	How often did you run about or climb in situations where it was inappropriate?					
13	How often were you unable to play or engage in leisure activities quietly?					
14	How often were you 'on the go,' acting as if 'driven by a motor'?					
15	How often did you talk excessively?					
16	How often did you blurt out an answer before a question was completed, or could not wait your turn in conversation?					
17	How often did you have difficulty waiting for your turn (e.g., while waiting in line)?					
18	How often did you interrupt or intrude on others (e.g., butted into conversations, games, activities, or used other people's things without receiving permission)?					

Adult ADHD Self-Report Scale (ASRS-v1.1)

Name:	Date of Birth:
Today's Date:	Harvard ID:

	Please answer the questions below, rating yourself on each of the criteria shown using the scale on the right side of the page. As you answer each question, place an X in the box that best describes how you have felt and conducted yourself in the past 6 months. Please give this completed checklist to your healthcare professional to discuss during today's appointment.	Never	Rarely	Sometimes	Often	Very Often
1	How often do you have trouble wrapping up the final details of a project, once the challenging parts have been done?					
2	How often do you have difficulty getting things in order when you have to do a task that requires organization?					
3	How often do you have problems remembering appointments or obligations?					
4	When you have a task that requires a lot of thought, how often do you avoid or delay getting started?					
5	How often do you fidget or squirm with your hands or feet when you have to sit down for a long time?					
6	How often do you feel overly active and compelled to do things, like you were driven by a motor?					

Parent's ADHD Questionnaire

Student Name:	Student's Date of Birth:	Harvard ID:
Parent's Name:	Date:	
Do you feel that the above student had significant problems with attention or hyperactivity as a child?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, then at what age do you feel the problem started?		
Has this student had any psycho-educational or neuropsychological testing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, why?		
What were the results of testing?		
Was there any testing for speech, language, or occupational therapy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please specify:		
Did the student's teachers ever express concern?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please specify:		
Is there any family history of ADHD?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, in which relatives?		
Is there any family history of other learning disabilities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please specify:		

Medical History:

Is there any history of heart disease in the student?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please specify:		
Any other medical concerns?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please specify:		
Has the student had any chronic difficulties with sleep?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please specify:		
Has student ever fainted during exercise?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please describe:		
Has student had a history of neurological disorders such as seizures?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Tics/Tourette's?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Alcohol and Drug Use:

Do you have any concerns that the student has been abusing alcohol or using any substances including marijuana?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please specify:		

Legal History:

Do you know if the student has had any legal problems?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please specify:		

Parent's ADHD Questionnaire, cont.

Family Medical History:

Any family history of heart disease? If yes, please describe:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any family member died from sudden cardiac death before the age of 50?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any family members with bipolar disorder (manic-depressive illness)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Parent's Questionnaire for Student's Symptoms Present During Childhood, Before Age 12

Student's Name:	Harvard ID:	Date of Birth:
Parent's Name:	Today's Date:	

	Please place an X in the box that to the best of your memory describes how your son or daughter felt and conducted him- or herself before age 12 .	Never	Rarely	Sometimes	Often	Very Often
1	How often did he/she fail to give close attention to details or made careless mistakes in schoolwork or other activities?					
2	How often did he/she have difficulty sustaining attention in tasks or play activities (e.g., had difficulty remaining focused in class, or in conversations or when reading)?					
3	How often did he/she not listen when spoken to directly (e.g. mind was somewhere else)?					
4	How often did he/she not follow through on instructions and failed to finish schoolwork, chores (e.g., started a task but lost focus and was easily sidetracked)?					
5	How often did he/she have difficulty organizing tasks and activities?					
6	How often did he/she avoid, dislike or were reluctant to engage in tasks that required sustained mental effort (e.g., schoolwork or homework)?					
7	How often did he/she lose things needed for tasks or activities (e.g. school material, keys, wallet, etc.)?					
8	How often was he/she easily distracted by extraneous stimuli?					
9	How often was he/she forgetful in daily activities (e.g., when doing chores or errands)?					

10	How often did he/she fidget or tap his/her hands or feet or squirm in his/her seat?					
11	How often did he/she leave his/her seat in situations where remaining seated was expected (e.g., in the classroom)?					
12	How often did he/she run about or climb in situations where it was inappropriate?					
13	How often was he/she unable to play or engage in leisure activities quietly?					
14	How often was he/she 'on the go,' acting as if 'driven by a motor'?					
15	How often did he/she talk excessively?					
16	How often did he/she blurt out an answer before a question was completed, or could not wait for his/her turn in conversation?					
17	How often did he/she have difficulty waiting for his/her turn (e.g., while waiting in line)?					
18	How often did he/she interrupt or intrude on others (e.g., butted into conversations, games, activities, or used other people's things without receiving permission)?					

ADHD/Stimulants/Substance Use Information Sheet

- A history of feeling more productive after taking a friend's stimulant is *NOT* a sign of ADHD. Neither is it a sign that stimulants are the appropriate treatment.
- A person without ADHD may subjectively *FEEL* that he or she is functioning better on stimulants even though objectively he or she may *NOT* be functioning better.
- Studies have shown that using stimulants solely as a study aid does *NOT* improve a student's overall academic functioning. Studies have also shown that those who misuse stimulants are likely to have *LOWER* GPAs and more likely to have an alcohol use disorder.
- Treatment of ADHD may require a comprehensive treatment program. Stimulant medication is only one part of the program. Other components usually include behavioral treatments, lifestyle changes and/or academic coaching.
- Stimulants have a high potential for abuse and use can lead to severe psychological and physical dependence and development of other substance abuse disorders. Because of this, the FDA has classified stimulants as Schedule II controlled medications (same schedule as oxycodone and fentanyl).
- If prescribed, stimulants should only be obtained from one clinician. Students need to attend regular visits with their clinician in order to receive prescriptions. They may not be filled early if a supply is lost or stolen.
- Even if you have been prescribed stimulants for the treatment of ADHD, using stimulants for other purposes is considered stimulant abuse. Examples would include the use of stimulants to stay awake to study at night, or recreational use to obtain a high.
- Stimulants should never be combined with alcohol, marijuana, or other substances. Combining drugs of abuse with stimulants can have dangerous consequences. Students with ADHD, with or without stimulant therapy, should abstain from substance use or alcohol abuse because using substances aggravates ADHD symptoms and, in some cases, can be the cause of ongoing ADHD symptoms.
- Stimulants use can lead to dependence and tolerance. Taking higher doses of stimulants than prescribed is stimulant abuse and can be physically dangerous.
- Diversion of stimulants is very dangerous. There are serious medical risks to sharing stimulants with others, as some can develop symptoms of mania, psychosis or heart problems, and some can die if they take a stimulant that was not prescribed for them.

- There are serious legal risks to diversion of stimulants. Possessing controlled drugs without a prescription or sharing prescribed stimulants with another person is a *FELONY*, potentially punishable by imprisonment and/or fines.
- Taking stimulants during pregnancy can potentially harm the fetus.

Please sign below indicating that you have read the above. Your therapist and prescriber will review the above information during your initial appointments.

Student signature: _____

Date: _____

Harvard ID: _____

LOCAL AREA HEALTH SERVICE PROVIDERS

This is only a partial list; there are many other providers and services in the Boston area.

Neuropsychological Testing

Commonwealth Psychological Associates (CPA)/Lifestance

They provide testing and treatment.

<https://www.commpsy.com/services/adhd-testing-treatment/>

Boston Psychological Testing Associates

<https://bostonpsychologicaltestingassociates.com/>

Jane Greenstein PhD

<http://drjanegreenstein.com>

508-219-6559

Integrated Assessment Services

<https://iasboston.com/>

Does not take insurance

Nancy Norton EdD

<https://www.psychologytoday.com/us/therapists/nancy-norton-sharon-ma/399731>

617-433-5444

Neuropsychology & Education Services for Children & Adolescents

<https://nescanewton.com/>

Samuel Justin Sinclair PhD

<http://www.drjustinsinclair.com/>

Boston Neuropsychological Services

<https://www.bostonneuropsych.com/>

Self-pay ADHD Services and Treatment

Lexington ADHD Treatment Center

<http://www.lexingtonadhd.com/>

The Hallowell Center, Sudbury, MA

<http://www.drhallowellsudbury.com>

CAMPUS RESOURCES

Academic Resource Center (ARC)

www.academicresourcecenter.harvard.edu

The ARC provides academic coaching, peer tutoring, accountability sessions, and workshops to help students reach their full academic potential. Academic coaches are available to meet one-on-one with students to work on strategies for reducing distractions, increasing focus, creating a more effective work schedule, and more. Working one-on-one with a peer tutor is one possible strategy for getting course-specific support in a quieter setting. Accountability groups and accountability hours provide students with opportunities to engage in time-limited, focused work in the company of other students. Many workshops cover topics related to attention, including workshops on time and project management, procrastination, and building better habits.

ARC services are available to enrolled students in Harvard College, the Graduate School of Arts and Sciences (GSAS), and the Harvard Kennedy School, as well as the Harvard Extension School (by referral).

Graduate Student Learning Support (GSLs)

Help with difficulty in absorbing new material, completing academic work, understanding reading materials; anxiety about quantitative skills, writing or test taking; and reluctance to speak in class. Consultation may result in assignment to a learning specialist to help the student improve study skills, referral for neuropsychological evaluations, and/or potential accommodations through the disability coordinator.

Students should contact their school's student affairs or student services office for a referral, e.g., Harvard Business School (**HBS**), Harvard Law School (**HLS**), Graduate School of Design (**GSD**), Harvard Divinity School (**HDS**), Harvard T.H. Chan School of Public Health (**HCSPH**).

HMS Office of Learning and Support Services

<https://meded.hms.harvard.edu/about-learning-resources-support>

The OLSS at HMS provides support around learning strategies, time management, preparation for licensing exams (including Shelf exams), performance anxiety and perfectionistic tendencies, and general concerns about transitioning to medical or dental school.

Harvard medical/dental students can email Regina Mitchell regina_mitchell@hms.harvard.edu to schedule an appointment or learn more about services.