

Understanding ADHD Patient Education Handout

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You deserve to be heard, believed and supported

WHAT IS ADHD, REALLY ?

Attention-Deficit/Hyperactivity Disorder (ADHD) is a brain-based condition that affects attention, impulse control and executive functioning. It is not caused by laziness, lack of intelligence, or poor motivation.

ADHD TYPES

ADHD exists on a spectrum and presents in three subtypes – and especially for women, it looks nothing like these stereotypes.

Inattentive type: Difficulty focusing, organizing and follow through. Often mistaken for anxiety or “spacing out”. The most common presentation for women.

Hyperactive-Impulsive type: Restlessness, talking excessively, acting without thinking, difficulty waiting. Often more visible, but less common in women.

Combined: Features both subtypes present together. The most commonly diagnosed presentation



ADHD AFFECT ON DAILY LIFE

Your clinician isn't just looking at today but also should be tracing patterns across your lifetime to understand how ADHD has shaped your experience.

Here's what your clinical history should include:

Early Patterns

Academic struggles, behavioral patterns, report card comments, social difficulties, or early signs of inattention.

Genetic History

ADHD, learning differences, anxiety, mood disorders, or substance use in close relatives

Life Functioning

Patterns of underachievement, job changes, missed deadlines, difficulty in structured environments

Co-occurring Conditions

Prior diagnoses of anxiety, depression, PTSD, eating disorders, or substance use – these commonly overlap with ADHD.

Body-Based Overlap

Sleep disorders, thyroid conditions, chronic pain, hypermobility (HEDS/HDS), POTS, MCAS, Histamine Intolerance, PMDD – conditions that can co-occur or mimic ADHD.

Hormonal Patterns

Whether symptoms worsen with your menstrual cycle, postpartum period, or perimenopause. Hormones are a critical and often missed piece.

HOW YOU LIVE MATTERS TO YOUR DIAGNOSIS

The details of your daily life tell a story. Your clinician will explore these areas to build a full, honest picture of how ADHD may be showing up in your life, such as:

Sleep

Racing thoughts at night, trouble with waking up in the middle of the night, non-restorative sleep or delayed sleep phase

Eating

Forgetting to eat, impulsive or emotional eating, caffeine dependency, or hyperfocus on certain food

Exercise

Reliance on movement to focus, difficulty with consistency, or high intensity activity as self-regulation.

Substances

Use of caffeine, nicotine, alcohol or cannabis to manage focus, calm racing thoughts or aid sleep.

Phone & Screens

Excessive scrolling, difficulty putting down devices, or doom scrolling as avoidance.

Relationships

Difficulty with conflict, people pleasing, overcommitting or withdrawing, sensitivity to criticism, social anxiety.

Work & Home Life

Unfinished projects, chronic lateness, difficulty keeping routines, cluttered environments, any feedback received from friends, colleagues or managers.

Coping Strategies

Lists, alarms, body-doubling, working late – adaptive strategies that can mask ADHD while exhausting you.

PREPARING FOR ADHD EVALUATION

The more information you bring to your appointment, the richer the picture your clinician can build.

Here's what helps:

Bring prior medical records

Previous psychiatric or psychological evaluations, IEP/504 plans from school or any prior ADHD testing

Note your patterns

Think back to childhood – ask a parent/guardian or sibling if possible.

What did your report cards say?

Did you struggle to finish homework?

List all medications

Include over the counter supplements, vitamins, herbal remedies and all prescription medications.

Track a Typical Week

Before your appointment, briefly note 3-5 specific situations where attention or executive function was hard for you.

Be Honest

There are no right or wrong answers. The more openly you share your experiences, the more accurate your evaluation will be.