



Partners in Pediatrics Ltd.

Health Care for Children and Adolescents

www.pipstop.com

BROOKLYN PARK OFFICE
8500 Edinbrook Parkway
Brooklyn Park MN 55443
(763) 425-1211
FAX (763) 425-6277

CALHOUN OFFICE
3910 Excelsior Boulevard
St Louis Park MN 55416
(952) 562-8787
FAX (952) 562-8788

MAPLE GROVE OFFICE
Bass Lake Center
12720 Bass Lake Road
Maple Grove MN 55369
(763) 559-2861
FAX (763) 559-1338

PLYMOUTH OFFICE
WestHealth
2855 Campus Drive, #350
Plymouth MN 55441
(763) 520-1200
FAX (763) 520-1201

ROGERS OFFICE
13980 Northdale Boulevard
Rogers MN 55374
(763) 428-1920
FAX (763) 428-3162

ADHD FOLLOW-UP VISITS

FOR STUDENTS IN MIDDLE SCHOOL OR HIGH SCHOOL

Children on medication for Attention Deficit Hyperactivity Disorder are required to return to the office for regular follow-up visits at least every one to four months. We rely on information from both parents and school to assess progress and make recommendations about ongoing treatment. We prefer using standardized materials whenever possible to make these decisions.

Please bring the following items with you to each follow-up visit:

1. School Progress Parent Follow-up Evaluation Form. (attached & on our website)
2. ADHD Follow-up Self-Report. (attached & on our website)
3. Middle / High School Progress Report. (attached & on our website)
4. A copy of your child's most recent school report card.
5. Copies of any recent academic evaluations, school staffing reports, or IEP.
6. Additional written reports from school teachers or staff.
7. Recent reports from psychologist or therapist.

Attached are the forms you will need for your next visit. *Note that each teacher needs to fill out a Middle / High School Progress Report; therefore you may need to make additional copies.* You should keep the materials listed above until it is time to have your child's teachers fill them out. It probably works best to give the forms to the teacher about two weeks prior to your appointment. Then arrange a date 7 to 10 days later to pick them up yourself.

If you have misplaced the packet, please call our office to get another set of questionnaires. You can also print them from our website www.pipstop.com.



Thank you.

Patient's Name: _____

* Your child's next appointment is on: (Date) _____
(Time) _____
(Doctor) _____
(Location) _____

PARENT SCHOOL PROGRESS FOLLOW-UP EVALUATION

Parent to Complete
in the month of _____

Child's Name: _____ Date of Birth: _____ Today's Date: _____

Parent's Name: _____ Parent's Phone Number: _____

- Are your child's ADHD symptoms controlled consistently throughout the day? ☐ Yes ☐ No
- If your child is currently taking ADHD medication, how long does it control his/her symptoms? _____ Hours.
- Are your child's ADHD symptoms controlled during after-school hours including homework time? ☐ Yes ☐ No
- If not, what ADHD symptoms are not adequately controlled during this time? _____
- Do you feel that your child needs more symptom control than what is provided by his/her current ADHD treatment plan? ☐ No ☐ Yes
- Do you feel that your child's current or prior ADHD medication is/was well tolerated? ☐ Yes ☐ No

SYMPTOMS	NEVER	OCCASIONALLY	OFTEN	VERY OFTEN
1. Does not pay attention to details or makes careless mistakes with, for example, homework.	0	1	2	3
2. Has difficulty keeping attention to what needs to be done.	0	1	2	3
3. Does not seem to listen when spoken to directly.	0	1	2	3
4. Does not follow through when given directions and fails to finish activities (not due to refusal or failure to understand).	0	1	2	3
5. Has difficulty organizing tasks and activities.	0	1	2	3
6. Avoids, dislikes, or does not want to start tasks that require ongoing mental effort.	0	1	2	3
7. Loses things necessary for tasks or activities (toys, assignments, pencils, or books).	0	1	2	3
8. Is easily distracted by noises or other stimuli.	0	1	2	3
9. Is forgetful in daily activities.	0	1	2	3
10. Fidgets with hands or feet or squirms in seat.	0	1	2	3
11. Leaves seat when remaining seated is expected.	0	1	2	3
12. Runs about or climbs too much when remaining seated is expected.	0	1	2	3
13. Has difficulty playing or beginning quiet play activities.	0	1	2	3
14. Is "on the go" or often acts as if "driven by a motor".	0	1	2	3
15. Talks too much.	0	1	2	3
16. Blurts out answers before questions have been completed.	0	1	2	3
17. Has difficulty waiting his or her turn.	0	1	2	3
18. Interrupts or intrudes in on others' conversations and/or activities.	0	1	2	3
19. Argues with adults.	0	1	2	3
20. Loses temper.	0	1	2	3
21. Actively defies or refuses to go along with adults' requests and/or activities.	0	1	2	3
22. Deliberately annoys people.	0	1	2	3
23. Blames others for his or her mistakes or misbehavior.	0	1	2	3
24. Is touchy or easily annoyed by others.	0	1	2	3
25. Is angry or resentful.	0	1	2	3
26. Is spiteful and wants to get even.	0	1	2	3
27. Is fearful, anxious, or worried.	0	1	2	3
28. Is afraid to try new things for fear of making mistakes.	0	1	2	3
29. Feels worthless or inferior.	0	1	2	3
30. Blames self for problems, feels guilty.	0	1	2	3
31. Feels lonely, unwanted, or unloved; complains that "no one loves him or her".	0	1	2	3
32. Is sad, unhappy, or depressed.	0	1	2	3
33. Is self-conscious or easily embarrassed.	0	1	2	3



PERFORMANCE	EXCELLENT	ABOVE AVERAGE	AVERAGE	SOMEWHAT OF A PROBLEM	PROBLEMATIC	
34. Overall school performance	1	2	3	4	5	
35. Reading	1	2	3	4	5	
36. Writing	1	2	3	4	5	
37. Mathematics	1	2	3	4	5	
38. Relationships with parents.	1	2	3	4	5	
39. Relationships with siblings.	1	2	3	4	5	
40. Relationships with peers.	1	2	3	4	5	
41. Participation in organized activities (e.g. teams)	1	2	3	4	5	
Side Effects: Has your child experienced any of the following side effects or problems in the past week?			NONE	MILD	MODERATE	SEVERE
Change of appetite			0	1	2	3
Weight loss			0	1	2	3
Trouble sleeping			0	1	2	3
Dull, tired, listless behavior			0	1	2	3
Chest pain			0	1	2	3
Stomachache			0	1	2	3
Headache			0	1	2	3
Tremors/feeling shaky			0	1	2	3
Repetitive movements, tics, jerking, twitching, eye blinking			0	1	2	3
Picking at skin or fingers, nail biting, lip or cheek chewing			0	1	2	3
Irritability in the late morning, late afternoon, or evening			0	1	2	3
Problem behaviors when medications are wearing off			0	1	2	3
Excessive worrying, anxiety			0	1	2	3
Sees or hears things that aren't there			0	1	2	3
Socially withdrawn – decreased interaction with others			0	1	2	3
Extreme sadness or unusual crying			0	1	2	3
Dizziness			0	1	2	3
Skin rash			0	1	2	3

COMMENTS:

Please return this form to: **PARTNERS IN PEDIATRICS**

☐ Brooklyn Park office
8500 Edinbrook Parkway
Brooklyn Park MN 55443
Phone: 763-425-1211
Fax: 763-425-6277

☐ Calhoun office
6910 Excelsior Boulevard
St Louis Park MN 55416
Phone: 952-562-8787
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☐ Maple Grove office
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Maple Grove MN 55369
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☐ Plymouth office
2855 Campus Drive, #350
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Phone: 763-520-1200
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☐ Rogers office
13980 Northdale Boulevard
Rogers MN 55374
Phone: 763-428-1920
Fax: 763-428-3162

For Office Use Only

Inattention 1-9: _____/9 Hyp-Imp 10-18: _____/9 ODD 19-26: _____/8 Dep / Anx 27-33 _____/7

Strengths:

Weaknesses:

Provider Initials: _____



ADHD FOLLOW-UP SELF-REPORT

Name: _____ Date of Birth: _____

Today's Date: _____ Your Phone Number: _____

- Are your ADHD symptoms controlled consistently throughout the day? ☐ Yes ☐ No
- If you are currently taking ADHD medication, how long does it control your symptoms? _____ Hours.
- Are your ADHD symptoms controlled during after-school/work hours including homework time? ☐ Yes ☐ No
- If not, what ADHD symptoms are not adequately controlled during this time? _____
- Do you feel that you need more symptom control than what is provided by your current ADHD treatment plan? ☐ No ☐ Yes
- Do you feel that your current or prior ADHD medication is/was well tolerated? ☐ Yes ☐ No

SYMPTOMS	NEVER	OCCASIONALLY	OFTEN	VERY OFTEN
1. I do not pay attention to details, make careless mistakes on homework or other work.	0	1	2	3
2. I have difficulty paying attention to what needs to be done.	0	1	2	3
3. I do not listen well when spoken to directly.	0	1	2	3
4. I do not follow through when given directions and fail to finish activities.	0	1	2	3
5. I have difficulty organizing tasks and activities.	0	1	2	3
6. I avoid, dislike, or do not want to start tasks that require ongoing mental effort.	0	1	2	3
7. I lose things necessary for tasks or activities (keys, glasses, wallet, important papers or assignments).	0	1	2	3
8. I am easily distracted by noises or other stimuli.	0	1	2	3
9. I am forgetful in daily activities.	0	1	2	3
10. I fidget and squirm a lot.	0	1	2	3
11. I have trouble remaining seated when it is expected.	0	1	2	3
12. I am agitated and restless.	0	1	2	3
13. I have difficulty engaging in leisurely activities quietly.	0	1	2	3
14. I am "on the go" and have a hard time relaxing.	0	1	2	3
15. I talk too much.	0	1	2	3
16. I blurt out answers before questions have been completed.	0	1	2	3
17. I have difficulty waiting my turn in conversations, activities, or driving.	0	1	2	3
18. I interrupt or intrude in on others' conversations and/or activities.	0	1	2	3
19. I argue with others often.	0	1	2	3
20. I lose my temper.	0	1	2	3
21. I actively defy or refuse to go along with others' requests and/or activities.	0	1	2	3
22. I deliberately annoy people	0	1	2	3
23. I blame others for my mistakes or misbehavior.	0	1	2	3
24. I am touchy or easily annoyed by others.	0	1	2	3
25. I am angry or resentful.	0	1	2	3
26. I am spiteful and want to get even.	0	1	2	3
27. I am fearful, anxious, or worried.	0	1	2	3
28. I am afraid to try new things for fear of making mistakes.	0	1	2	3
29. I feel worthless or inferior.	0	1	2	3
30. I blame myself for problems, feel guilty.	0	1	2	3
31. I feel lonely, unwanted, or unloved; complain that "no one loves me."	0	1	2	3
32. I am sad, unhappy, or depressed.	0	1	2	3
33. I am self-conscious or easily embarrassed.	0	1	2	3



Continued on Reverse

PERFORMANCE	EXCELLENT	ABOVE AVERAGE	AVERAGE	SOMEWHAT OF A PROBLEM	PROBLEMATIC
34. Overall school/work performance	1	2	3	4	5
35. Reading	1	2	3	4	5
36. Math	1	2	3	4	5
37. Writing	1	2	3	4	5
38. Relationships with parents.	1	2	3	4	5
39. Relationships with siblings.	1	2	3	4	5
40. Relationships with peers.	1	2	3	4	5
41. Relationship with spouse/significant other.	1	2	3	4	5

Side Effects: Have you experienced any of the following side effects or problems in the past week?	NONE	MILD	MODERATE	SEVERE
Change of appetite	0	1	2	3
Weight loss	0	1	2	3
Trouble sleeping	0	1	2	3
Dull, tired, listless behavior	0	1	2	3
Chest pain	0	1	2	3
Stomachache	0	1	2	3
Headache	0	1	2	3
Tremors/feeling shaky	0	1	2	3
Repetitive movements, tics, jerking, twitching, eye blinking	0	1	2	3
Picking at skin or fingers, nail biting, lip or cheek chewing	0	1	2	3
Irritability in the late morning, late afternoon, or evening	0	1	2	3
Problem behaviors when medications are wearing off	0	1	2	3
Excessive worrying, anxiety	0	1	2	3
Sees or hears things that aren't there	0	1	2	3
Socially withdrawn – decreased interaction with others	0	1	2	3
Extreme sadness or unusual crying	0	1	2	3
Dizziness	0	1	2	3
Skin rash	0	1	2	3

COMMENTS:

Please return this form to: **PARTNERS IN PEDIATRICS**

<input type="checkbox"/> Brooklyn Park office 8500 Edinbrook Parkway Brooklyn Park MN 55443 Phone: 763-425-1211 Fax: 763-425-6277	<input type="checkbox"/> Calhoun office 3910 Excelsior Boulevard St Louis Park MN 55416 Phone: 952-562-8787 Fax: 952-562-8788	<input type="checkbox"/> Maple Grove office 12720 Bass Lake Road Maple Grove MN 55369 Phone: 763-559-2861 Fax: 763-559-1338	<input type="checkbox"/> Plymouth office 2855 Campus Drive, #350 Plymouth MN 55441 Phone: 763-520-1200 Fax: 763-520-1201	<input type="checkbox"/> Rogers office 13980 Northdale Boulevard Rogers MN 55374 Phone: 763-428-1920 Fax: 763-428-3162
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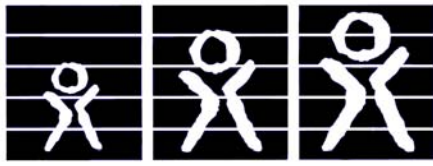
For Office Use Only

Inattention 1-9: _____/9 Hyp-Imp 10-18: _____/9 ODD 19-26: _____/8 Dep / Anx 27-33 _____/7

Strengths:

Weaknesses:

Provider Initials: _____



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MIDDLE/HIGH SCHOOL PROGRESS REPORT

Student Name: _____ Date of Birth: _____ Today's Date: _____

Teacher: _____ Class/Subject: _____ Period or Time: _____

Please rate this student based on current school performance to this point in the term.
(Circle appropriate answers for each row)

1. Approximate current Grade	A	B	C	D	F or IC
2. % of assigned work completed	90-100%	80-89%	66-79%	50-65%	0-49%
3. Able to pay attention without prompting	Always	Often	Sometimes	Rarely	Never
4. Follows class discussion and teacher instructions	Always	Often	Sometimes	Rarely	Never
5. Learns new material	Very Quickly	Quickly	Average	Slowly	Very Slowly
6. Follows rules of behavior	Always	Often	Sometimes	Rarely	Never

Comments:

Please return completed form to Student/Family or Fax to Partners in Pediatrics:

<input type="checkbox"/> Brooklyn Park office 8500 Edinbrook Parkway Brooklyn Park MN 55443 Phone: 763-425-1211 Fax: 763-425-6277	<input type="checkbox"/> Calhoun office 3910 Excelsior Boulevard St Louis Park MN 55416 Phone: 952-562-8787 Fax: 952-562-8788	<input type="checkbox"/> Maple Grove office 12720 Bass Lake Road Maple Grove MN 55369 Phone: 763-559-2861 Fax: 763-559-1338
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