<u>Follow-up</u> Medication Form for Parents **Patient Name: _____**
Date: ___/___/___ **DOB: ___/___/___**

Starting Medication: _____ Dose: ___ mg @ ____

We wish to provide you with a list of things to watch for as you observe the response to medication. This will help determine the best time to give medication and what dose to use.
Have you noted any difference between the morning and evening?

_____

Homework/Projects:
Are homework/home projects being completed? Yes / No
Is there much difficulty completing homework or projects? Yes / No

ADHD Progress Report – 0 = not at all, 1 = sometimes, 2 = mostly, 3 = constantly

DATE……DATE **DOSE ……DOSE**	__/__/__ _____	__/__/__ _____	__/__/__ _____	__/__/__ _____
1. Restless or overactive	**0 1 2 3**	**0 1 2 3**	**0 1 2 3**	**0 1 2 3**
2. Excitable, impulsive	**0 1 2 3**	**0 1 2 3**	**0 1 2 3**	**0 1 2 3**
3. Fails to finish things s/he starts	**0 1 2 3**	**0 1 2 3**	**0 1 2 3**	**0 1 2 3**
4. Inattentive, easily distracted	**0 1 2 3**	**0 1 2 3**	**0 1 2 3**	**0 1 2 3**
5. Temper outbursts	**0 1 2 3**	**0 1 2 3**	**0 1 2 3**	**0 1 2 3**
6. Fidgeting	**0 1 2 3**	**0 1 2 3**	**0 1 2 3**	**0 1 2 3**
7. Disturbs other children	**0 1 2 3**	**0 1 2 3**	**0 1 2 3**	**0 1 2 3**
8. Demands must be met immediately, easily frustrated	**0 1 2 3**	**0 1 2 3**	**0 1 2 3**	**0 1 2 3**
9. Mood changes quickly and drastically	**0 1 2 3**	**0 1 2 3**	**0 1 2 3**	**0 1 2 3**
SIDE EFFECTS				
10. Appetite loss	**0 1 2 3**	**0 1 2 3**	**0 1 2 3**	**0 1 2 3**
11. Worried, anxious	**0 1 2 3**	**0 1 2 3**	**0 1 2 3**	**0 1 2 3**
12. Picking at skin or fingers, nail biting, cheek chewing	**0 1 2 3**	**0 1 2 3**	**0 1 2 3**	**0 1 2 3**
13. Stomachaches	**0 1 2 3**	**0 1 2 3**	**0 1 2 3**	**0 1 2 3**
14. Headaches	**0 1 2 3**	**0 1 2 3**	**0 1 2 3**	**0 1 2 3**
15. Trouble sleeping	**0 1 2 3**	**0 1 2 3**	**0 1 2 3**	**0 1 2 3**

<u>Follow-up</u> Medication Form for School/Work **Patient Name: _____**
Date: ___/___/___ **DOB: ___/___/___**
Completed by: _____

Dear School/Employer:

The above named patient has been diagnosed with Attention Deficit/Hyperactivity Disorder. We need your input to determine if the current treatment program is effective. Please rate the following, comparing the patient to others of the same age and gender. Please fill out and return to:

_____
PLEASE ENTER NAME OF DOCTOR
Four Seasons Pediatrics * 532 Moe Road * Clifton Park, NY 12065 * Telephone 383-2425

We wish to provide you with a list of things to watch for as you observe the response to medication. This will help determine the best time to give medication and what dose to use.
Have you noted any difference between the morning and evening?
_____

Homework/Projects:
Are homework/home projects being completed? Yes / No
Is there much difficulty completing homework or projects? Yes / No

ADHD Progress Report – 0 = not at all, 1 = sometimes, 2 = mostly, 3 = constantly

DATE……DATE	__/__/__	__/__/__	__/__/__	__/__/__
DOSE ……DOSE				
1. Restless or overactive	**0 1 2 3**	**0 1 2 3**	**0 1 2 3**	**0 1 2 3**
2. Excitable, impulsive	**0 1 2 3**	**0 1 2 3**	**0 1 2 3**	**0 1 2 3**
3. Fails to finish things s/he starts	**0 1 2 3**	**0 1 2 3**	**0 1 2 3**	**0 1 2 3**
4. Inattentive, easily distracted	**0 1 2 3**	**0 1 2 3**	**0 1 2 3**	**0 1 2 3**
5. Temper outbursts	**0 1 2 3**	**0 1 2 3**	**0 1 2 3**	**0 1 2 3**
6. Fidgeting	**0 1 2 3**	**0 1 2 3**	**0 1 2 3**	**0 1 2 3**
7. Disturbs other children	**0 1 2 3**	**0 1 2 3**	**0 1 2 3**	**0 1 2 3**
8. Demands must be met immediately, easily frustrated	**0 1 2 3**	**0 1 2 3**	**0 1 2 3**	**0 1 2 3**
9. Mood changes quickly and drastically	**0 1 2 3**	**0 1 2 3**	**0 1 2 3**	**0 1 2 3**
SIDE EFFECTS				
10. Appetite loss	**0 1 2 3**	**0 1 2 3**	**0 1 2 3**	**0 1 2 3**
11. Worried, anxious	**0 1 2 3**	**0 1 2 3**	**0 1 2 3**	**0 1 2 3**
12. Picking at skin or fingers, nail biting, cheek chewing	**0 1 2 3**	**0 1 2 3**	**0 1 2 3**	**0 1 2 3**
13. Stomachaches	**0 1 2 3**	**0 1 2 3**	**0 1 2 3**	**0 1 2 3**
14. Headaches	**0 1 2 3**	**0 1 2 3**	**0 1 2 3**	**0 1 2 3**
15. Trouble sleeping	**0 1 2 3**	**0 1 2 3**	**0 1 2 3**	**0 1 2 3**