



## ADHD POLICY

- We require a complete psychological evaluation to be performed within the last 6 months prior to your child's initial visit.
- The results of your child's psychological evaluation must be received at least 7 days prior to your initial ADHD appointment.
- All ADHD appointments have longer appointment time allotments 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 child's prescription once monthly for **3 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 #3**) to make an ADHD appointment within the next month. To remain in compliance with our ADHD policy, your child will also need to have a routine wellness exam every year, in addition to ADHD visits. **This means that your child will need (3) ADHD visits, and (1) routine well check per year. If you do not comply no further prescriptions will be given.**
- If a medication change of any kind is made a one month follow-up appointment is required before further prescriptions will be written.
- We require that the Vanderbilt Teacher and Parent Assessment be completed by your child's teachers as well as his parents at the end of the first semester of school and the end of the second semester of the school year to have an accurate account of his progress and effectiveness of treatment. These forms can be found on our website and must be submitted at least 7 days prior to your child's next ADHD appointment.
- It is **YOUR RESPONSIBILITY** to call us for a refill **at least ONE WEEK** prior to needing a new month's supply.
- If it is determined that your child may have other comorbidities such as Anxiety, Depression, Bipolar Disorder, Oppositional Defiant Disorder, etc., your child will be referred to an outside Psychiatrist for further evaluation and treatment.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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