

PARENTS MONTHLY PROGRESS REPORT

Chart # _____

Patient Name _____

Current Medication and Dosage _____

Parent/Guardian Name _____

Date you would like to pick up prescription (no same day pickups) _____

Date of last physical exam or ADHD re-check appt _____

(Needs to be scheduled every 6 months)

Please rate below BEHAVIORS: GOOD, BETTER, WORSE, NOT AT ALL

Attention at School _____	Homework Assessment _____
Attention at Home _____	School Behavior _____
Hyperactivity _____	After School Activities _____
Impulsivity _____	Social Interactions _____
Forgetfulness _____	Behavior Problems at School _____
Distractibility _____	Behavior at Home _____
Organization _____	

Adverse Events Evaluation (Circle Applicable)

Appetite:	Good	Fair	Poor	Improved	
Sleep:	Good	Fair	Poor	Improved	
Stomachache:	None	Occasional	Often	Always	
Headache:	None	Occasional	Often	Always	
Tremors:	None	Occasional	Often	Always	
Mood:	Pleasant	Depressed	Anxious	Oppositional	Other _____

Takes Medication: Always (7 days/week) Only during school days

Duration of Efficacy: 12 hours 10 hours 8 hours 6 hours 4 hours Less
(how long medication lasts)

Additional Comments: _____

Parent/Guardian Signature _____ Date _____

Daytime Contact Number _____

Address _____

WE WILL NO LONGER HONOR SAME DAY PICKUPS
ONE WEEK BEFORE PRESCRIPTION PICK UP DATE:

Please fax form to 314-849-7766
or call 314-849-3320 for phone in progress reports (option 3)

Or Mail to:

South County Pediatric Associates
4850 Lemay Ferry Rd., Suite 120
Saint Louis, Missouri 63129
314-849-3320

ADD/ADHD Guidelines for Parents

Dear Parents,

Your child is being prescribed a controlled substance for treatment of ADD/ADHD. This is a very serious medication with serious side effects and we regulate it very seriously and require you to work hand in hand with us in making sure your child is benefiting in the best way on this medication.

Requirements:

- You will need to schedule a medication recheck every 3-6 months for your doctor to make sure there are no adverse effects of the medication, such as weight or blood pressure, and for you and your child to discuss progress with the doctor. Discuss with your doctor how often they would like to see your child.
- Every Month you will need to fill out a progress report **ONE WEEK** before you are due to pick up your child's prescription. This can be found on our website and we have copies in the office. You can fax or mail the progress report to our office or you can call and give it over the phone. This must be completed at least **ONE WEEK** prior to prescription pickup. If you do not do this at least one week before, we cannot guarantee the prescription will be ready for pick up on the day you need to refill.
- We will write the prescription for a 30 day dose. We will write the next prescription 30 days from the previous prescription, not before. We will not postdate or pre-date any prescription for any reason.
- If your insurance allows, we will write for a 90 day dose, but your child must be seen for a recheck with their doctor before each script is written.
- A guardian must pick up the prescription. No minors will be allowed to pick up any prescription for a controlled substance for any reason. When you pick up the prescription we will verify your address as well.

If you have any questions, please feel free to call our office at 314-849-3320.

Thank you,

