ATLANTA
PEDIATRIC PARTNERS

ADHD Policy

Thank you for entrusting us with the care of your child. Out Physicians and staff at Atlanta Pediatric Partners, P.C. want to ensure your child is receiving the best possible treatment. Your child has a diagnosis of Attention Deficit (Hyperactivity Disorder) ADD/ADHD) which requires additional monitoring for treatment. Please read our ADHD policy below.

- Psychostimulants used in the treatment of ADHD (Ritalin, Adderall etc.) are controlled substances closely regulated by FDA. These prescriptions are sent electronically or can be hand written by our providers on specially ordered, tamperproof prescriptions.
- After the initial evaluation and diagnosis of ADHD, a medication recheck visit will be scheduled in 1 month to discuss how things are going and deal with any immediate problems or concerns. Additional office visits may be necessary until we feel that your child is doing well on the medication prescribed.
- Additional ADHD follow up evaluations will be scheduled every 3 months while on medication. These visits are designed to access how the child is doing on his/her medication and assess growth and blood pressure. Theses visits are essential to meet the standard of care for children on ADHD medications set forth by the American Academy of Pediatrics (AAP). At theses visits, please bring any pertinent documents such as teacher's evaluations and report cards. We ask that you complete the follow up survey attached about your child's attention and activity.
- If medication changes are made, we require a follow up in 30 days.
- Please request your child's follow up appointment in a timely manner, and follow our providers 24-48 hours to prepare your prescription(s)
- Your child must be current on his or her well care exams to continue on ADHD medications.

ADHD follow up appointments may be in person or via Tele-Health, please have your child's weight available at the of E-Visit.

By placing my signature below, I certify that I have and agree to abide by the ADHD office policies of Atlanta Pediatric Partners, P.C. I understand that there will be no exceptions granted

_____
Patient Name

_____   _____   _____
Patient Name   Parent Signature   Date

This document is based on AAP guidelines and adapted from ADHD policies of other providers. Wolraich, Mark L.et al. "Clinical practice guideline for the diagnosis, evaluation, and treatment of attention-deficit/hyperactivity disorder in children and adolescents.: Pediatrics 144.4 (2019)
ADHD Policy reviewed and edited 07/25/2023 by Atlanta Pediatric Partners, P.C

ADHD – Diagnose, Treat, and Monitor
Checklist of Medication Follow-Up Questions

EQIPP
Helping You Improve Care for Children
Available on PediaLink

Patient's Name: _____ Current Weight: _____	**Date: __ / __ / __**
1. Has your child started taking the medication prescribed? If yes, when? If not, why?	Yes No
2. Please verify the ADHD medicine your child is currently taking. What is/are the medication name(s) and dose? _____	
At what time, where, and how is the medication administered?	Time: _____ Home School How: _____
How many tablets (or milliliters if liquid) of your child's ADHD medication are left?	
Do you need a refill of your child's ADHD medication?	Yes No
3. Have you noticed any improvement toward your child's target goal(s)? If yes , what has improved?	Yes No
4. Have you noticed any change in your child's ADHD symptoms? If yes, what has improved or worsened?_____ What time of the day do you notice a change in symptoms? _____	Yes No
What changes have been noticed in your child's behavior at home and at school?	
5. How has your child's performance at school changed (eg, homework completion, tests, progress reports)? Explain changes: _____ _____	Yes No
6. Does your child have any side effects from the medication? Examples include headache, stomachache, change in appetite, trouble sleeping, irritability, socially withdrawn, extreme sadness or unusual behavior, tremors/feeling shaky, repetitive movements, picking at skin/fingers/nails, sees or hears things that aren't there, or other issues.	Yes No Side effects:
7. What time of day does the medication stop working?	
8. What questions or concerns do you have?	

American Academy of Pediatrics
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