ADHD Treatment Agreement

Patient's Name: _____
Date of Birth: _____

Your child has been diagnosed with **Attention Deficit Hyperactivity Disorder (ADHD)**. Medications used for the treatment of ADHD are *controlled substances*, the prescription of which is tightly controlled by state and federal law. All ADHD medications prescribed are recorded in a state-wide database.

In order to provide the best care for your child, we have the following guidelines for our patients with ADHD:

Appointment Frequency

1. After starting treatment, your child must visit the office within **3 weeks** to evaluate their response to the prescribed medication.
2. After all dosing changes, your child must visit the office **within 1 month** unless otherwise specified by the prescribing provider.
3. Once your child's medication dosage is stable your child must visit our office **every 3 months**.
4. All patients on ADHD medications must have yearly routine physical exams.
5. **We will not refill prescriptions for patients who have not attended all of these appointments.**

Medication Requests

1. Please call us to request a medication refill at least 2-3 days before a medication refill is due. Please allow us at least **48 hours** to complete your refill request.
2. We can only respond to refill requests Monday through Friday from 8:30 AM to 4:00 PM. Any refill requests made after 4:00 PM or on the weekend will be completed on the next business day.

IMPORTANT NOTES

1. ADHD medications should be used only as prescribed. We may dismiss patients from our practice if we believe these medications have been used inappropriately.
2. Please call us immediately if your medication is lost or stolen, if your child experiences any side effects, or if you have any concerns about your child's medication.

I agree that I will follow these guidelines. I understand that if I do not follow these guidelines, Latham Pediatrics may dismiss my child from its medical practice.

Parent or Guardian's Name (Please Print) _____
Parent or Guardian Signature _____
Date _____

Community Care Pediatrics - Latham
6 Wellness Way, Suite 102, Latham, NY
Phone: 518-713-2099 Fax 518-783-7506

Melissa Deimling, MD
Heather Matott, MD
Sarah Aluck, PNP
Amanda Dvorscak, DO
Hunter MacDonald, DO
Jessica Lawson, CPNP-PCNP
Kristina Lahtinen-Aley, MD
Kate Woll, MD, FAAP
Jenna Warner, NP