

# ADHD MAINTENANCE (03/22) (101466)

Category: **TEMPLATES TO RELEASE**

Scheduled appt type: \_\_\_\_\_

**CC** ADHD maintenance visit  
 Academic performance: Overall behavior at home: Overall behavior at school: Other treatments / counseling: Current grade at school: Academic functioning: Does patient have an IEP / 504 plan: Side effects of medication: Is medication used daily vs school days only: If age appropriate: Does patient know reason for visit: Does patient know name and dose of medication: Does patient have concerns about medication / side effects: Does patient see any benefits to medication: Who administers and monitors the use of medication:

**freeform**  
**ROS** \_\_\_\_\_

## Structured ROS

## Structured exam

NL: general appearance: alert, pleasant, not ill appearing, no distress	<input type="checkbox"/>
NL: neck: supple, trachea midline, no masses or significant adenopathy	<input type="checkbox"/>
NL: thyroid: no enlargement or mass	<input type="checkbox"/>
NL: without meningeal signs	<input type="checkbox"/>
NL: respiratory effort: no retractions, no tachypnea	<input type="checkbox"/>
NL: auscultation of lungs: clear & equal breath sounds without rales, rhonchi or wheeze	<input type="checkbox"/>
NL: palpation of heart: PMI nondisplaced	<input type="checkbox"/>
NL: auscultation of heart: regular rate & rhythm, no murmur	<input type="checkbox"/>
NL: abdomen: soft, nontender/nondistended, normal bowel sounds, no mass	<input type="checkbox"/>
NL: liver & spleen: no hepatosplenomegaly	<input type="checkbox"/>
NL: inspection (includes subcutaneous tissue): no rash	<input type="checkbox"/>
NL: cranial nerves	<input type="checkbox"/>
NL: DTRs	<input type="checkbox"/>
NL: age appropriate gait & coordination on observation	<input type="checkbox"/>
NL: mood & affect	<input type="checkbox"/>

## Remaining template documentation elements

<b>Counseling:</b>	_____
<b>Coordination of Care:</b>	_____
<b>Diagnosis:</b>	Attention-deficit hyperactivity disorder, combined type(F90.2)
<b>Assessment:</b>	ADHD: symptoms have been well controlled on medications and with behavioral supports. Appropriate academic achievement noted. Behaviors have been appropriate at home and school
<b>Plan:</b>	Follow up Vanderbilt assessments reviewed if completed: Growth, weight, and blood pressure checked and reviewed with family Reviewed with patient/family diagnosis, current medication regimen and medication side effects Changes to current medication regimen: Appropriate prescriptions written Re-evaluate in:
<b>Patient Instructions:</b>	

**Remaining workflow elements**

**Procedures**

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**Orders**

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