

ADHD Follow-Up Visit

Date _____	Name _____	DOB _____	Age _____ year
------------	------------	-----------	----------------

<u>Current Medication(s)</u>	<u>Dose</u>	<u>Frequency</u>	<u>General Compliance</u>
◆ _____	_____	_____	Yes / No
◆ _____	_____	_____	Yes / No
◆ _____	_____	_____	Yes / No

Does your child experience any of the following symptoms while on the ADD/ADHD medicine? [Please check all that apply ☒]

- | | | |
|--|--|---|
| <input type="checkbox"/> Frequent headaches | <input type="checkbox"/> Frequent stomachaches | <input type="checkbox"/> Difficulty falling asleep |
| <input type="checkbox"/> Poor appetite | <input type="checkbox"/> Weight loss | <input type="checkbox"/> Appears dazed |
| <input type="checkbox"/> Rebound hyperactivity | <input type="checkbox"/> Palpitations | <input type="checkbox"/> Nervousness/Picking at fingers |
| <input type="checkbox"/> Emotional | <input type="checkbox"/> Appears sad/Cries easily | <input type="checkbox"/> ↑ Irritability |
| <input type="checkbox"/> Anger problems | <input type="checkbox"/> Physically hurting others | <input type="checkbox"/> Tics (clearing throat, sniffing, or body movement) |

Social History:

- | | |
|----------|---|
| Yes / No | Any changes in living environment (moved, divorce, new family member)?
If yes, please explain: _____ |
| Yes / No | Does your child have friends? _____ |
| Yes / No | Is your child socially withdrawn? _____ |
| Yes / No | Does your child have a difficult time keeping friends? _____ |
| Yes / No | Does your child participate in any sports?
If yes, please explain: _____ |

School History:

Name of school: _____ Grade level: _____

Check if appropriate: ☐ 504 Plan ☐ IEP

Specify report card grades for each class since last seen:

_____	_____	_____	_____
_____	_____	_____	_____

- | | |
|----------|--|
| Yes / No | Does the medication seem to wear off at school? If yes, what time? _____ |
| Yes / No | Does your child have after school care? If yes, what time do they arrive home? _____ |
| Yes / No | Any after school assistance/tutoring? If yes, please explain: _____ |

QUESTIONNAIRE COMPLETED BY: _____