



## **ADHD POLICY**

Our goal at Cumming Pediatric Group is to provide our patients with the best comprehensive pediatric care possible. We do, however, need some help from you with regard to evaluating, treating and managing your child when it comes to ADHD in a smooth, efficient and productive manner. Please review our office policy, print the page, sign it and bring it to your ADHD appointment. (Alternatively, we will ask you to review and sign this policy when picking up prescriptions if one is not already on file for your child.)

- If your child is being evaluated for the possible diagnosis of ADHD, we ask that you print out our “Initial ADHD assessment forms” from our website (one for each caregiver and one for each teacher), have them completed, and returned to us by mail or fax ONE WEEK prior to your appointment so that we have time to score them appropriately.
- All ADHD visits have longer appointment times designated for a proper and thorough evaluation. There will be absolutely NO ADHD visits coupled with wellness exams or sick visits.
- Once the effective medication and dose is determined, we will refill your prescription once monthly for 6 months, at which time you will need to schedule a follow up ADHD visit in our office. You will be reminded on your last refill prescription (month #5) to make an ADHD appointment within the next month.
- For a follow up ADHD visit, we ask that you print out our “Follow Up ADHD assessment forms” from our website, have them completed by each caregiver and teacher, and return them to us by mail or fax ONE WEEK prior to your appointment in order to track progress and effectiveness of treatment.

- Please note that if we request a follow up visit and one has not been made or you have gone beyond 6 months without being reassessed, no further prescriptions will be dispensed until an appointment is made and kept.
- Stimulant medications are a **FEDERALLY CONTROLLED** substance requiring the pharmacist to have a “hard copy” written on special paper with an original physician signature (no stamps). We are **UNABLE TO CALL IN** these medications. Therefore, it is **YOUR RESPONSIBILITY** to call us for a refill **ONE WEEK** prior to needing a new month’s supply.
- Any medication increase or change requires an office visit for purposes of documentation and establishment of side effects, whether emotional or physical (blood pressure, palpitations, etc.)
- If it is determined that your child may have other comorbidities such as Anxiety, Depression, Bipolar Disorder, Oppositional Defiant Disorder, etc. you will be referred to an outside Psychiatrist for further evaluation.

Thank you for allowing us to participate in the care of your child. These few ground rules will make our journey together smooth and successful!

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(Parent Signature and Date)

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(Patient Name and DOB)