Patient Name	DOB	PCP	Teacher Rating Scale Present	Parent Rating Scale Present	CRITERIA?	Date of Office Evaluation	DIAGNOSIS?	MEDS RX?	Telephone Follow-Up		Office Follow-Up		Teacher Follow-up Rating Scale Present		Parent Follow-Up Rating Scale Present	
									Date	Within 14 days?	Date	Within 6 weeks?	Date	Within 6 weeks?	Date	Within 6 weeks?