

ADHD Target Symptoms Worksheet

Patient Name: _____
 Today's Date: _____
 Age: _____
 Sex: M ___ F ___ Pt. Birth Date _____
 MR # _____
 Parents' Names _____

Potential Targets	Current condition Severity/Score	Desired Changes
Core symptoms		
Inattention		
Hyperactivity		
Impulsivity		
Associated symptoms		
Anxiety		
Depression		
Oppositional behavior		
Conduct		
Learning problems		
Functional problems		
<u>At home:</u>		
Problems with daily care (bathing, grooming, toileting going to sleep) Problems with home living (inability to complete chores, inability to complete homework) Problems with social relations (poor parent-child interaction, poor sibling relations) Other		
<u>At school:</u>		
Problems with communication (poor verbal communication, poor written work) Poor academic performance (incomplete assignments, inaccurate work, poor attention to detail) Poor social skills (adults and/or peers) Limited self-direction (lack of independence, high degree of supervision, incomplete tasks)		
<u>In community:</u>		
Inability to use parks, libraries, Mall Safety risk (crossing streets, riding bike) Limited participation in leisure or sports Problems at work		
Other		

 Clinician's Signature

 Date

**ADHD Treatment:
Summary and Tracking Form**

Patient Name:
Date:
Age:
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Date			
Visit (Baseline, Follow up)/ TC			
Assessment			
Target symptoms: Core symptoms at home Core symptoms at school Parent ADHD score Teacher ADHD score Function: social skills, behavior Other			
Adverse effects: Appetite Sleep Somatic complaints Social participation and mood Tics Other			
PE P BP Ht Wt Pertinent findings			
Recommendations			
Medication: begin/continue/change Type Dose/Schedule			
Behavior Therapy Type/Therapist Frequency/duration			
School evaluations/ modifications Type Rationale Communication			
Home modifications Type Rationale			
In-office counseling Topic/focus Family response			
Reading or educational material			
Referrals: Who Why			
Follow-up Visit/TC Date Purpose			
Clinician signature			

ADHD Medical Management Reminders

Patient Name:

Today's Date:

Age:

Sex: M__ F__ Pt. Birth Date

MR #

Parents' Names

First line medications	Dose and Schedule (Increase to maximal benefit, minimal adverse effects)
Methylphenidate (Ritalin) tablets 5 mg (small yellow tablet) 10 mg (medium white tablet) 20 mg (medium large tan tablet)	<ul style="list-style-type: none"> Starting dose = 5 to 10 mg Dose = .3-.6 mg/kg/dose to maximum of 20 mg/dose Schedule: q 8:00 a.m. q 12:00 p.m. (or awakening and 4 hours later) Consider ½ dose q 4:00 p.m. if indicated by target symptoms
Ritalin Sustained Release (SR) 20 mg (white)	<ul style="list-style-type: none"> Dose: equivalent to methylphenidate 10 mg q 8 & q 12 Schedule q 8:00 a.m. (or awakening) Consider small dose of methylphenidate tablet in a.m. and 4:00 p.m. as needed by symptoms
Dextroamphetamine (Dexedrine) Tablets 5 mg (orange triangular) 5 mg (scored light green tablet, Dextrostat) 10 mg (scored large light green tablet)	<ul style="list-style-type: none"> Starting dose = 2.5 to 5 mg Dose = .15-.3 mg/kg/dose to maximum of 15 mg/dose or 40 mg/day Schedule q 8:00 a.m. q 12 - 2:00 p.m. (or awakening and 4 to 6 hours later) Consider ½ dose q 4:00-6:00 p.m. if indicated by target symptoms and response to medication
Dexedrine spansules 5 mg (brown cap and clear body imprinted with 10 mg dose) 15 mg	<ul style="list-style-type: none"> Dose = equivalent to 2 daily doses of dextroamphetamine Schedule q 8:00 a.m. (or awakening) Consider small dose of dextroamphetamine in a.m. and 4:00 p.m.
Adderall 5 mg (small blue tablet) 10 mg (medium scored blue tablet) 20 mg (medium scored orange tablet) 30 mg (large scored orange tablet)	<ul style="list-style-type: none"> Starting dose 2.5 to 5 mg Dose comparable to dextroamphetamine Schedule q 8:00 (or awakening) and 4 to 6 hours later Maximum dose 40 mg/day
Second line medications	Dose and Schedule
One of the other stimulant medications	<ul style="list-style-type: none"> If medication failure, consider dose increases
Third line medications	Dose and Schedule
The other untried stimulant medication	<ul style="list-style-type: none"> If medication failure on 3 stimulants, reconsider diagnosis
Desipramine (Norpramin) 10 mg (small blue tablet) 25 mg (yellow tablet) 50 mg (green tablet)	<ul style="list-style-type: none"> Reports of sudden death Check baseline, midpoint, and final dose EKG Starting dose 10 mg to 25 mg q day Advance by 10 to 25 mg per day to maximum dose of to dose of 4-5 mg/kg (maximum 150 mg)
Medications lacking strong empirical support	Comments
Clonidine (Catapres) tablets 0.1 mg, 0.2 mg, 0.3 mg	<ul style="list-style-type: none"> Begin slowly ½ tab q hs, add second dose q 4 p.m. then tid to qid
Catapres TTS (1, 2, 3,)	<ul style="list-style-type: none"> For children known to respond to clonidine Dose equal to total daily tablet dose Change patch q 4 to 7 days
Guanfacine (Tenex) 1 mg, 2 mg	<ul style="list-style-type: none"> Like clonidine with less sedation Dose 10 X clonidine dose
Bupropion (Wellbutrin)	<ul style="list-style-type: none"> Begin with low dose, advance slowly given risk of seizures and rash Dose = 3-6 mg/kg/d scheduled bid
Venlafaxine (Effexor)	<ul style="list-style-type: none"> Promising in open trial
Serotonin reuptake inhibitors	<ul style="list-style-type: none"> No clear role