



Forest Park Pediatrics
Washington University Clinical Associates

ADHD Follow-up Visit(s)

Dear Parent,

ADHD is a chronic medical condition that requires ongoing contact between your child and the pediatrician throughout the year. It is important that we assess for changes in your child's performance at home and at school as well as evaluate for side effects from medication at "med check" appointments. Equally important is tracking of your child's vital signs, including blood pressure, heart rate, weight, and height, as these can all be impacted with all ADHD medications.

During the initiation phase of treatment, visits could occur **monthly** as the medication regimen is fine-tuned for your child. Once the child is deemed stable on the medication, the visits can be spaced out and will generally occur every **three, six, or twelve months**. The frequency of visits will be determined by your provider. Additionally, "med checks" will need to occur independently of your child's annual physical exam because of the time needed to assess not only his or her response to medication but also his or her performance in school, at home, and during extracurricular activities.

For many patients, ADHD can cause added stress both at home and at school. **Medication alone** will often reduce ADHD symptoms by 25-40%. **Environmental changes and counseling** often reduce these symptoms by 20-30%. **Combined treatment** is not significantly more effective than medication alone when looking at core ADHD symptoms, but it does improve academic performance, parent-child relations, social skills, and conduct measures- especially if ADHD is combined with anxiety. **Combined treatment** also often allows for lower stimulant dosages thus reducing adverse effects. For these reasons we recommend combined treatment (stimulant medication and behavioral therapy).

Prior to a med-check visit: You will be asked to go to www.forestparkpediatrics.wustl.edu/forms and download the ADHD Treatment Evaluation- Complete Follow- up Packet (parent and school). This packet contains follow-up Vanderbilt forms for 2 parents, and 2 teachers. The Vanderbilt questionnaires provide quantitative data about the child's response to medication in several different settings and help the physician with medication management. If the forms are not turned in prior to your appointment, you may be asked to reschedule.

Refilling medicines between Med-check appointments: We ask you to submit a request for an ADHD Prescription refill by calling the nurses at 314-535-7855 (option 3), the refill line, or through the patient portal (MyChart) at least 5 days prior to the time your child will need the medication. Prior to refilling the medication, our office will check to make sure your child is current on the recommended well child visits and ADHD med-check visits.

Please do not hesitate to call our office if you have any questions.

Sincerely,

The physicians and providers of Forest Park Pediatrics



ADHD Medication Recheck Visit (Parent Questionnaire)

Patient Name: _____ Date of Birth: _____

Date Completed: _____ Completed by: _____

Current School/ Grade: _____

Medications (list all ADHD medications, including dose and time(s) of day they are taken:

1.) _____

2.) _____

Please list any concerns you or the teacher have about your child’s ADHD:

How is your child’s school Performance (as reported by teacher to you)?

Grades: unchanged improved

Testing: unchanged improved

Discipline: unchanged improved

How is your child’s home performance?

Homework completion: unchanged improved Not applicable

Chore completion: unchanged improved Not applicable

Relationships with family: unchanged improved Not applicable

Relationships with friends: unchanged improved Not applicable

Extra-curricular activities: unchanged improved Not applicable

Does your child have: IEP 504 plan Response to Intervention (RTI) None

Does your child see other clinicians? Yes No

Psychiatrist/ Developmental Pediatrician/ Neurologist

Psychologist Counselor Therapist

Children with ADHD often have at least one comorbid condition (67%). Some examples include Oppositional Defiant Disorder (34.7%), Behavioral Disorders (30%), Anxiety Disorders (18%), Specific Phobias (11%), Depression (14%), Speech/ Language Problems (12%), and finally Learning Disabilities (46%).

Do you have any concerns for the comorbid conditions above: Yes No

Which ones? Oppositional Defiant Disorder Behavioral disorders anxiety disorder

Phobias Depression Speech/ Language concerns Learning disability

PARENT # 1

Follow-up form

D5 NICHQ Vanderbilt Assessment 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 since the last assessment scale was filled out when rating his/her behaviors.

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

Table with 5 columns: Symptoms, Never, Occasionally, Often, Very Often. Rows 1-18 describing various behavioral symptoms.

OFFICE USE

9

9

[Handwritten box]

Table with 6 columns: Performance, Excellent, Above Average, Average, Somewhat of a Problem, Problematic. Rows 19-26 describing overall and specific performance areas.

8

The information contained in this publication should not be used as a substitute for the medical care and advice of your pediatrician.

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Adapted from the Vanderbilt Rating Scales developed by Mark L. Wolraich, MD.

Revised - 0303

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PARENT # 1 (cont.)

D5 NICHQ Vanderbilt Assessment Follow-up—PARENT Informant, continued

Today's Date: _____ Child's Name: _____ Date of Birth: _____

Parent's Name: _____ Parent's Phone Number: _____

Side Effects: Has your child experienced any of the following side effects or problems in the past week?	Are these side effects currently a problem?			
	None	Mild	Moderate	Severe
Headache				
Stomachache				
Change of appetite—explain below				
Trouble sleeping				
Irritability in the late morning, late afternoon, or evening—explain below				
Socially withdrawn—decreased interaction with others				
Extreme sadness or unusual crying				
Dull, tired, listless behavior				
Tremors/feeling shaky				
Repetitive movements, tics, jerking, twitching, eye blinking—explain below				
Picking at skin or fingers, nail biting, lip or cheek chewing—explain below				
Sees or hears things that aren't there				

Explain/Comments:

For Office Use Only

Total Symptom Score for questions 1–18: _____

Average Performance Score for questions 19–26: _____

Adapted from the Pittsburgh side effects scale, developed by William E. Pelham, Jr, PhD.

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PARENT #2 if present

Follow-up Form

D5 NICHQ Vanderbilt Assessment 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 since the last assessment scale was filled out when rating his/her behaviors.

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

Table with 5 columns: Symptoms, Never, Occasionally, Often, Very Often. Rows 1-18 list various behavioral symptoms.

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Table with 6 columns: Performance, Excellent, Above Average, Average, Somewhat of a Problem, Problematic. Rows 19-26 list overall and specific performance areas.

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PARENT #2 (cont.)

D5 NICHQ Vanderbilt Assessment Follow-up—PARENT Informant, continued

Today's Date: _____ Child's Name: _____ Date of Birth: _____

Parent's Name: _____ Parent's Phone Number: _____

Side Effects: Has your child experienced any of the following side effects or problems in the past week?	Are these side effects currently a problem?			
	None	Mild	Moderate	Severe
Headache				
Stomachache				
Change of appetite—explain below				
Trouble sleeping				
Irritability in the late morning, late afternoon, or evening—explain below				
Socially withdrawn—decreased interaction with others				
Extreme sadness or unusual crying				
Dull, tired, listless behavior				
Tremors/feeling shaky				
Repetitive movements, tics, jerking, twitching, eye blinking—explain below				
Picking at skin or fingers, nail biting, lip or cheek chewing—explain below				
Sees or hears things that aren't there				

Explain/Comments:

For Office Use Only

Total Symptom Score for questions 1–18: _____

Average Performance Score for questions 19–26: _____

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