

Wender Utah Rating Scale (WURS) Evaluation

Patient Information

Name: _____

Date of Birth: _____

Gender: _____

Date of Assessment: _____

Referring Physician: _____

Primary Concerns:

Background Information

Medical History:

Psychiatric History:

Family History:

Educational/Work History:

Wender Utah Rating Scale (WURS) Assessment

WURS Form Version: _____

Instructions to Patient:

Scoring

Score Range	Interpretation
0 - 45	Low likelihood of childhood ADHD
46 - 59	Moderate likelihood of ADHD
60 and above	High likelihood of childhood ADHD

Total Score: _____

Cutoff Score Interpretation:

Clinical Interview

Review of Symptoms:

Impact on Daily Functioning:

Additional Observations:

Diagnostic Considerations

Comparison with DSM-5 Criteria:

Cross-Setting Analysis:

Recommendations

Further Evaluation:

Treatment Options:

Follow-Up Plan:

Patient Education

Explanation of Diagnosis:

Treatment Rationale:

Resources and Support:

Patient Acknowledgment

Patient's Understanding:

Consent for Treatment:

Follow-Up Appointment

Scheduled Date and Time: _____

Purpose: