



ADHD INSTRUCTION SHEET

PLEASE READ THIS PAGE FOR INSTRUCTIONS

Included in this ADHD packet are the forms that need to be filled out for us to determine if we can provide your medication.

- 1) **(Request Form)**
To be completed by student and signed
- 2) **(History Form)**
To be filled out completely by student and signed
- 3) **(ADHD Treatment Documentation)**
Top portion ONLY is to be filled out by student. The rest needs to be completed by your previous provider who prescribed your ADHD medication(s), and/or diagnosed you. **(I will fax this form over to your last provider to be completed)**
- 4) **Authorization for Request of Confidential Information - R.O.I. / Medical Records Request form**
 - Must be filled out by student and signed and dated at the bottom. Leave the witness line blank.
 - **(This form will also be faxed and allows us to receive information from your previous prescriber(s) that you listed on the "Treatment Documentation" form) If you have more than one provider, please request an additional form. ((Reminder: All you need to do is fill out the forms, return to me, and I will take care of the rest))**.

RETURN ALL PAGES TO CAPS or...

FAX to... 520-621-0263

Cynthia Gomez - Medical Assistant

Phone: 520-626-7293

*When we have received your past records, I will
contact you through your patientlink to schedule your appointment.*





ADHD Treatment Services (Request form)
TO BE COMPLETED BY STUDENT

Student Name: _____ DOB: _____ Cell: _____

Address: _____ Student ID: _____

Please read and review the CAPS ADHD informational pamphlet before completing this form. Whenever possible... determine if your current provider is able to continue medication management while you are attending the University of Arizona.

If you have been diagnosed with ADHD and medications have been prescribed or recommended:

- Complete ADHD History Form
- Sign authorizations for your provider to send your ADHD treatment history to CAPS.
 - *Authorization for Request of Confidential Health Information*
 - *Permission for Telephone Consultation (optional)*
- Complete the top portion of the ADHD Treatment Documentation to be sent to provider.
- Request your provider to send treatment documentation, **OR** request that CAPS mail/fax the form for you.

The Medical Assistant will contact you once we have received your records to schedule a psychiatric evaluation and medication management appointment with a CAPS Psychiatry provider.

No previous diagnosis of ADHD:

Please complete the ADHD History Form with the symptoms you have that may be related to ADHD. Attach with this Treatment Request page and submit to the CAPS Psychiatry Medical Assistant. Your request will be reviewed, and you'll be contacted for further assessment as indicated.

Student Signature

Date of request

Contact: CAPS Psychiatry Medical Assistant
Phone: 520-626-7293 **Fax: 520-621-0263**