



PEDIATRIC ASSOCIATES OF FARMINGTON, LLC

200 Mountain Road, Farmington, CT 06032

Tel: (860) 676-9000

Fax: (860) 676-1541

email: PEDIFARM@PAFLLC.HUSH.COM

MEDICATION MONITORING FORM

This child is being monitored for medication for attention deficit hyperactivity disorder. Your information and your concern on behalf of this child are appreciated. Please fill this out at the end of each week.

Date: _____ Child's name: _____ Grade: _____ Prepared by: _____

Title: _____ Time observed / Period: _____

Medication response:

Adapted from Childhood attention profile (CAP) by C. S. Adelbrook

0 – Never 1 – Occasionally 2 – Often 3 – Very Often

Circle one number for each symptom each week

Symptoms:	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6
1 Fails to finish things started	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
2 Can't concentrate or be attentive for long	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
3 Daydreams or gets lost in thoughts	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
4 Difficulty following directions	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
5 Messy work	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
6 Inattentive, easily distracted	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
7 Fails to carry out assigned tasks	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
8 Can't sit still, restless or hyperactive	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
9 Fidgets	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
10 Impulsive or acts without thinking	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
11 Talks out of turn	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
12 Talks too much	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3

Comments regarding current level of functioning (include any differences between AM and PM):

Side effects: Checklist 0 – None 1 – Sometimes 2 – Often 3 – All the time Circle one number for each symptom each week

Symptoms:	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6
1 Appetite loss	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
2 Insomnia or trouble sleeping	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
3 Stomachaches	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
4 Headaches	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
5 Tics or nervous movements	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
6 Irritable or worried and anxious	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
7 Uninterested in other	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
8 Sad / Unhappy	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
9 Feeling tired	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
10. Sleepy	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
11. Others	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3

Concerns about side effects: _____

Performance	Excellent	Above Avg	Average	Somewhat of a problem	Problematic
Overall school performance					
Reading					
Writing					
Mathematics					
Relationship with parents					
Relationship with siblings					
Relationship with peers					
Participation in organized activities (e.g. teams)					

Medication Management:

This child has been put on medication for Attention Deficit Hyperactivity disorder. The information about ADHD and the treatment options with the benefits and side effects have been extensively discussed. The medication is started at the smallest dose and increased until the maximum benefits at the least amount of side effects have been noted.

The medication dose should be started and increased over the weekend to enable the parents/care givers to watch for side effects. Ideally caregivers and teachers should observe the child and document the benefits and side effects at the end of each week. Caregivers should call the office each week to discuss the effects and for adjustment of the dosage. The patient needs to be seen regularly to monitor the efficacy of the medication and document growth and vital parameters.