

Instructions for your ADD/ADHD follow-up visit

Dear Parent (s):

Your child with ADD/ADHD has been scheduled for a follow-up visit to review his/her progress. To make this visit as helpful as possible, we have several things to share with you prior to this appointment:

1. We strongly recommend that you continue your child's ADD/ADHD care with the same physician—usually the one who originally diagnosed the ADD/ADHD or the one who has seen you most for this condition. If we have not scheduled your appointment with this physician, please call and allow us to re-schedule to better help your child.
2. Enclosed are one parent and one teacher follow-up sheets. Please photocopy the sheets as needed and have each parent and teacher complete them separately one week prior to this appointment for review with the doctor. We will not be able to adequately assess your child's progress without the forms. We may have to re-schedule the appointment if they are not available at the time of the visit.
3. Please complete the "ADD/ADHD Follow-up Visit" sheet and bring to your appointment.
4. **As a reminder, refills on ADD/ADHD medications require a 7-day notification.** We do this to insure your doctor will be the one reviewing and signing your refill request. This will result in better ongoing care of your child.

Thank you for your confidence in our practice and the trust you place in us with your children.

Sincerely,

The Carithers Pediatric Group Physicians

ADD/ADHD Follow-up visit

Thank you for returning to check the progress of your child's ADD/ADHD. Please complete this sheet prior to your visit.

Does your child experience any of the following symptoms while on the ADD/ADHD medicine (please check):

- | | |
|---|---|
| <input type="checkbox"/> Frequent headaches | <input type="checkbox"/> Appears dazed |
| <input type="checkbox"/> Frequent belly ache | <input type="checkbox"/> Rebound hyperactivity |
| <input type="checkbox"/> Difficulty falling asleep | when medicine wears off |
| <input type="checkbox"/> Poor appetite | <input type="checkbox"/> Anger problems |
| <input type="checkbox"/> Weight loss | <input type="checkbox"/> Physically hurting others or |
| <input type="checkbox"/> Cries easily | animals |
| <input type="checkbox"/> Tics (habit such as clearing throat, sniffing, or body movement) | <input type="checkbox"/> irritability |
| <input type="checkbox"/> Nervousness/picking at fingers | <input type="checkbox"/> Appears sad |
| <input type="checkbox"/> Emotional | |

Social History:

- *Any changes in living environment (moved, divorce, new family member)? _____
- _____
- *Does your child have friends? _____
- *Is your child socially withdrawn? _____
- *Does your child have a difficult time keeping friends? _____
- *Does your child play any sports? _____ Which ones? _____

School History:

- *Name of school _____
- *Grade level _____
- *Specify report card grades for each class since last seen _____
- _____
- _____
- *Does the medicine seem to wear off at school? _____ What time? _____
- *After school care? _____ What time does he arrive home? _____
- *Any special assistance at school-explain: _____
- _____
- *Any after school assistance/tutoring-explain: _____
- _____

NICHQ Vanderbilt FOLLOW-UP – PARENT Informant

Today's date: _____ Child's Name: _____ Date of Birth: _____ Parent's Name: _____
 Parent's Phone Number: _____

Directions: Each rating should be considered in the context of what is appropriate for the age of your child. Please think about your child's behaviors in the past _____ when rating his/her behaviors.

Is this evaluation based on a time when the child was on medication was not on medication not sure?

	Never	Occasionally	Often	Very Often
SYMPTOMS				
1. Does not pay attention to details or makes careless mistakes with, for example, homework	0	1	2	3
2. Has difficulty keeping attention to what needs to be done	0	1	2	3
3. Does not seem to listen when spoken to directly	0	1	2	3
4. Does not follow through when given directions and fails to finish activities (not due to refusal or failure to understand)	0	1	2	3
5. Has difficulty organizing tasks and activities	0	1	2	3
6. Avoids, dislikes, or does not want to start tasks that require ongoing mental effort	0	1	2	3
7. Loses things necessary for tasks or activities (toys, assignments, pencils, or books)	0	1	2	3
8. Is easily distracted by noises or other stimuli	0	1	2	3
9. Is forgetful in daily activities	0	1	2	3
10. Fidgets with hands or feet or squirms in seat	0	1	2	3
11. Leaves seat when remaining seated is expected	0	1	2	3
12. Runs about or climbs too much when remaining seated is expected	0	1	2	3
13. Has difficulty playing or beginning quiet play activities	0	1	2	3
14. Is "on the go" or often acts as if "driven by a motor"	0	1	2	3
15. Talks too much	0	1	2	3
16. Blurts out answers before questions have been completed	0	1	2	3
17. Has difficulty waiting his/her turn	0	1	2	3
18. Interrupts or intrudes in on others' conversations and/or activities	0	1	2	3

Total Symptom Score for question #'s 1-18: _____

PERFORMANCE	Excellent	Above Average	Average	Somewhat of a Problem	Problematic
19. Overall School Performance	1	2	3	4	5
20. Reading	1	2	3	4	5
21. Writing	1	2	3	4	5
22. Mathematics	1	2	3	4	5
23. Relationship with parents	1	2	3	4	5
24. Relationship with siblings	1	2	3	4	5
25. Relationship with peers	1	2	3	4	5
26. Participation in organized activities (e.g., teams)	1	2	3	4	5

Average Performance Score for question #'s 19-26: _____

NICHQ Vanderbilt Assessment Follow Up –TEACHER Informant

Teacher’s Name: _____ Class Time: _____ Class Name/Period: _____

Today’s Date: _____ Child’s Name: _____ Grade Level: _____

Directions: Each rating should be considered in the context of what is appropriate for the age of the child you are rating and should reflect that child’s behavior since the beginning of the school year. Please indicate the number of weeks or months you have been able to evaluate the behaviors: _____.

Is this evaluation based on a time when the child was on medication was not on medication not sure?

SYMPTOMS	Never	Occasionally	Often	Very Often
1. Does not pay attention to details or makes careless mistakes with, for example, homework	0	1	2	3
2. Has difficulty keeping attention to what needs to be done	0	1	2	3
3. Does not seem to listen when spoken to directly	0	1	2	3
4. Does not follow through when given directions and fails to finish activities (not due to refusal or misunderstanding)	0	1	2	3
5. Has difficulty organizing tasks and activities	0	1	2	3
6. Avoids, dislikes, or does not want to start tasks that require ongoing mental effort	0	1	2	3
7. Loses things necessary for tasks or activities (toys, assignments, pencils, or books)	0	1	2	3
8. Is easily distracted by noises or other stimuli	0	1	2	3
9. Is forgetful in daily activities	0	1	2	3
10. Fidgets with hands or feet or squirms in seat	0	1	2	3
11. Leaves seat when remaining seated is expected	0	1	2	3
12. Runs about or climbs too much when remaining seated is expected	0	1	2	3
13. Has difficulty playing or beginning quiet play activities	0	1	2	3
14. Is “on the go” or often acts as if “driven by a motor”	0	1	2	3
15. Talks too much	0	1	2	3
16. Blurts out answers before questions have been completed	0	1	2	3
17. Has difficulty waiting his/her turn	0	1	2	3
18. Interrupts or intrudes in on others’ conversations and/or activities	0	1	2	3

Total Symptom Score for question #'s 1-18: _____

PERFORMANCE	Excellent	Above Average	Average	Somewhat of A Problem	Problematic
19. Reading	1	2	3	4	5
20. Mathematics	1	2	3	4	5
21. Written Expression	1	2	3	4	5
22. Relationship with peers	1	2	3	4	5
23. Following Direction	1	2	3	4	5
24. Disrupting Class	1	2	3	4	5
25. Assignment Completion	1	2	3	4	5
26. Organizational Skills	1	2	3	4	5

Average Performance Score: _____