California Pediatrics
Come grow with us

ADHD Visit

Name
Room

Weight	T	O2
Height	HR	BP
	RR	

Is your child currently on ADHD medication?		No	Yes
Which medication/dose?			
	Concerta	Strattera	
	Adderall	Kapvay	
	Ritalin	Intuniv	
	Dexedrine		
	Daytrana		
	Vyvanse		
Do you need a medication refill today?		No	Yes
Is your child on any other medications or supplements?			
	Herbs/Supplements	No	Yes
	Cough Medications	No	Yes
	Decongestants	No	Yes
Do you notice improvement in your child's:			
	Ability to focus/attention?	Yes	No
	Ability to finish tasks?	Yes	No
	Impulsivity/Hyperactivity?	Yes	No
	School Performance?	Yes	No
	Relationship to Peers?	Yes	No
Does your child have any of the following symptoms?			
	Headache	No	Yes
	Stomachache	No	Yes
	Change in appetite	No	Yes
	Trouble sleeping	No	Yes
	Socially withdrawn	No	Yes
	Extreme sadness/unusual crying*	No	Yes
	Tremors/Repetative movements*	No	Yes
	Seeing things/hearing things that aren't there*	No	Yes
Does your child have any of the following medical problems?			
	Kidney/Liver Problems	No	Yes
	Seizures	No	Yes
	Anxiety	No	Yes
	Tourette's Syndrome/Tics	No	Yes
	Eye Problems	No	Yes
	Thyroid Problems	No	Yes

Followup D/W/M

□EHR