**Mind Rejuvenation, LLC**
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# ADHD INTAKE

Name _____ DOB _____ Date _____

## What brings you in today?

What led you to seek an ADHD evaluation at this time? _____

Are you seeking treatment to improve attention, organization, or productivity? _____

When did you first begin noticing these difficulties? _____

What are you hoping will improve with treatment? _____

## DAILY FUNCTIONING AND EXECUTIVE SKILLS

**Please answer the following questions. If you answer "Yes", you may add a brief explanation.**

### Attention and Concentration

| Yes | No | |
|---|---|---|
| ☐ | ☐ | Do you often lose track of conversations or meetings because your mind drifts? |
| | | **Explain:** _____ |
| ☐ | ☐ | Do you find it difficult to stay mentally engaged when reading longer material such as books, reports, or articles? |
| | | **Explain:** _____ |
| ☐ | ☐ | Do you feel that your attention fluctuates significantly depending on the task or level of interest? |
| | | **Explain:** _____ |
| ☐ | ☐ | Do you rely on reminders, alarms, or notes to help maintain focus on tasks? |
| | | **Explain:** _____ |

### Organization and Planning

| Yes | No | |
|---|---|---|
| ☐ | ☐ | Do you use calendars, planners, or digital reminders to help manage daily responsibilities? |
| | | **Explain:** _____ |
| ☐ | ☐ | Do you frequently feel overwhelmed when managing multiple tasks or responsibilities? |
| | | **Explain:** _____ |
| ☐ | ☐ | Do you often feel unsure where to begin when faced with several tasks? |
| | | **Explain:** _____ |
| ☐ | ☐ | Do you depend on external systems (lists, apps, reminders) to stay organized? |
| | | **Explain:** _____ |

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## Task Initiation and Completion

| Yes | No | |
|---|---|---|
| ☐ | ☐ | Do you sometimes delay starting tasks even when you know they are important? |
| | | **Explain:** |
| ☐ | ☐ | Do you find that you work most effectively under pressure or near deadlines? |
| | | **Explain:** |
| ☐ | ☐ | Do you experience periods of intense productivity followed by difficulty sustaining effort? |
| | | **Explain:** |

## Time Awareness

| Yes | No | |
|---|---|---|
| ☐ | ☐ | Do you frequently underestimate how long tasks will take to complete? |
| | | **Explain:** |
| ☐ | ☐ | Do you find yourself running late even when you intend to be on time? |
| | | **Explain:** |
| ☐ | ☐ | Do you feel that managing time is more difficult for you than for others around you? |
| | | **Explain:** |

## Restless and Mental Activity

| Yes | No | |
|---|---|---|
| ☐ | ☐ | Do you feel that your thoughts move quickly from one topic to another? |
| | | **Explain:** |
| ☐ | ☐ | Do you find it difficult to mentally "turn off" your thoughts when trying to relax or sleep? |
| | | **Explain:** |
| ☐ | ☐ | Do you feel internally restless even when physically calm? |
| | | **Explain:** |

## Decision Making and Impulse Control

| Yes | No | |
|---|---|---|
| ☐ | ☐ | Do you sometimes make decisions quickly and reflect on them afterward? |
| | | **Explain:** |
| ☐ | ☐ | Have quick decisions ever created challenges at work, school, or in relationships? |
| | | **Explain:** |

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## Emotional Impact

| Yes | No | |
|---|---|---|
| ☐ | ☐ | Do attention or organization difficulties cause frustration or stress for you? |
| | | **Explain:** _____ |
| ☐ | ☐ | Have these difficulties affected your confidence or self perception? |
| | | **Explain:** _____ |

## Work or Academic Impact

| Yes | No | |
|---|---|---|
| ☐ | ☐ | Have attention or organizational challenges affected your performance at work or school? |
| | | **Explain:** _____ |
| ☐ | ☐ | Have teachers, supervisors, or coworkers commented on these challenges? |
| | | **Explain:** _____ |

## Childhood History

| Yes | No | |
|---|---|---|
| ☐ | ☐ | Were attention or organization difficulties present during childhood or school years? |
| | | **Explain:** _____ |
| ☐ | ☐ | Did teachers ever mention concerns about focus, behavior, or organization? |
| | | **Explain:** _____ |
| ☐ | ☐ | Did you receive tutoring, accommodations, or extra academic support? |
| | | **Explain:** _____ |

## Strengths and Hyperfocus

| Yes | No | |
|---|---|---|
| ☐ | ☐ | Do you sometimes become so focused on an activity that you lose track of time? |
| | | **Explain:** _____ |
| ☐ | ☐ | Are there tasks or environments where your focus is significantly better? |
| | | **Explain:** _____ |

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## Previous / Current ADHD Treatment

| Yes | No | |
|---|---|---|
| ☐ | ☐ | Have you previously been evaluated for ADHD? |
| | | **Explain:** |
| ☐ | ☐ | Have you used coaching, therapy, or accommodations related to attention challenges? |
| | | **Explain:** |

## Additional Information (Please add additional information you would like the provider to know.)

## SIGNATURE

**Signature of person completing form**

Name: _____ Signature: _____