



Miami Pediatric Care LLC



ADHD Parent Packet

This parent packet has basic information on ADHD as well as the questionnaires and forms needed to start the ADHD evaluation process.

At Miami Pediatric Care LLC, we follow the American Academy of Pediatrics guidelines for the diagnosis and treatment of ADHD.

In the additional documents that appear on our website, you will find the following:

- 1- General information about ADHD.
- 2- Educational rights for children with ADHD.
- 3- Working with your child's school.
- 4- Questionnaire for you the guardian to complete.
- 5- Questionnaire for teachers to complete.
*Obtain information from more than one teacher if possible.
- 6- ADHD medication fact sheet and consent form.

Once you have reviewed the information and have completed and collected the questionnaires (yours and the teacher(s)), please call the office to schedule an appointment with your doctor. Some doctors prefer to review the completed questionnaire in advance, so ask the staff in your office if this is necessary; otherwise, you may bring them with you at the time of the consultation.

Please take the time to review the ADHD medication factsheet and consent form. You will need to sign this form if you are the provider agree to start medication therapy.

Thank you for taking the time to collect this important information which is essential to a thorough evaluation for ADHD.

Stimulant Medication Fact Sheet

Prescription policy and consent form

Stimulant medications are considered a very safe and effective way to treat ADD/ADHD. Methylphenidate the original stimulant has been prescribed for over 50 years. Stimulants have a relatively short half-life: the effects last between a few hours to 12 hours depending on which preparation is used. The most common side effect is decrease appetite. Less common ones: stomachache, headache, delay in falling asleep irritability, behavior changes and mood changes. Many of these side effects are temporary and can be managed by adjusting the dose. On rare occasions stimulants may trigger or worsen tics, fortunately they usually disappear when the medication is discontinued. Concern about delayed growth has been raised but studies into adult life show no significant growth delay.

Some studies show that stimulants might increase the risk of irregular heart rate, increased blood pressure and possibly sudden death. These events are extremely rare (less than one in a million in the case of sudden death). If your child has a heart condition or a serious heart condition exists in a close family member, please inform your doctor prior to starting the medication.

If your child is experiencing a suspected side effect, call your doctor or schedule an appointment to discuss. If you feel your child needs a medication adjustment or change, please make an appointment with your doctor. Remember that although stimulant is the most effective treatment of ADD/ADHD, other interventions such as counseling and behavioral modifications programs as well as special learning and teaching interventions can be beneficial. The American academy of pediatrics does not recommend monitoring blood test or ECG'S for patients taking stimulants.

Miami pediatric care LLC policy on stimulant refill and follow-up visits.

- Stimulants are considered controlled substances; therefore, refills cannot be called in to the pharmacy. Please call the office a few days before your child's prescription runs out. Your doctor will write a new prescription which you will need to pick up in the office. Some doctors may require an office visit for each prescription renewal.
- Follow up appointments are important to monitor for maximum effectiveness and possible side effects. National guidelines require the following follow-up visits:
 - *A follow-up visits within 30 days of starting medication
 - *Regular follow-up appointments every 3 months are required; the annual physical will count as one of the follow-up visits.Prescription refills **will not** be given if more than 90 days has elapsed since the last in-office visit.

I have read the above and agree that my child _____ be treated with stimulants medication and understand the policy on refills and follow-up visits.

Parent Signature _____

Date _____

Witness _____

Date _____

