BEHAVIORAL HEALTH

ADHD follow-up

Blank documentation outlines. Adapt to the encounter and your practice requirements; complete only findings and care actually documented.

ENCOUNTER

Patient name:

Date of birth:

Date and time of encounter:

Clinician:

INTERVAL HISTORY

Patient and parent or caregiver present

Function at school, work and home as reported

Rating scales used, who completed them and scores

MEDICATION

Medication and dose as reported, timing and adherence

Benefit and duration of effect as reported

Appetite, sleep, mood and other adverse effects as reported

Prescription monitoring program checked and findings, if applicable

FINDINGS

Weight, blood pressure and heart rate measured today, with units

Other examination findings

ASSESSMENT AND PLAN

Current status and reasoning

Medication decisions and rationale

Behavioral or school supports discussed

Prescription and monitoring plan

FOLLOW-UP

Follow-up timing and purpose

Return precautions discussed

Patient questions and understanding