CAARS Self-Report Long Version Assessment

PATIENT INFORMATION

Name: _____ Date of Birth: _____ dd / mm / yyyy

Gender: _____ Date of Assessment: _____ dd / mm / yyyy

Clinical Provider: _____

CLINICAL HISTORY

Chief Complaint:

Presenting Symptoms:

Medical History:

Psychiatric History:

Current Medications:

BASELINE ASSESSMENT

Administer CAARS Self-Report Long Version:

SCORING AND INTERPRETATION

Scored the assessment according to CAARS guidelines:

Total ADHD Symptoms: _____ ADHD Index: _____

Inconsistency Index: _____

MULTIMODAL ASSESSMENT

Integrate information from other sources:

FOLLOW-UP ASSESSMENT PLAN

Scheduled follow-up assessment:

Timing: _____

Considerations for Follow-Up:

PATIENT FEEDBACK AND COLLABORATION

Sought patient feedback:

FUNCTIONAL IMPAIRMENT AND LONG-TERM MONITORING

Assessed impact on daily life:

TREATMENT PLAN ADJUSTMENT

Evaluated treatment effectiveness:

Documentation: