

# ADHD Patient Guide and Appointment Tracker



**National recommendations for children who receive an initial prescription for ADD/ADHD medication are to have:**

- **at least one follow-up visit with a prescribing doctor within 30 days of starting the medication, and then**
- **at least two visits between four weeks and nine months.**

## ADHD SYMPTOMS

There are three forms of attention-deficit/hyperactivity disorder (ADHD) in children: inattentive, hyperactive-impulsive, and combined. Those with the inattentive form are less disruptive and are often more easily missed in a diagnosis of ADHD.

### **Inattention symptoms:**

1. Fails to give close attention to details or makes careless mistakes in schoolwork.
2. Difficulty sustaining attention in tasks or play.
3. Does not seem to listen when spoken to directly.
4. Does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace.
5. Difficulty organizing tasks and activities.
6. Avoids or dislikes tasks that require sustained mental effort (such as schoolwork).
7. Often loses toys, assignments, pencils, books, or tools needed for tasks or activities.
8. Easily distracted.
9. Often forgetful in daily activities.

### **Hyperactivity symptoms:**

1. Fidgets with hands or feet, or squirms in seat.
2. Leaves seat when remaining seated is expected.
3. Runs about or climbs in inappropriate situations.
4. Difficulty playing quietly.
5. Often “on the go,” acts as if “driven by a motor,” or talks excessively.

### **Impulsivity symptoms:**

1. Blurts out answers before questions have been completed.
2. Difficulty awaiting turn.
3. Interrupts or intrudes on others (butts into conversations or games).

To be diagnosed with ADHD, children should have at least six inattention symptoms or six hyperactivity and impulsivity symptoms.

The symptoms must be present for at least six months, observable in two or more settings, and not caused by another problem. The symptoms must be severe enough to cause significant difficulties. Some symptoms must be present before age 7. As children get older they may still have some symptoms but no longer meet the full definition of the disorder.

## ADHD TREATMENT

The American Academy of Pediatrics has guidelines for treating ADHD:

- Set specific, appropriate target goals to guide therapy.
- Medication and behavior therapy should be started.
- When treatment has not met the target goals, discuss it with your doctor.
- Systematic follow-up is important to regularly re-assess target goals, results, and any side effects of medications.

ADHD can be frustrating to manage. Alternative remedies have become quite popular, including herbs, supplements, and chiropractic manipulation. However, there is little or no solid evidence for many of the remedies marketed to parents.

Children who receive both behavioral treatment and medication often do the best. Medications should not be used just to make life easier for the parents or the school. There are now several different classes of ADHD medications that may be used alone or in combination. Some ADHD medicines have been linked to sudden death in children with heart problems. Talk to your doctor about which drug is best for your child.

The following may also help:

- Limit distractions in the child's environment.
- Provide one-on-one instruction with a teacher.
- Make sure the child gets enough sleep.
- Make sure the child gets a healthy, varied diet, with plenty of fiber and basic nutrients.

## ADHD APPOINTMENT AND TREATMENT TRACKER

APPOINTMENT DATE	MEDICATION	SYMPTOMS	QUESTIONS AND CONCERNS	NEXT APPOINTMENT

Doctor's Name .....

Contact Number .....

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## FOLLOW-UP CARE

Use this appointment and treatment record to keep track of doctor visits, medications, and any questions or concerns that come up between visits or at the time of the visit.

Take note of:

- Bad reactions to the medications (**report these immediately to your doctor**).
- How the child is doing after a change in medication.
- Changes in appetite.
- Sleep problems.
- When the ADHD screening tool is filled out by the parent and the teacher (this screening tool should be completed periodically to assess child's progress).

For best results, see your child's doctor regularly.

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## ADHD RESOURCES

### Centers for Disease Control and Prevention

[www.cdc.gov/ncbddd/adhd/](http://www.cdc.gov/ncbddd/adhd/)

### Children and Adults with Attention-Deficit/Hyperactivity Disorder (CHADD)

1-800-233-4050

[www.chadd.org](http://www.chadd.org)

### CHADD National Resource Center

1-800-233-4050

[www.help4adhd.org](http://www.help4adhd.org)

### Attention Deficit Disorder Association (ADDA)

1-484-945-2101

[www.add.org](http://www.add.org)

### National Institute of Health

[www.nimh.nih.gov/health/publications/attention-deficit-hyperactivity-disorder-easy-to-read/index.shtml](http://www.nimh.nih.gov/health/publications/attention-deficit-hyperactivity-disorder-easy-to-read/index.shtml)

**CDPHP® Behavioral Health Access Center**  
**1-888-320-9584**

Professional staff available to assist members and providers in arranging mental health and substance abuse services.

Mon.-Fri. 8 a.m. - 6 p.m.

For more information visit [www.cdphp.com](http://www.cdphp.com)



**A plan for life.**