



Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Physician Name: \_\_\_\_\_

MRN/File No: \_\_\_\_\_

Date: \_\_\_\_\_

## CADDRA PATIENT ADHD MEDICATION FORM

Please complete and bring to your next appointment

Patient name: \_\_\_\_\_ Date form is completed: \_\_\_\_\_

Person completing this form (if not the patient): \_\_\_\_\_  Mother  Father  Other

Medication usage since (decided with doctor): \_\_\_\_\_ (date)

- Medication not started yet
- Takes medication regularly, as prescribed
- Forgets/skips doses occasionally
- Takes medication irregularly
- Medication stopped

### Current Medication List:

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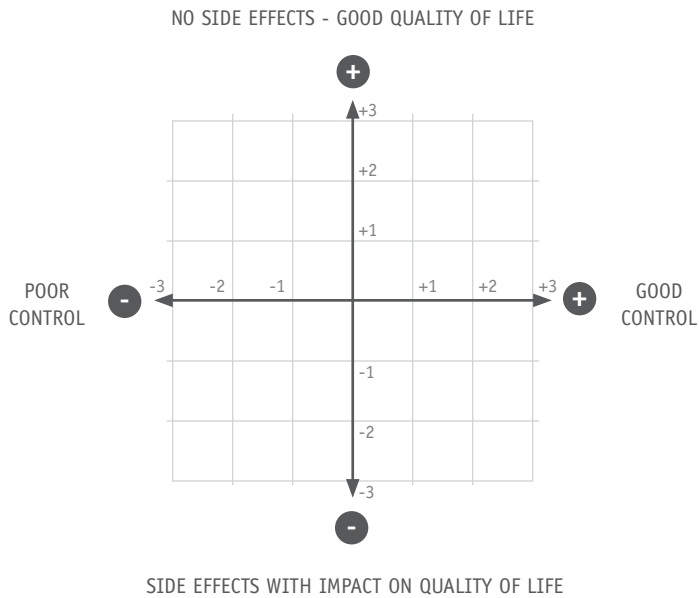
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### Instructions to use the quadrant below:

- Place a mark on the horizontal black line indicating the level of current symptom control between -3 and +3.
- Place a mark on the vertical black line indicating current side effect levels, between -3 to +3
- Draw an X where lines from the marks made on each line would meet to show current patient status



### COMMENTS:

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### What changes have occurred since medication started?

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Not applicable: no medication taken | <input type="checkbox"/> No change            | <input type="checkbox"/> Marked Improvement |
| <input type="checkbox"/> Small deterioration                 | <input type="checkbox"/> Improvement          | <input type="checkbox"/> Deterioration      |
| <input type="checkbox"/> Small improvement                   | <input type="checkbox"/> Marked deterioration |   |

Please indicate below the frequency of any side effects experienced since the last medical appointment (mark with an X). Please contact your physician if side effects are significant.

SIDE EFFECT	FREQUENCY				Comments
	Not at all	Sometimes	Often	All the time	
Headache					
Dryness of the skin					
Dryness of the eyes					
Dryness of the mouth					
Thirst					
Sore throat					
Dizziness					
Nausea					
Stomach aches					
Vomiting					
Sweating					
Appetite reduction					
Weight loss					
Weight gain					
Diarrhea					
Frequent urination					
Tics					
Sleep difficulties					
Mood instability					
Irritability					
Agitation/excitability					
Sadness					
Heart palpitations					
Increased blood pressure					
Sexual dysfunction					
Feeling worse or different when the medication wears off (rebound)					
<b>Other:</b>					

**Things to discuss at the next medical appointment:**

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