

ADHD Treatment Agreement

Patient's Name: _____ DOB: _____ Insurance: _____

Your child has been diagnosed as having Attention Deficit Hyperactivity Disorder (ADHD). Medications used for the treatment of ADHD are controlled substances, the prescription of which is tightly controlled by state/federal law.

In order to provide the best care for your child, the following guidelines for treatment have been established:

1. After initiation of treatment, the patient will follow up every 4-6 months prior to the writing of medication refills prescribed for the treatment of ADHD. More frequent visits may be required when medication dosage is being adjusted.
2. Contact **Chillicothe Pediatrics** promptly if your child:
 - a. Encounters any potential adverse side effects from the prescribed medications.
 - i. Nausea, vomiting, anxiety, depression and/or increased heart rate
 - b. Any suspected inappropriate use/abuse of prescribed medications by your child is to be promptly reported to the practice.
 - c. The medication prescription or prescribed medication is lost, stolen or rendered unusable (*such an occurrence will be thoroughly evaluated by the physician prior to the issuance of a replacement prescription*)

I, _____, understand that I have the following responsibilities and agree to adhere to all of the following rules.

1. I will take medications as prescribed.
2. I will not increase or decrease without the approval of my physician/APRN.
3. I will not share the medication with anyone including family members.
4. I will not sell the medication.
5. I will not get early refills*.
6. I will notify my physician if I abuse alcohol or use other illicit drugs along with ADHD medication.
7. I agree to periodic random drug screening tests.
8. I agree to periodic random pill counts.

Please note that an interim visit for a sick appointment (cold, sore throat, abdominal pain, etc.) does not replace the need for your child to be seen for a three month medication check appointment. We need to schedule an appropriate amount of time for these visits in order to provide the best care for your child. If these visits are missed, the physician will discontinue use of the medication.

ADHD medication visits *may* be combined with well child visits in order to save you time and trips to the office. However, depending on insurance plans, you may be charged a separate ill visit copay at the time of the checkup visit.

I have read the above treatment guidelines and understand that failure to follow these guidelines may result in discontinuation of further treatment of my child for ADHD and/or termination from our practice.

Signature of parent, legal guardian
or Patient if over 18 years of age

Printed name

Date

*Arrangements for special circumstances, such as planned vacations, can be discussed at the provider's discretion.

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Policy on Monitoring Medical Conditions and Medications

Our physicians monitor ADHD/ADD, Depression, Anxiety, Asthma and Wheezing on a regular basis. At these checks the physician will evaluate:

- Height/weight
- Blood pressure
- Heart rate
- Rating scales of behavior (Vanderbilt forms, PHQ9, Scared anxiety scale, etc.)
- Discuss how the medication is working at home and school
- Discuss a plan of action until the next appointment

Patients must be current with their annual physical at our office in order for us to prescribe medications. Developmental and behavioral assessment forms, including Assertive Community Treatment (ACT) forms may involve a charge for completion.

ADHD/ADD – meds check every three (3) to six (6) months. Parents and teachers may be expected to fill out the ADHD Vanderbilt Assessment Scales or Conner's Form upon each patient checkup and/or change. This assessment can be found on our website and filled out prior to your child(ren)'s appointment. ***Completed forms must be brought in to the visit.*** These forms give the physicians information on how the child is doing both at home and at school and helps direct the physician's care.

Medication refills - Please schedule all appointments at least 30 days in advance so your child does not run out of medication. Patient/Parents ***must request a refill 48 business hours prior to needing the medication*** to allow time to process the request.

We are now able to e-prescribe controlled substances (i.e. ADHD medications) to participating pharmacies. Please note, it is our office policy that refills will be e-prescribed ***only*** during regular office hours and ***only*** if your child is compliant and up to date on Physicals and Meds Checks.

ADHD medications and other controlled substances will ***not*** be e-prescribed after hours or on the weekends. Do not leave refill requests on the after-hours emergency line as the physicians will not return those calls.

For fastest service you should place ***all*** prescription refill requests via your online patient portal account. Your request will automatically populate in our electronic health records (EHR) system ready for us when we start work. Printed prescriptions will only be provided to the parent/guardian ***at the time of a visit.***

Depression/Anxiety – meds check every three (3) to six (6) months (sooner as needed). There is a depression screening form that the physician will need to have filled out at some of the appointments.

Asthma– health check every six (6) months for persistent asthma and every twelve (12) months for mild, intermittent asthma.

Medication visits ***may*** be combined with well child visits in order to save you time and trips to the office. However, depending on insurance plans, you may be charged a separate ill visit copay at the time of the checkup visit.

Thank you for your cooperation.

My signature on this form verifies that I have been given the opportunity to read the practice's Monitoring Medical Conditions and Medications Policy, and that I understand and agreed to the practice's policy.

Name of Patient

Date of Birth

Signature of Patient or Responsible Party

Date

An Introduction to Attention-Deficit/Hyperactivity Disorder

- Many parents wonder, does my child have ADHD? Answering that question is a team effort that includes children, families, teachers, and doctors working together.
- Consider testing if your child exhibits: academic underachievement, behavior problems, is easily distracted, unable to pay attention, cannot follow directions, is overactive, or has poor self-control. Testing is usually done for children between the ages of 6 and 12 years.
- If you would like your child evaluated for ADHD, you will be asked to fill-out paperwork about his behavior at home, and your child's teacher will be asked to fill-out paperwork about his behavior at school. It is important for you to talk with your child's teacher about his behavior and learning abilities.
- Assessment of ADHD requires evidence from caregivers and teachers or other school professionals regarding ADHD symptoms, duration of symptoms, and functional impairment.
- After paperwork is completed, you will be asked to make an appointment with a physician to review the paperwork. If possible, both parents are encouraged to attend. The initial assessment usually takes one hour to complete.
- ADHD is a common, chronic disorder. Children with this condition have a difficult time sitting still, controlling behavior, and paying attention.
- It affects approximately 4-12% of school-aged children.
- The cause of ADHD is unknown. It is a neurobehavioral disorder. Some experts believe children with this condition have too few neurotransmitters that help the brain control behavior. This is why medication is the primary treatment.
- The three main symptoms of ADHD are hyperactivity, impulsivity, and inattention.
- Diagnosis is made using the DSM V (*Diagnostic and Statistical manual of Mental Disorders, Fifth Edition, 2013*). There is no blood work or computer testing that can make a definitive diagnosis.
- To establish a diagnosis, the child must show:
 1. Functional impairment in more than one setting – home, academic, social, or occupational
 2. Symptoms have persisted for 6 months or longer
 3. Symptoms were present before age 7

**Chillicothe Pediatrics
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Amy K. Luckeydoo, MD & Heather M. Sever, DO**

Dear Teacher,

I am evaluation one of your students for a health concern. As part of this evaluation, I am asking if you would please fill out the NICHQ Vanderbilt Teacher Assessment Scale. This information is integral in diagnosis and treatment of your student.

The child's primary teacher should be the one to fill out the form. If there are several teachers, please have each teacher fill out a separate form. Additional correspondence may also be handwritten and added at the bottom of the form. You are welcome to include examples such as progress book, homework, grade cards, disciplinary notes, etc. to go along with my evaluation.

I greatly appreciate your time and cooperation in this matter! If you have any further questions or concerns, please feel free to contact my staff during our office hours 8:30a.m.-5:00p.m. Monday thru Friday.

Sincerely,

Amy Luckeydoo MD
Heather M. Sever D.O.

Vanderbilt ADHD Diagnostic Parent Rating Scale

Child's Name: _____

Parent's Name: _____

Today's Date: _____

Date of Birth: _____

Age: _____

Directions: Each rating should be considered in the context of what is appropriate for the age of your child .
When completing this form, please think about your child's behaviors in the past 6 months:

Is this evaluation based on a time when the child: ☐ was on medication ☐ not on medication ☐ not sure

Behavior:	Never	Occasionally	Often	Very Often
1. Does not pay attention to details or makes careless mistakes with, for example, homework	0	1	2	3
2. Has difficulty keeping attention to what needs to be done	0	1	2	3
3. Does not seem to listen when spoken to directly	0	1	2	3
4. Does not follow through on instructions and fails to finish activities (not due to refusal or failure to understand)	0	1	2	3
5. Has difficulty organizing tasks and activities	0	1	2	3
6. Avoids, dislikes, or does not want to start tasks that require ongoing mental effort	0	1	2	3
7. Loses things necessary for tasks or activities (toys, assignments, pencils, or books)	0	1	2	3
8. Is easily distracted by noises or other stimuli	0	1	2	3
9. Is forgetful in daily activities	0	1	2	3
10. Fidgets with hands or feet or squirms in seat	0	1	2	3
11. Leaves seat when remaining seated is expected	0	1	2	3
12. Runs about or climbs too much when remaining seated is expected	0	1	2	3
13. Has difficulty playing or beginning quiet play games	0	1	2	3
14. Is "on the go" or often acts as if "driven by a motor"	0	1	2	3
15. Talks too much	0	1	2	3
16. Blurts out answers before questions have been completed	0	1	2	3
17. Has difficulty waiting his or her turn	0	1	2	3
18. Interrupts or intrudes in on others conversations and/or activities	0	1	2	3
19. Argues with adults	0	1	2	3
20. Loses temper	0	1	2	3
21. Actively defies or refuses to comply with adult's requests or rules	0	1	2	3
22. Deliberately annoys people	0	1	2	3
23. Blames others for his or her mistakes or misbehaviors	0	1	2	3
24. Is touchy or easily annoyed by others	0	1	2	3
25. Is angry or resentful	0	1	2	3
26. Is spiteful and wants to get even.	0	1	2	3
27. Bullies, threatens, or intimidates others	0	1	2	3
28. Starts physical fights	0	1	2	3
29. Often lies to get out of trouble, obtain goods or favors, or to avoid obligations (ie, "cons" others)	0	1	2	3
30. Is often truant from school (skips school) without permission	0	1	2	3
31. Is physically cruel to people	0	1	2	3
32. Has stolen things that have value	0	1	2	3
33. Deliberately destroys other's property	0	1	2	3

Vanderbilt ADHD Diagnostic Parent Rating Scale (DSM-5), Cont.

Child's Name: _____

Parent's Name _____

Today's Date: _____

Date of Birth: _____

Age: _____

Behavior:

	Never	Occasionally	Often	Very Often
34. Has used a weapon that can cause serious harm (bat, knife, brick, gun)	0	1	2	3
35. Has been physically cruel to animals	0	1	2	3
36. Has deliberately set fires to cause damage	0	1	2	3
37. Has broken into someone else's home, business, or car	0	1	2	3
38. Has stayed out at night without permission	0	1	2	3
39. Has run away from home overnight	0	1	2	3
40. Has forced someone into sexual activity	0	1	2	3
41. Is fearful, anxious, or worried	0	1	2	3
42. Is afraid to try new things for fear of making mistakes	0	1	2	3
43. Feels worthless or inferior	0	1	2	3
44. Blames self for problems, feels guilty	0	1	2	3
45. Feels lonely, unwanted, or unloved; complains that "no one loves him or her"	0	1	2	3
46. Is sad, unhappy, or depressed	0	1	2	3
47. Is self-conscious or easily embarrassed	0	1	2	3

Academic & Social Performance:

	Excellent	Above Average	Average	Somewhat of a Problem	Problematic
1. Overall school performance	1	2	3	4	5
2. Reading	1	2	3	4	5
3. Writing	1	2	3	4	5
4. Mathematics	1	2	3	4	5
5. Relationship with parents	1	2	3	4	5
6. Relationship with siblings	1	2	3	4	5
7. Relationship with peers	1	2	3	4	5
8. Participation in organized activities (eq. teams)	1	2	3	4	5

How old was your child when you first noticed the behaviors?

Tic Behaviors: To the best of your knowledge, please indicate if this child displays the following behaviors:

- Motor Tics:** Rapid, repetitive movements such as eye-blinking, grimacing, nose twitching, head jerks, shoulder shrugs, arm jerks, body jerks, rapid kicks.
☐ No tics present. ☐ Yes, they occur nearly every day, but go unnoticed by most people. ☐ Yes, noticeable tics occur nearly every day.
- Phonic (Vocal) Tics:** Repetitive noises including but not limited to throat clearing, coughing, whistling, sniffing, snorting, screeching, barking, grunting, repetition of words or short phrases.
☐ No tics present. ☐ Yes, they occur nearly every day, but go unnoticed by most people. ☐ Yes, noticeable tics occur nearly every day.
- If YES to 1 or 2, Do these tics interfere with the child's activities (like reading, writing, walking, talking, or eating)? ☐ No ☐ Yes

Previous Diagnosis and Treatment: Please answer the following questions to the best of your knowledge.

- Has the child been diagnosed with ADHD or ADD? ☐ No ☐ Yes
- Is he/she on medication for ADHD or ADD? ☐ No ☐ Yes
- Has the child been diagnosed with a Tic Disorder or Tourette's Disorder? ☐ No ☐ Yes
- Is he/she on medication for Tic Disorder or Tourette's Disorder? ☐ No ☐ Yes

Vanderbilt ADHD Diagnostic Teacher Rating Scale

Child's Name: _____

Teacher's Name: _____

Teacher's Fax # _____

Today's Date: _____

School: _____

Grade: _____

Directions: Each rating should be considered in the context of what is appropriate for the age of the child you are rating and should reflect that child's behavior since the beginning of the school year. Please indicate the number of weeks or months you have been able to evaluate the behaviors:

Is this evaluation based on a time when the child: ☐ was on medication ☐ not on medication ☐ not sure

Behavior:	Never	Occasionally	Often	Very Often
1. Fails to give attention to details or makes careless mistakes in schoolwork	0	1	2	3
2. Has difficulty sustaining attention to tasks or activities	0	1	2	3
3. Does not seem to listen when spoken to directly	0	1	2	3
4. Does not follow through on instructions and fails to finish schoolwork (not due to refusal or failure to understand)	0	1	2	3
5. Has difficulty organizing tasks and activities	0	1	2	3
6. Avoids, dislikes, or does not want to start tasks that require sustained mental effort	0	1	2	3
7. Loses things necessary for tasks or activities (school assignments, pencils, or books)	0	1	2	3
8. Is easily distracted by extraneous stimuli	0	1	2	3
9. Is forgetful in daily activities	0	1	2	3
10. Fidgets with hands or feet or squirms in seat	0	1	2	3
11. Leaves seat when remaining seated is expected	0	1	2	3
12. Runs about or climbs too much when remaining seated is expected	0	1	2	3
13. Has difficulty playing or engaging in leisure activities quietly	0	1	2	3
14. Is "on the go" or often acts as if "driven by a motor"	0	1	2	3
15. Talks excessively	0	1	2	3
16. Blurts out answers before questions have been completed	0	1	2	3
17. Has difficulty waiting in line	0	1	2	3
18. Interrupts or intrudes in on others (eg, butts into conversations /games)	0	1	2	3
19. Loses temper	0	1	2	3
20. Actively defies or refuses to comply with adult's requests or rules	0	1	2	3
21. Is angry or resentful	0	1	2	3
22. Is spiteful and vindictive	0	1	2	3
23. Bullies, threatens, or intimidates others	0	1	2	3
24. Initiates physical fights	0	1	2	3
25. Lies to get out of trouble or to avoid obligations (ie, "cons" others)	0	1	2	3
26. Is physically cruel to people	0	1	2	3
27. Has stolen things of nontrivial value	0	1	2	3
28. Deliberately destroys other's property	0	1	2	3
29. Is fearful, anxious, or worried	0	1	2	3
30. Is self-conscious or easily embarrassed	0	1	2	3
31. Is afraid to try new things for fear of making mistakes	0	1	2	3
32. Feels worthless or inferior	0	1	2	3
33. Blames self for problems, feels guilty	0	1	2	3
34. Feels lonely, unwanted, or unloved; complains that "no one loves him or her"	0	1	2	3
35. Is sad, unhappy, or depressed	0	1	2	3

Vanderbilt ADHD Diagnostic Teacher Rating Scale (DSM-5), Cont.

Child's Name: _____

Teacher's Name _____

Today's Date: _____

School: _____

Grade: _____

Academic & Social Performance:

	Excellent	Above Average	Average	Somewhat of a Problem	Problematic
1. Reading	1.	2.	3.	4.	5.
2. Writing	1.	2.	3.	4.	5.
3. Mathematics	1.	2.	3.	4.	5.
4. Relationship with peers	1.	2.	3.	4.	5.
5. Following directions	1.	2.	3.	4.	5.
6. Disrupting class	1.	2.	3.	4.	5.
7. Assignment Completion	1.	2.	3.	4.	5.
8. Organizational Skills	1.	2.	3.	4.	5.

Comments: _____

Tic Behaviors: To the best of your knowledge, please indicate if this child displays the following behaviors:

1. **Motor Tics:** Rapid, repetitive movements such as eye-blinking, grimacing, nose twitching, head jerks, shoulder shrugs, arm jerks, body jerks, rapid kicks.

☐ No tics present. ☐ Yes, they occur nearly every day, but go unnoticed by most people. ☐ Yes, noticeable tics occur nearly every day.

2. **Phonic (Vocal) Tics:** Repetitive noises including but not limited to throat clearing, coughing, whistling, sniffing, snorting, screeching, barking, grunting, repetition of words or short phrases.

☐ No tics present. ☐ Yes, they occur nearly every day, but go unnoticed by most people. ☐ Yes, noticeable tics occur nearly every day.

3. If YES to 1 or 2, Do these tics interfere with the child's activities (like reading, writing, walking, talking, or eating)? ☐ No ☐ Yes

Previous Diagnosis and Treatment: Please answer the following questions to the best of your knowledge.

1. Has the child been diagnosed with ADHD or ADD?

☐ No ☐ Yes

2. Is he/she on medication for ADHD or ADD?

☐ No ☐ Yes

3. Has the child been diagnosed with a Tic Disorder or Tourette's Disorder?

☐ No ☐ Yes

4. Is he/she on medication for Tic Disorder or Tourette's Disorder?

☐ No ☐ Yes