

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 adverse side effects, and we regulate it very seriously. We require you to work hand in hand with us to ensure this medication is as beneficial as possible.

Requirements:

- You will need to schedule a medication recheck every 3 months for your doctor to make sure there are no adverse side effects of this medication, such as weight or blood pressure. You will also need to discuss your child's progress with the doctor. Please discuss with your doctor a recurring appointment schedule.
- You will need to fill out a progress report monthly and return it to the office one week before your child needs a prescription refill. This monthly progress report can be found on our website (socoped.com) for your convenience. There are also copies in our office. You can fax or mail your completed progress report to our office. Another option is calling and giving the progress report over the phone. This must be completed at least ONE WEEK prior to your prescription pickup. If this is not received at least one week before, we cannot guarantee the prescription will be ready for pick up on the day you need the 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 predate any prescription for any reason.
- A parent/guardian must pick up the prescription. No minors will be allowed to pick up any prescription for a controlled substance for any reason.

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

Thank you,



PARENT MONTHLY PROGRESS REPORT

Chart # _____

Patient Name: _____

Current Medication and Dosage: _____

Parent/Guardian Name: _____

Preferred Pharmacy: _____

Prescription will be available to pickup at preferred pharmacy on your specified date: _____

Date of last physical exam or ADHD re-check Appointment: _____

(Needs to be scheduled every 3 months)

Please choose one of the following ratings for the behaviors listed below:

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)

AdditionalComments: _____

Parent/Guardian Signature: _____ Date: _____

Daytime Contact Number: _____

Address: _____

Please return form by:
Fax (314) 849-7766
or call (314) 849-3320 for phone in progress reports (option 3)
or Mail to:
South County Pediatrics
4850 Lemay Ferry Road, Suite 120