ADHD Management Plan—Sample 2

Patient __________________________’s doctor is __________________________ Pager # __________

Parent/Guardian __________________________ Relationship __________________________

Contact Number(s) __________________________

School Name __________________________ School Phone No. __________________________

Key Teacher Contact Name __________________________ Grade Level __________________________

Teacher’s E-mail Address __________________________ Fax No. __________________________

Goals  What improvements would you most like to see?

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

Plans to reach these goals:

1. __________________________

2. __________________________

3. __________________________

Medication

1. __________________________ Time _______ am/pm Time _______ am/pm Time _______ am/pm

   Dose 1 _______ mg Dose 2 _______ mg Dose 3 _______ mg

2. __________________________ Time _______ am/pm Time _______ am/pm Time _______ am/pm

   Dose 1 _______ mg Dose 2 _______ mg Dose 3 _______ mg

Further Evaluation

☐ Parent Assessment received and follow-up appointment scheduled for ____/____/____

☐ Teacher Assessment will be done by Ms/Mr __________________________

☐ School testing scheduled on this date ____/____/____

Additional Resources and Treatment Strategies

☐ Behavioral Modification Counseling Referral to __________________________

☐ Parenting Tips Sheet given

☐ Parent Follow-up form completed ____/____/____

☐ Teacher Follow-up form completed ____/____/____

☐ CHADD phone number given: 800/233-4050

Common Side Effects  If Any Infrequent Side Effects Occur, Call Your Doctor Immediately!

Decreased appetite  Weight loss
Sleep problems  Increased heart rate and/or blood pressure
Transient headache  Dizziness
Transient stomachache  Growth suppression
Behavioral rebound  Hallucinations/mania
Exacerbation of tics and Tourette syndrome (rare)

The recommendations in this publication do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

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