GARDNER
Packard Children's Health Center

CLINIC VISITS • ADHD ENCOUNTER

Medical Record Number

Patient Name

Addressograph or Label

IDENTIFICATION: **Language:** ❑ **Interpreter** ❑ **Provider speaks language**

INITIAL VISIT

CONCERNS/SYMPTOMS:

Age of onset:

Symptoms/ problems at home:

Symptoms/problems at school:

FOLLOW UP VISIT

DATE OF INITIAL ADHD DIAGNOSIS:

ADHD TYPE:
- ❑ Inattentive
- ❑ Hyperactive/Impulsive
- ❑ Combined

CURRENT MEDICATIONS:

ADHD MEDICATIONS USED PREVIOUSLY:

DATE OF STARTING MEDICATION OR LAST MEDICATION CHANGE:

CHANGES, PROGRESS SINCE LAST VISIT
Review follow up Vanderbilt scales if available

MEDICATION SIDE EFFECTS, CONCERNS:
(See specific items under review of systems)

BARRIERS TO TREATMENT
- ❑ Home/social /environmental
- ❑ School

Wt. _____kg (%ile) ❑ **tracking**

Ht. _____cm (%ile) ❑ tracking

BMI _____kg/m^2 (%ile) ❑ tracking

T_____ P_____ RR_____ BP_____ (%ile)

IMMUNIZATIONS:
- ❑ Up to date

ALLERGIES:
- ❑ No known drug allergies
- ❑ No known food, environmental allergies

PAST MEDICAL HISTORY/COMORBID CONDITIONS:

FAMILY HISTORY:
- ❑ ADHD
- ❑ Psychiatric illness
- ❑ Drug abuse, addiction
- ❑ Cardiac disease

NUTRITION, ACTIVITY:
- ❑ Dietary restrictions
- ❑ Supplements
- ❑ Caffeine intake
- ❑ Physical activity
- ❑ Screen time

SLEEP:
- ❑ Timing
- ❑ Quality
- ❑ Snoring

FAMILY STRUCTURE, PRIMARY CARETAKER(S):

SCHOOL
Grade
Name of school, primary teacher :

INDIVIDUALIZED EDUCATIONAL PLAN (IEP):
- ❑ Not yet requested
- ❑ Requested, evaluation, planning in progress.
- ❑ Section 504 plan in place
- ❑ IEP in place; last reviewed (date) _____
- ❑ Obstacles to obtaining services through school

SOCIAL/ENVIRONMENTAL SCREENING
- ❑ Food insecurity
- ❑ Housing concerns
- ❑ Domestic violence, concerns about safety
- ❑ Other stressors
- ❑ Guns in the home
- ❑ Tobacco exposure

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TARGETED REVIEW OF SYSTEMS:	Negative	
Constitutional	❑	❑ Appetite changes
HEENT	❑	❑ Snoring ❑ Allergic rhinitis
GI/Liver	❑	❑ Abdominal pain
Neurologic	❑	❑ Headache ❑ Tics, tremors, repetitive movements
Development/Behavior	❑	❑ Sleep disturbance ❑ Social withdrawal ❑ Dull, tired, listless ❑ Sad ❑ Irritable ❑ Hallucinations

PHYSICAL EXAM	Normal	Abnormal
General	❑ well-appearing	❑
HEENT:	❑ OP clear, TM's normal, **nasal turbinates normal**, **tonsils normal**	❑
CV	❑ RRR, no murmurs, NI S_1 & S_2, good femoral pulses	❑
Chest	❑ clear, symmetric, no signs of respiratory distress	❑
Abdomen	❑ soft, no hepatosplenomegaly, no masses	❑
Neuro	❑ normal, no deficits	❑

ASSESSMENT

❑ Concern for ADHD
❑ Meets DSM criteria for ADHD -- ❑ Hyperactive ❑ Inattentive ❑ Combined
❑ Doing well, no significant side effects on current medication/dose, no obstacles to treatment

PLAN:

❑ Parent and teacher to complete Vanderbilt scales (initial or follow up)

❑ Treatment options
- 4-5 years: Start with behavioral therapy
- 6-11 years: Prescribe a stimulant and/or behavioral therapy
- 12-18 years: Prescribe medication +/- behavioral therapy

❑ School: IEP request if not already done

❑ Established/long term patients: consider drug holiday or stopping medication

❑ Return visit
- New diagnosis or change in medication: 1-2 weeks in FPC or with primary resident
- Stable dose: 3-6 months, call clinic monthly for medication refill

❑ Referrals:
- GPCH psychology (behavior modification, coping)
- Development and Behavior (comorbid conditions; young or complex patients)
- Psychiatry (suspected comorbid conditions; young or complex patients)
- County Mental Health
- Family Advocacy Program
- Children's Health Council
- Parents Helping Parents (family support and advocacy)
- Other

Diagnostic criteria for ADHD (key elements)
- Symptoms of inattention and/or hyperactivity/impulsivity present for at least 6 months
- Symptoms present in two or more settings and interfere with daily function
- Symptoms were present before 12 years of age
- Symptoms not explained by another disorder

Initial medication: Methylphenidate

- Short acting (3-5 hours): Ritalin
- Start with 2.5 or 5 mg once or twice daily
- Increase by 2.5 to 5 mg per dose up to a maximum of 2 mg/kg or 60 mg per day total ÷ BID or TID

Long acting (duration 12 hours): Concerta
- Start with 18 mg daily in the morning
- Increase by interval doses up to a maximum of 54 mg/day < 13 years and 72 mg/day ≥ 13 years

DATE	**SIGNATURE**: Pager Number
	PRINT Name:
	SEEN WITH (Attending):