

**2017 Follow-up  
Med Form for Parents**

**Patient Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**DOB** \_\_\_\_\_

Medication: \_\_\_\_\_ Dose: \_\_\_\_\_ mg @ \_\_\_\_\_  
                  \_\_\_\_\_ Dose: \_\_\_\_\_ mg @ \_\_\_\_\_  
                  \_\_\_\_\_ 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.

**Please give us 10 days advance notice for medication refills, so that we can review your file.**

Please make sure this form is filled out and returned to our office BEFORE the next appointment.

<b>Main Effects on Behavior:</b>	Worse	No Change	Improved a little	Improved a lot
Staying on task	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attention Span	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acting before thinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restlessness/Fidgety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Response to feedback	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School/Work performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relating to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Other Observations:**                      Comments (Please add where you have noted changes)

Appetite loss \_\_\_\_\_  
Headaches, Abdominal Pain \_\_\_\_\_  
Difficulty Sleeping \_\_\_\_\_  
Slowed down, spacey \_\_\_\_\_  
Moodiness, irritability \_\_\_\_\_  
Repeated nervous habits \_\_\_\_\_  
Sadness, withdrawal \_\_\_\_\_

**Have you noted any difference between the morning and evening?** \_\_\_\_\_

**Homework/Projects:**

Are homework/home projects being completed? \_\_\_\_\_  
Is there much difficulty completing homework or projects? \_\_\_\_\_  
How long does it take for the assignment to be completed? \_\_\_\_\_

**Are there any significant stresses that are new at this time?** \_\_\_\_\_

**PLEASE ANSWER QUESTIONS ON OPPOSITE SIDE!**

## ADHD Rating Scale IV – Home Version

	Never	Sometimes	Often	Always
1. Fails to give close attention to details or makes careless mistakes in school work, work, or other activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Fidgets with hands or feet or squirms in seat?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Has difficulty sustaining attention in tasks or play activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Leaves the seat in class or in other situations in which remaining seated is expected?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Does not seem to listen when spoken to directly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Runs about or climbs excessively in situations in which it is inappropriate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Does not follow through on instructions or finish schoolwork, chores, or work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Has difficulty playing or engaging in leisure activities quietly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Has difficulty organizing tasks and activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Seems driven by a motor or always on the go?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Avoids, dislikes, or seems reluctant to engage in tasks that require sustained mental effort such as schoolwork or home work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Talks excessively?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Loses things necessary for tasks or activities (toys, school assignments, pencils, books, tools)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Blurts out answers before the question is completed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Is easily distracted by things that go on around him?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Has difficulty waiting turns?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Is forgetful in daily activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Interrupts or intrudes on others (butt into conversations or games)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Inattention = \_\_\_\_\_      2 Std Dev = \_\_\_\_\_      Hyp-Imp = \_\_\_\_\_      2 Std Dev = \_\_\_\_\_  
 Combined = \_\_\_\_\_      2 Std Dev = \_\_\_\_\_

**Comments:** \_\_\_\_\_