



Attention Deficit Hyperactivity Disorder (ADHD)

Purpose of this form:

- To support the diagnosis of Attention Deficit Hyperactivity Disorder (ADHD) and treatment with banned stimulant medication
- To complete and maintain (on file in the athletic training department) required documentation supporting the medical need for a student-athlete to be treated for **ADHD** with stimulant medication.
- This form and required documentation will be submitted to Drug Free Sport in the event the student-athlete tests positive for the banned stimulant (see Drug Testing Exceptions Procedures at www.ncaa.org/drugtesting).

To be completed by the Institution:

Institution Name: Lake Forest College

Institutional Representative Submitting Form:

Name: Michael Gilboe, MS, ATC

Title: Head Athletic Trainer

Email: gilboe@lakeforest.edu

Phone: 847.735.5296

Fax: 847.735.6057

Student-Athlete Name: _____

Student-Athlete Date of Birth: _____

To be completed by the Student-Athlete's Physician:

Treating Physician (print name): _____

Specialty: _____

Office address: _____

Physician signature: _____ Date: _____

Physician documentation (letter, medical notes) to include the following information:

- Diagnosis
- Medication(s) and dosage
- Blood pressure, pulse readings, and comments
- Note that alternative non-banned medications have been considered and comments
- Follow-up orders
- Date of clinical evaluation: _____

- Attach written report summary of comprehensive clinical evaluation:

Written report summary of comprehensive clinical evaluation:

- The evaluation should include individual and family history, address any indication of mood disorders, substance abuse, and previous history of **ADHD** treatment, and incorporate the DSM criteria to diagnose **ADHD**.
- Attach supporting documentation, such as completed **ADHD** Rating Scale(s) (e.g., Connors, ASRS, CAARS) scores.
- The evaluation can and should be completed by a clinician capable of meeting the Requirements detailed above.