ADD/ADHD Management Plan

| Patient Name: | DOB: |
|---|---|
| Today's Date: | |
| Evidence suggests children with ADHD who are closely relies on communication among all involved in your chil | |
| Treatment Medication: | |
| Schedule: | |
| Please call our office if your child is experiencin appetite, headache, nausea, mood or personali Ensure your child eats a good breakfast before your child's appetite later in the day) Maintain healthy diet and choices (DHA, Omeg calcium, etc.) Maintain good sleeping habits (sleep hygiene d Maintain regular exercise (at least one hour of a Limit and monitor Recreational Screen time | ty changes. taking medication (the medication may decrease a-3 in olive oil & salmon/tuna, fruits/vegetables, iscussion) |
| Behavior Therapy Recommendations: Families tend work as a team to manage common challenging behaving guides parents and caregivers on behavior management and in social settings. Enclosed are instructions for pare local professionals to assist you as needed | ors associated with ADD Behavioral Therapy nt techniques to assist your child at home, school ent directed BT at home and phone numbers for |
| ☐ Daily Home Report Card (DHRC): Reward System for | or Home and School (SCHOOL) |
| ☐ Task Analysis: Checklists/Visual /Clear Cond | cise Directions Supports |
| ☐ Organizational Life Skills SCHOOL | |
| ☐ School Counselor (inquire!) SCHOOL | |
| ☐ Behavior Therapist: see referral list of local t | herapists |
| ☐ Licensed Professional Counselor: see referr | al list of local LPC specialists |
| ☐ Regular High Intensity Exercise | |
| ☐ Self-Calming Skills | |
| www.chadd.org Children and Adults with ADHD https://www.livesinthebalance.org/ Lives in the Bala www.understood.org Understood .org | nce -collaborative and proactive solutions |

| School |
|---|
| \square Consent on file to communicate and share relevant documents with medical team |
| ☐ Referral for Special Education Services Evaluation (Psychologist/IEP/504) |
| ☐ Vanderbilt questionnaires from both parents and teachers are a vital part of the ADD/ADHD |
| management (Forms are available on-line and at the nurse's office. We ask for feedback quarterly in school aged children on medication) |
| Thank you for helping us by having teachers complete these forms! |
| Return Visits |
| ☐ Initial medication follow up in one month (Bring notebook/binder and Vanderbilt forms) |
| \square Return every 3 months to review treatment plan, weight, height, blood pressure, and medication refills (Bring notebook/binder and Vanderbilt forms) |
| Reassess/monitor for development of comorbid conditions |
| Please contact the office sooner if you are having problems. |
| Permission to Share Documents and Verbally Communicate |
| School: |
| Primary Care Practice: |
| Parent: |
| Additional |
| Instructions: |
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