

Date: _____

ADHD OUTCOMES PROGRESS REPORT

Patient Name: _____ Current Medication: _____

Guardian Name: _____

Current Target Outcomes: _____

Core Symptoms

Rate 1 - 5 (poor to excellent)

Secondary Symptoms

Attention at School: _____

Homework Assessment: _____

Attention at Home: _____

School Behavior: _____

Hyperactivity: _____

After School Activities: _____

Impulsivity: _____

Social Interactions: _____

Forgetfulness: _____

Family Participation: _____

Distractibility: _____

Disruptive Behaviors: _____

Organization: _____

Accidents / Injuries: _____

Adverse Events Evaluation

Appetite: Good _____ Fair _____ Poor _____ Improved _____ Note: _____

Sleep: Good _____ Fair _____ Poor _____ Improved _____ Note: _____

GI Upset: Good _____ Fair _____ Poor _____ Improved _____ Note: _____

Headache: Good _____ Fair _____ Poor _____ Improved _____ Note: _____

Tremors: None _____ Occasional _____ Frequent _____ Improved _____ Note: _____

Rebound: None _____ Occasional _____ Frequent _____ Improved _____ Note: _____

Mood: Pleasant _____ Depressed _____ Anxious _____ Oppositional _____ Other: _____

Compliance: 100% _____ 90% _____ 80% _____ 70% _____ 60% _____ 50% _____ Less _____

Duration of Efficacy: 12 hours _____ 10 hours _____ 8 hours _____ 6 hours _____ 4 hours _____ Less _____

Other Side Effects: _____

Coexisting Conditions: _____

Treatment Plan: _____

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Previous Ht: _____ Wt: _____ Date of last visit: _____

Current Ht: _____ Wt: _____ BP: _____ P: _____

