



February 20, 2025

**Patient Name** YIM, Wing Nin  
**Date of Birth** August 9, 1990

Wing was assessed at the Adult ADHD Centre on February 20, 2025. Detailed and extensive questionnaires were completed for mood disorders, anxiety disorders, psychotic disorders, and ADHD. An interview was conducted by way of telemedicine and the details were documented in the usual manner.

This report is meant to provide our findings, opinions, and management recommendations.

## **IMPRESSION**

Meets the DSM-5 Diagnostic Criteria for Attention Deficit Hyperactivity Disorder (ADHD)

## **RECOMMENDATIONS**

### ➤ **Counselling and lifestyle:**

Wing has attended counselling and tried exercise to manage his symptoms.

We believe it would be helpful for Wing to continue counselling and/or consider coaching specializing in ADHD.

Recommendations and resources were reviewed for interventions at home, with schooling, and with relationships to improve his function.

### ➤ **Pharmacologic treatment options:**

It is our opinion that Wing's symptoms of Adult ADHD are significant and causing sufficient dysfunction that pharmacologic treatment is indicated.

Before prescribing psychostimulant medication, it is recommended to confirm that he has normal blood pressure and heart rate. If these are elevated, it would be advisable to control them before beginning psychostimulant medication.

We also advise auscultating the heart to confirm a regular heart rhythm. If an irregular rhythm is identified, following up with a 24-hour Holter monitor and/or a cardiac consultation is recommended before beginning the psychostimulant medication.

**As an amphetamine-based psychostimulant option, we recommend a trial of Vyvanse starting at 10mg per day. This can be titrated upwards 10mg every two weeks to a maximum daily dose of 60mg.**

**As a methylphenidate-based psychostimulant option, we recommend a trial of Focquest starting at 25mg per day. This can be titrated upwards every two weeks to 35mg, 45mg, 55mg, 70mg, 85mg, and then to a maximum daily dose of 100mg.**

**As an alternative methylphenidate-based psychostimulant, Concerta could be trialed starting at 18mg per day. This can be titrated upwards at two-week intervals to 27mg, 36mg, and then to a maximum daily dose of 54mg.**

**As a non-psychostimulant option, we recommend Strattera starting at 40mg per day. This can be titrated upwards every two weeks first to 60mg, 80mg, and then to a maximum daily dose of 100mg if needed.**

Wing should be monitored regularly for potential side effects such as hypertension, palpitations, arrhythmia, chest pain, increased anxiety, dry mouth, or rash. These side effects were explained to him today.

If an SSRI or an SNRI medication is being taken or will be taken in the future, it should be noted that there is an increased risk of serotonin syndrome when the medication is combined with a psychostimulant medication.

Our recommendation for all patients with ADHD is to reduce their use of any alcohol and cannabis products as they can interfere with the management of Adult ADHD. Similarly, we recommend the discontinuation of all recreational substance use.

## **SUMMARY OF QUESTIONNAIRES AND INTERVIEW**

### **➤ Chief complaints:**

Related to attention, Wing has problems with giving close attention to his work, overlooking details, sustaining attention on tasks/conversations, seeming to listen when spoken to directly as his mind is elsewhere, starting tasks, and finishing tasks. He is distracted by things around him and by thoughts that are unrelated to what he should be doing. Wing has difficulty organizing tasks, activities, and belongings. He avoids tasks that require sustained mental effort, loses things, and is forgetful in daily tasks and activities.

Additionally, he has symptoms associated with hyperactivity/impulsivity such as fidgeting, feeling restless, having difficulty doing activities quietly, and feeling as though he is “on the go.” Wing finds he talks excessively and blurts comments/opinions before another person has finished speaking.

### **➤ Other psychological symptoms:**

At this time, he does not have significant symptoms of anxiety, depressed mood, sleep disorder, eating disorder, or mania.

## **PAST MEDICAL HISTORY AND PSYCHOLOGICAL/PSYCHIATRIC HISTORY**

Wing reports that he was diagnosed with ADHD in 2023 in Hong Kong.

He has a history of dyslexia. He denies any MAO inhibitor use, glaucoma, untreated hypothyroidism, untreated hypertension, irregular heart rhythm, fast heart rhythm, chest pain, fainting, palpitations, or arteriosclerosis.

## **MEDICATION HISTORY**

Wing is not taking any medication at the current time and did not report any medication allergies.

Previous medication: Ritalin.

## **MOTHER’S PREGNANCY WHEN PREGNANT WITH PATIENT, DEVELOPMENTAL HISTORY, ELEMENTARY, SECONDARY, AND POST-SECONDARY EDUCATION**

History obtained was found to be consistent with a diagnosis of childhood ADHD.

## **FAMILY HISTORY**

There is no known diagnosis of ADHD in the family.

## **PERSONAL, FAMILY RELATIONSHIP, AND SCHOOL/WORK FUNCTION**

Wing reports that his ADHD symptoms are negatively impacting his family, work, schooling, life skills, self-concept, and social activities.

He makes it hard for the family to have fun together. Wing has difficulty taking care of the family and balancing his needs against those of the family.

With work, Wing is often late and struggles with attendance. He has problems with performing the required duties, getting his work done efficiently, and taking on new tasks. Wing is receiving poor performance evaluations and has been dismissed from jobs.

With schooling, he is often late for class. Wing has difficulty with taking notes, completing assignments, and getting work done efficiently. He is receiving inconsistent grades.

Related to life skills, Wing uses the internet/electronic devices in excess. He has problems with getting ready to leave the house, getting to bed, sleeping, and nutrition. He also has difficulty keeping up with household chores, managing money, and keeping regular appointments.

In terms of self-concept, he feels bad about himself, frustrated with himself, and discouraged.

Related to social activities, Wing often says inappropriate things and struggles with keeping friends.

## **SLEEP CONSULTATION**

As sleeping well is an important aspect of ADHD management, a 60-minute group sleep consultation appointment is available at [www.sleep-works.com](http://www.sleep-works.com)

1. Go to [Sleep Support for ADHD](#)
2. Select "Check Next Availability" to see upcoming sessions
3. Select "Next" under appointment date and register

A group consultation and a personalized sleep plan will be provided.

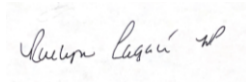
## **ACCOMMODATIONS**

- **If academic accommodation is to be pursued now or in the future, we suggest:**
  - Writing tests and exams in a separate, quiet room;
  - Receiving one and one-half times the normal length of time to write regular and standardized tests and exams;
  - Take short movement breaks during long exams;
  - Be provided more time to complete assignments, term papers, and projects;
  - Be permitted to audio-record lectures or be permitted a note-taker.
- **For current or future occupational activities, we suggest:**
  - Choose a quiet work area away from distractions;
  - For certain tasks, work in an office in which the door can be closed;
  - Use noise-canceling headphones to reduce noise distractions;
  - Declutter the working space to limit visual distractions;
  - Organize multiple shorter meetings, rather than a single long meeting;
  - Audio record meetings or have a note taker during meetings/lengthy conversations to allow for reflection on instructions, due dates, etc.;
  - Have bi-weekly informal check-ins with the supervisor/manager to assist with time management of tasks/projects;
  - List daily, weekly, and monthly tasks/goals;
  - Use whiteboards, apps, spreadsheets, lists, and project management software to stay organized.

For additional ADHD management information and resources, please go to [www.adultadhdcentre.com](http://www.adultadhdcentre.com).

If clarification of this report is required, please contact us at [ADHD@adultadhdcentre.com](mailto:ADHD@adultadhdcentre.com).

Sincerely,



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**Raelyn Lagace MN-NP**  
*Nurse Practitioner - ADHD Consultant*



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**Dr. A. Parhar, BEd, MEd, PhD**  
*Educational Director*

*This consultation report has been electronically reviewed and authenticated to expedite its completion. If you find any grammatical or other errors, please contact our office.*