VERIDIAN WELLNESS CLINICS

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ADHD ASSESSMENT REFERRAL FORM

PATIENT INFORMATION

First Name: _____

Last Name: _____

Date of Birth (mm/dd/yyyy): _____

Personal Health Number (PHN): _____

Province of PHN (Quebec PHN note accepted): _____

Sex: _____

Phone number: _____

Address (Street address, city, province, postal code):

_____

Email (Mandatory): _____

REFERRING PHYSICIAN INFORMATION

Name of referring physician: _____

BC MSP#: _____

Phone number: _____

Fax number: _____

Address: _____

Referrals with insufficient information will be sent back for correction

REASON FOR REFERRAL

☐ ADHD Assessment

Please note:

- At Veridian Wellness Clinics (VWC), we take a thorough and personalized approach to ADHD assessment and care. Because of this, we are unable to accept ADHD assessments from other clinics. If the patient has already been given the diagnosis of ADHD by another assessor, the patient is welcome to undergo a reassessment with us or continue care with the original provider.
- The ADHD assessment at VWC includes both psychiatric and psychological evaluations. The psychiatric assessment is covered by BC MSP, while the psychological assessment, conducted by a psychologist, is not covered by BC MSP, and currently costs $2,000. Patients will receive receipts, which may be used for reimbursement through extended health benefits or health spending accounts. Refer to the VWC website for the most updated fee which may be subject to change without notice: www.veridianwellnessclinics.com

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Narrative description of reason for referral (legibly handwritten or separately attached type notes OK):

PLEASE CHECK THE FOLLOWING TO ACKNOLWEDGE:

☐ The referring physician agrees to remain as MRP

☐ The patient has been informed that any cost for services not covered by BC MSP/Provincial Health Insurances is the responsibility of the patient

☐ The patient has been informed of missed appointment fee policy of the Veridian Wellness Clinics (refer to https://www.veridianwellnessclinics.com/), and aware that the rate of the missed appointment fees are subject to change without notice

☐ The Patient has signed the patient "VWC ADHD Assessment Patient Agreement Form" to be attached with the referral

☐ referring physician/NP agrees not to make referrals with the following elements: child & adolescents aged 19 and under), patients with major cognitive impairments, patients with psychosis, patients with complex care needs, patients with primary complaints in the areas of neurodevelopmental disorder such as autism or learning disabilities (except ADHD), sexual medicine, history of significant head trauma resulting in clinically significant functional decline, MCFD involvements, patients with on-going legal litigations/involvements, patients of no-fixed address, patients with primary personal disorders, patients with history of physical and verbal violence & aggressions

Referring physician signature: _____

Date of Referral: _____

Please fax all consultation request to the attention of:

Veridian Wellness Clinics

Fax: 6042275471

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ADHD ASSESSMENT PATIENT AGREEMENT FORM

*This form must be completed by the patient and sent along with the referral in order for the referral to be accepted and processed. Referrals without the ADHD Assessment Patient Agreement Form will be declined.

There is wide variability in the ADHD assessment process, with varying degree of quality and reliability; poor quality assessments may not be accepted by other clinicians or services[1]. It is known that relying solely on a patient interview for ADHD assessment has been found to be inadequate and is associated with low specificity and overdiagnosis[2]. The commonly used ADHD screener, the ASRS-V1.1, when used alone, has a low positive predictive value of 0.26, indicating that a positive result, more often than not, does not truly reflect an underlying diagnosis of ADHD, and necessitates further in-depth evaluation[3]. Further, in patients with comorbid mental health conditions, the ASRS-V1.1 is unable to differentiate whether symptoms stem from ADHD or other disorders such as depression, bipolar disorder, or alcohol use disorder[4–6]. To ensure diagnostic accuracy, the Veridian Wellness Clinics (VWC) ADHD Assessment employs a thorough process, combining psychiatric and psychological evaluations to determine whether a patient meets the DSM-5-TR diagnostic criteria for ADHD.

By checking the boxes, I acknowledge and agree to the following:

☐ I am aware of and agree to attend the Veridian Wellness Clinics (VWC) ADHD Assessment Group Information Session with other attendees to better understand the assessment process and determine if it is the right fit for me. Group Medical Visits are ethical and approved by BC MSP.

☐ I understand that the psychiatric assessment is covered under BC MSP, and I confirm that I have active BC MSP coverage for this portion of the assessment.

☐ I understand that the psychological component of the assessment is not covered by BC MSP and agree to pay the fee for this service. I understand that receipts will be provided for potential reimbursement through my own extended health benefits and/or health spending accounts. Refer to the VWC website for the most updated fee which may be subject to change without notice: www.veridianwellnessclinics.com

☐ I agree that late-cancellations & missed appointments will incur late-cancellation & missed appointment fees. Refer to the VWC website for the most updated fee which may be subject to change without notice: www.veridianwellnessclinics.com

☐ I understand and agree that the VWC ADHD assessment requires elementary school report cards (Grades K–7, with at least 3 grades or more if available) and collateral informants. If report cards are unavailable, I will inform VWC to determine on a case-by-case basis whether my assessment can proceed.

☐ I understand that ADHD assessments and diagnoses from other providers are not accepted by VWC. If I wish to seek ADHD care at VWC, I agree to undergo an ADHD assessment by VWC

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☐ I agree to treat all VWC staff and clinicians with respect and courtesy. I understand that any use of abusive language or behavior will result in an immediate discharge from VWC

By signing below, I understand and agree with all of the above. I will not sign the below if I do not agree.

Patient name: _____

Patient signature: _____

Date: _____

References

1. Adamou M, Arif M, Asherson P, et al. The adult ADHD assessment quality assurance standard. *Front Psychiatry*. 2024;15. doi:10.3389/fpsyt.2024.1380410

2. Marshall P, Hoelzle J, Nikolas M. Diagnosing Attention-Deficit/Hyperactivity Disorder (ADHD) in young adults: A qualitative review of the utility of assessment measures and recommendations for improving the diagnostic process. *Clin Neuropsychol*. 2021;35(1):165-198. doi:10.1080/13854046.2019.1696409

3. van de Glind G, van den Brink W, Koeter MWJ, et al. Validity of the Adult ADHD Self-Report Scale (ASRS) as a screener for adult ADHD in treatment seeking substance use disorder patients. *Drug Alcohol Depend*. 2013;132(3):587-596. doi:10.1016/j.drugalcdep.2013.04.010

4. Dunlop BW, Wu R, Helms K. Performance of the Adult ADHD Self-Report Scale-v1.1 in Adults with Major Depressive Disorder. *Behav Sci*. 2018;8(4):37. doi:10.3390/bs8040037

5. Reyes MM, Schneekloth TD, Hitschfeld MJ, Geske JR, Atkinson DL, Karpyak VM. The Clinical Utility of ASRS-v1.1 for Identifying ADHD in Alcoholics Using PRISM as the Reference Standard. *J Atten Disord*. 2019;23(10):1119-1125. doi:10.1177/1087054716646450

6. Perroud N, Cordera P, Zimmermann J, et al. Comorbidity between attention deficit hyperactivity disorder (ADHD) and bipolar disorder in a specialized mood disorders outpatient clinic. *J Affect Disord*. 2014;168:161-166. doi:10.1016/j.jad.2014.06.053