

# Attention-Deficit/Hyperactivity Disorder (ADHD) Diagnostic Process

**New or existing patient presenting with attention or behavioral symptoms;  
ADHD considered as possible diagnosis**

- Identify relevant symptoms and the timeline of development.
- Obtain and review any relevant reports/documentation such as:
  - Previous evaluations or ADHD rating scales
  - Prior interventions
  - Relevant school documentation, collateral reports, observations, medical records, or employment history

## Screening for evidence consistent with ADHD based on DSM-5-TR and within scope of practice

- 6 or more DSM-5-TR listed symptoms of either inattention and/or hyperactivity/impulsivity present in children 16 years or younger (in 2 or more settings)
  - Documentation of ADHD symptoms prior to 12 years of age
  - Symptoms presenting for >6 months
  - Symptoms interfere with, or reduce the quality of, social, academic, or occupational functioning
- 5 or more DSM-5-TR listed symptoms of either inattention and/or hyperactivity/impulsivity present in adolescents and adults 17 years or older (in 2 or more settings)
  - ADHD symptoms prior to 12 years of age
  - Symptoms presenting for >6 months
  - Symptoms interfere with, or reduce the quality of, social, academic, or occupational functioning

- Refer for specialized evaluation
- Explain the evaluation process to the caregiver/patient and address any questions

**Positive Screening and within scope of practice?**

**Negative Screening**

**Yes**

Explain the evaluation process to the caregiver/patient and address any questions

Conduct:

- Narrowband and/or broadband assessments to include multiple informants in multiple settings
- A thorough physical examination to rule out any medical causes of symptoms/behavior
- Interview regarding social situations and family history
- Additional mental health evaluations, interviews, or assessments for possible alternative diagnoses and/or coexisting conditions which may present overlapping symptoms with ADHD (SEE\* OVERLAPPING SYMPTOMS WITH ADHD for further details):
  - Developmental disorder
  - Learning disability
  - Past medical history
  - Trauma disorder
  - Anxiety disorder
  - Medical illness
  - Sleep disorder
  - Other potential conditions with overlapping symptoms

If not consistent with ADHD: attempt to identify any other possible causes of presenting behaviors and treat accordingly. If not within scope of practice, specialist referral/consultation may be warranted.

**No**

Confirmed diagnosis of ADHD?

**Yes**

- Educate caregivers/patients about nonpharmacologic treatment strategies and initiate where appropriate
- Evaluate if the patient is a candidate for pharmacological treatment. (See\* ADHD PHARMACOLOGICAL TREATMENT RECOMMENDATIONS)
- Ensure treatment of coexisting conditions.
- Refer to specialist, if needed, for more complex cases with increased severity of symptoms.

\* Please refer to A West Virginia Guide to Evidence-Informed Evaluation, Diagnosis, and Treatment of Attention-Deficit/Hyperactivity Disorder (ADHD) and comorbid Concerns (The WV ACC Guidelines), available at [www.WVADHD.org](http://www.WVADHD.org) for a full list of disclaimers (page 4) and references for the content contained in this handout.