

## Attention Deficit Disorder (ADD) or Hyperactivity Disorder (HD)

ADD/HD is a neurobiological disorder characterized by persistent problems in three areas: inattention, hyperactivity, and impulsivity. It is estimated to affect 6-9% of school age children. Although it seems more frequent in boys, girls are affected too. Boys are recognized as having ADHD more often because they tend to be overtly overactive and impulsive while girls tend towards the less obvious inattentive sub-type.

Although there is often improvement as the child matures, many persons with ADD/HD continue to have symptoms into adulthood. Some persons with ADD/HD also have other (co-morbid) psychiatric disorders such as mood (depression) and anxiety disorders, conduct disorder, oppositional defiant disorder, Tourette's syndrome, and learning difficulties. Low self-esteem is common and early intervention is important to minimize its impact on the child's life.

Treatment of ADD/HD is usually with a stimulant, such as Ritalin, which is effective in most cases. Often, behavioral intervention is added to boost therapeutic success.

**If your client has a history of (ADD/HD), please answer the following:**

1. Please list date of diagnosis: \_\_\_\_\_

2. Is your client on any medications?

If yes (Please give details) \_\_\_\_\_

3. Does your client have a history of any of the following psychiatric disorders? (check all that apply)

Mood or anxiety disorder \_\_\_\_\_

Personality disorder \_\_\_\_\_

Conduct disorder or oppositional defiant disorder \_\_\_\_\_

Suicidal thought/attempt \_\_\_\_\_

Substance abuse (alcohol or drugs) \_\_\_\_\_

Other (specify) \_\_\_\_\_

4. Has your client ever been hospitalized or on disability for psychiatric treatment?

If yes (Please give details) \_\_\_\_\_

**5. If school-age, is your client in regular class for age?**

If yes (Please give details) \_\_\_\_\_

**6. Has your client smoked cigarettes or any form of tobacco in the last 5 years?**

If yes (Please give details) \_\_\_\_\_

**7. Does your client have any other major health problems (ex: cancer)?**

If yes (Please give details)

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