ADHD Cleaning Checklist

Work through each item in order and mark it as completed. Add a note against anything you could not complete, and sign the form when you finish.

Name: _____ **Date completed:** _____ dd / mm / yyyy

Date of birth: _____ dd / mm / yyyy **Record / MRN number:** _____

BEFORE YOU START

- [ ] Confirm identity and check the record is the correct one
- [ ] Confirm consent is in place and still valid
- [ ] Check for allergies, contraindications and recent changes
- [ ] Gather the equipment and paperwork you need

ADHD CLEANING - MAIN STEPS

- [ ] Check presenting concerns and symptom severity
- [ ] Record risk indicators and protective factors
- [ ] Review agreed goals and between-session tasks
- [ ] Confirm nothing has been missed

BEFORE YOU FINISH

- [ ] Complete the record while the detail is fresh
- [ ] Agree progress against baseline scores
- [ ] Give written information and contact details
- [ ] Book or confirm the next appointment

ANYTHING NOT COMPLETED

Item: _____ **Reason:** _____

Action needed: _____ **By when:** _____

NOTES

Notes

Signature and date
Checked by: _____