

New ADHD medication?

Follow-up visits are recommended.

Next appointment for _____
(child's name)

Date of visit: _____ Time: _____

Provider: _____

Parents/Guardians:

ADHD medication is a stimulant that requires close monitoring. It is important to return to our office for your child to be seen by the prescribing doctor within 30 days or less of starting a new ADHD medicine. After that it is recommended that your child see the doctor at least two more times in the nine months following their first checkup.

What happens at the 30-day appointment?

Medication works differently in every child. We will review the following:

- Child's height, weight, pulse, and blood pressure.
- Medication side effects
- Attention and behavior issues at home and school

Fill out this form on the day of your child's next visit.

ADHD medication, include dose and time(s) of day taken:

1. _____
2. _____

Attention related issues: My child often....

- | | |
|---|---|
| <input type="checkbox"/> makes careless mistakes on his schoolwork. | <input type="checkbox"/> avoids tasks that require focused and sustained attention, such as homework. |
| <input type="checkbox"/> has trouble paying attention to instructions and/or concentrating on daily activities. | <input type="checkbox"/> has difficulty organizing activities. |
| <input type="checkbox"/> does not seem to listen. | <input type="checkbox"/> loses things, such as school supplies. |
| <input type="checkbox"/> does not finish tasks, such as chores and/or homework. | <input type="checkbox"/> is distracted by noises |
| | <input type="checkbox"/> is forgetful. |

Behavior related issues: My child often...

- | | |
|---|---|
| <input type="checkbox"/> has problems sitting still, constantly fidgeting or squirming. | <input type="checkbox"/> seems to always be "on the go." |
| <input type="checkbox"/> leaves their seat in school when they're not supposed to. | <input type="checkbox"/> talks too much for a given situation or blurts out answers when not called on. |
| <input type="checkbox"/> runs around and climbs on things. | <input type="checkbox"/> has difficulty waiting for their turn in games. |
| <input type="checkbox"/> has trouble playing quietly. | <input type="checkbox"/> interrupts others in conversations. |

Medication side effects

Most side effects of stimulant medications are minor and usually related to the amount of medication taken. Higher doses cause more side effects. Mark any of these common side effects your child is experiencing:

- | | |
|---|---|
| <input type="checkbox"/> Decreased appetite | <input type="checkbox"/> Stomach aches |
| <input type="checkbox"/> Problems sleeping | <input type="checkbox"/> Tics |
| <input type="checkbox"/> Nausea | <input type="checkbox"/> Rebound (irritability when the medication wears off) |
| <input type="checkbox"/> Dizziness | <input type="checkbox"/> Headaches |
| <input type="checkbox"/> Nervousness | <input type="checkbox"/> Other (please explain) |
| <input type="checkbox"/> Increased anxiety | |
| <input type="checkbox"/> Irritability | |

Additional notes on the child's performance

...at home (i.e. ability to do homework, chores, interaction with family, friends, etc.)?

...at school (i.e. grades, test performance, discipline issues, etc.)?

List any concerns the child's teacher has related to ADHD:

Does your child have an IEP or 504 Plan in place at school? ☐ Yes ☐ No

If yes, list the modifications in place:

Does your child see any other clinicians (psychologist, counselor, therapist, etc.)? ☐ Yes ☐ No

If yes, list the clinician's name and role:
