**ADHD Intake & Pre-Assessment Worksheet**

**Client Full Name:**

**Preferred Pronouns:**

**Date of Birth:** **Age:**

**Contact Number:**

**Email Address:**

**Emergency Contact (Name & Number):**

**1️⃣ Reason for Seeking ADHD Assessment**

* What brings you to seek an ADHD assessment at this time?
* Have you noticed specific challenges with attention, organisation, or emotional regulation?

Other information such as main struggles faced:

**2️⃣ Current Symptoms & Experiences**

Tick any that apply:

☐ Difficulty focusing or sustaining attention
☐ Easily distracted or forgetful
☐ Restlessness or physical agitation
☐ Impulsive decisions or speech
☐ Emotional overwhelm or mood swings
☐ Trouble with time management or routines
☐ Sleep difficulties
☐ Sensory sensitivities (e.g. noise, texture, light)
☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3️⃣ Medication & Medical History**

* Are you currently taking any medication?
☐ Yes ☐ No
If yes, please list name, dosage, and purpose:
* Have you ever been prescribed medication for ADHD, anxiety, depression, or other mental health conditions?
☐ Yes ☐ No
If yes, please specify:
* Any known allergies or sensitivities to medication?
☐ Yes ☐ No
Details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Any history of neurological conditions, head injury, or developmental diagnoses?
☐ Yes ☐ No
Details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**4️⃣ Family & Developmental History**

* Were any ADHD traits noticed in childhood?
☐ Yes ☐ No
Examples: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Is there a family history of ADHD, autism, or other neurodivergent traits?
☐ Yes ☐ No
Details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Any significant early life events (e.g. trauma, bereavement, relocation)?
☐ Yes ☐ No
Details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**5️⃣ Education & Work**

* Current occupation or study status: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Have you experienced challenges in school, university, or work related to focus, organisation, or emotional regulation?
☐ Yes ☐ No
Details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**6️⃣ Mental Health & Emotional Wellbeing**

* Have you ever received counselling, psychotherapy, or psychiatric support?
☐ Yes ☐ No
Details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Do you currently experience anxiety, low mood, or trauma-related symptoms?
☐ Yes ☐ No
Details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Are there any emotional triggers or stressors you'd like us to be aware of?

**7️⃣ Additional Notes or Requests**

* Is there anything else you’d like us to know before your assessment?
* Do you have any access needs, cultural preferences, or language considerations?

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date Submitted:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_