



## **ADD/ADHD Medication Monitoring**

Medication(s) & Strength: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Time taken: \_\_\_\_\_

Time til wears off: \_\_\_\_\_

| <b>Targeted Behaviors</b> | <b>Improving?</b> | <b>Explain</b> |
|---------------------------|-------------------|----------------|
| School performance        |                   |                |
| Home performance          |                   |                |

| <b>Side Effects</b>   | <b>Y/N</b> | <b>Explain</b> |
|---|------------|----------------|
| Appetite loss / stomachache   |            |                |
| Increased heart rate  |            |                |
| Insomnia  |            |                |
| Headaches   |            |                |
| Motor/vocal tics  |            |                |
| Mood changes (ie sadness, nervousness, irritability, excessive crying, rebound) |            |                |

**Next med check on or BEFORE:** \_\_\_\_\_

Notes:

\_\_\_\_\_

\_\_\_\_\_