

ADHD Medication Treatment Agreement

Your child has been diagnosed with Attention Deficit Hyperactivity Disorder (ADHD). Medications used for the treatment of ADHD are often controlled substances, the prescription of which is tightly controlled by state/federal law.

In order to provide the best care for your child, we follow these guidelines for treatment:

1. **After beginning treatment, the patient will follow up in two weeks.**

We need to be sure that your child does not experience adverse effects and

determine whether medication is working appropriately.

1. **Following this initial phase, the patient will follow up every 3 months to continue treatment.** We must monitor your child’s growth, appetite, and blood pressure closely while taking ADHD medication. If you feel that you would like to be checked more often than this, speak with the provider.
2. If your child needs a prescription three months or more after the last prescription was filled, this will be considered a **new** prescription and must be **followed up by a visit within 2 weeks**. Keep this in mind if you plan to take a “treatment holiday” over the summer.
3. Medication prescriptions cannot be mailed nor faxed. The prescriptions must be sent electronically to a pharmacy per Connecticut state law.
4. Please contact our office if your child encounters any adverse effects that you feel may be due to the prescribed medications.
5. If you suspect any inappropriate use or abuse of this medication, please contact us.
6. Any requests for a change in prescribed medication will require a visit to determine the appropriateness of a medication change and to issue any new prescriptions.
7. Notify our office promptly in the event that the prescribed medication is lost, stolen or destroyed. We will need to evaluate such an occurrence thoroughly prior to the issuance of a replacement prescription.
8. Parents; if your child normally receives prescriptions from another provider but you need us to provide a prescription to fill a gap in care (for example, the other provider is on vacation), we will check with the other provider to ensure that your child’s follow up with him/her is appropriate.
9. We reserve the right to perform a drug screen test (to monitor for multiple substance use) at any time. You will be informed if such a screening is to be done.

We are here to help in any way possible. By working together, we can have the best results!

I have read the above ADHD treatment guidelines. I understand that failure to follow the above guidelines may result in the inability of the clinicians to continue treatment for ADHD.

Patient Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Patient Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_