



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

Date of birth: \_\_\_\_\_ MRN/File #: \_\_\_\_\_

Clinician's Name: \_\_\_\_\_ Date: \_\_\_\_\_

## CADDRA PATIENT ADHD MEDICATION FORM

*Please complete and bring to your next appointment*

**CURRENT MEDICATIONS** List all current medications here:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_

Please mark any changes that have occurred since taking the current medication on the lines below:

ADHD Symptom Control						
-3	-2	-1	0	1	2	3
worse			unchanged			better

Tolerability of Medication (side effects)						
-3	-2	-1	0	1	2	3
worse			unchanged			better

Quality of Life						
-3	-2	-1	0	1	2	3
worse			unchanged			better

How would you rate the global changes that have occurred since medication started?

- |                                                                |                                              |                                               |
|----------------------------------------------------------------|----------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Not applicable (medication not taken) | <input type="checkbox"/> Marked improvement  | <input type="checkbox"/> Small improvement    |
| <input type="checkbox"/> No change                             | <input type="checkbox"/> Small deterioration | <input type="checkbox"/> Marked deterioration |

**Comments:**

Please mark with an X the frequency of any side effects experienced with the current treatment since your last medical appointment. Contact your physician if side effects are significant.

SIDE EFFECT	FREQUENCY				Comments
	<i>Not at all</i>	<i>Sometimes</i>	<i>Often</i>	<i>All the time</i>	
Appetite reduction					
Weight loss					
Weight gain					
Stomach aches					
Nausea					
Vomiting					
Diarrhea					
Dryness (skin/ eyes/ mouth)					
Thirst					
Sore throat					
Sleep difficulties					
Tics					
Headache					
Muscular tensions					
Fatigue					
Dizziness					
Sweating					
Agitation/excitability					
Irritability					
Mood instability					
Over focus "zombie effect"					
Sadness					
Heart palpitations					
Blood pressure changes (significantly lower or higher)					
Frequent urination					
Sexual dysfunction					
Feeling worse or different when the medication wears off (rebound)					
<b>Other:</b>					

Items to discuss at the next medical appointment: