

# Telephone Follow-Up Encounter Form

Date: \_\_\_\_\_

1. Has the child been taking the medication?  Yes  No  Current

Medication/Dose: \_\_\_\_\_

If no, list reason: \_\_\_\_\_

When will meds be initiated? \_\_\_\_\_ Revised 14-day phone contact: \_\_\_\_\_

2. Over the past 2 weeks, how would you describe your child's general level of hyperactivity, impulsivity, and inattention (at home and at school) compared with before starting medication?

**At home:**

Hyperactivity:  Worse  No change  Slightly Improved  Much Improved

Impulsivity:  Worse  No change  Slightly Improved  Much Improved

Inattention:  Worse  No change  Slightly Improved  Much Improved

**Overall Progress:**  Worse  No change  Slightly Improved  Much Improved

**At school:**

Hyperactivity:  Worse  No change  Slightly Improved  Much Improved

Impulsivity:  Worse  No change  Slightly Improved  Much Improved

Inattention:  Worse  No change  Slightly Improved  Much Improved

**Overall Progress:**  Worse  No change  Slightly Improved  Much Improved

3. Over the past 2 weeks, has there been a difference between the child's behavior in the AM versus the PM (e.g., medicine wearing off too soon, problems with rebound)?  Yes  No

4. Have you observed any possible side effects from the medication (i.e., trouble sleeping, trouble eating, aches, or any other behaviors) that either were not present or have gotten worse since he/she began taking the medication?

Yes  No If yes, list side effect(s): \_\_\_\_\_

**MEDICATION PLAN:**

A. Continue current dose

B. Change dose: Increase to \_\_\_\_\_ Decrease to \_\_\_\_\_

C. Change medication: \_\_\_\_\_

**FOLLOW-UP PLAN:**

A. Do you have a set of Parent Follow-Up Vanderbilt forms?  Yes  No

B. Have the teachers received a set of Teacher Follow-Up Vanderbilt forms?  Yes  No

\*Please remember that these forms must be in prior to the next office visit and medication refill.

C. Have you scheduled a follow-up office visit?  Yes  No

If yes, what is the date of the scheduled visit? \_\_\_\_\_