



Tell us how things are going

Today's Date: _____

Patients Name: _____ Birthday _____

Current ADHD Medication Name: _____

Dosage of Medication: _____

Check any of the following symptoms your child is experiencing with new medication:

- Agitation
- Nausea
- Anxiety
- Picking at fingers, nail biting, lip chewing
- Change of appetite
- Repetitive Movements tics, twitching
- Dizzy
- Vomiting
- Headache
- Heart Pounding
- Insomnia (trouble sleeping)
- Extreme sadness or unusual crying

Improvement rating: *What changes have you noticed since your child's last visit?*

Check the box that applies to how things are going at home and school.

	None	Mild	Moderate	Significant
Home				
School				

Thanks! Bring this with you to the exam room and share it with your provider.