

ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) HEALTH CARE APPOINTMENT PLANNER

Child's Name:

Date of Birth:

Care for your child calls for planned visits with your child's health care providers. Sometimes it's hard to keep track of things to do before and after your child's appointments. Bring this worksheet with you to your child's health care visits, and use it to write down the activities you need to complete. It will help you keep a record of your health care provider's recommendations.

There are different types of health care providers:

- Your child's prescribing practitioner is the pediatrician, neurologist, nurse practitioner, or psychiatrist who prescribes the ADHD medication.
- Your child's therapist is the psychiatrist, psychologist, marriage and family therapist, or clinical social worker who provides counseling or training.

This planner is for my child's appointments with:

_____ Practitioner or Therapist Name

Activity Checklist: Use this space to keep track of the practitioner or therapist's recommendations	Notes: Use this space to write down any special instructions	Date Due: Place a ✓ in the box for completed activities
[EXAMPLE] <ul style="list-style-type: none"> • Bring parent evaluation to practitioner • Bring teacher evaluation to practitioner • Bring school report card to practitioner 		4/15/05 Completed <input checked="" type="checkbox"/>
		Completed <input type="checkbox"/>
		Completed <input type="checkbox"/>
		Completed <input type="checkbox"/>

Guidelines for the care of children with ADHD generally recommend the following:

- Follow-up with the prescribing practitioner within 30 days after a new medicine is prescribed.
- At least 2 follow-up visits within 9 months after a new medicine is prescribed.

Activity Checklist: Use this space to keep track of the practitioner or therapist's recommendations	Notes: Use this space to write down any special instructions	Date Due: Place a ✓ in the box for completed activities
		Completed <input type="checkbox"/>
		Completed <input type="checkbox"/>
		Completed <input type="checkbox"/>
		Completed <input type="checkbox"/>
		Completed <input type="checkbox"/>

OTHER QUESTIONS I WANT TO ASK / NOTES:

The text in this worksheet is for informational purposes only. It is not a substitute for professional medical advice. Do not use the information to diagnose or treat a health problem without first consulting a qualified health care provider.