



Gwendolyn Delaney, MD

Soraya Lim, MD

Belinda Miller Topa, MD

Gargi Shikhare, MD

VICKERY PEDIATRICS ADHD ASSESSMENT PROTOCOL

Inattention and focus issues are a common concern in children. It is vital that these concerns be fully discussed in order to determine the cause and create an appropriate plan for your child. While attention deficit is a possibility, it is important to consider other issues, such as: social maturity, learning differences, or mood related issues.

Vickery Pediatrics uses the Vanderbilt Assessment Scales to help distinguish the cause of inattention and hyperactivity. It helps provide an accurate picture of how the behavior is affecting daily life for your child as well as your family. In addition, it allows us to examine the impact that the behavior is having on learning at school.

This packet has information regarding the diagnosis of ADHD as well as the rating scales for you and your child's teachers.

Vickery Pediatrics protocol for an initial ADHD assessment is as follows:

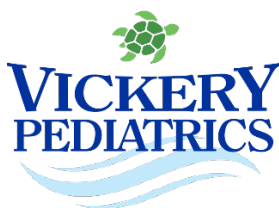
1. Please fill out parent rating scales and have your child's teachers fill out their rating scales. Please feel free to make copies of the scales to give to additional teachers if desired.
2. Please fax or drop off assessments to our office as they become available and schedule an appointment for an initial ADHD evaluation.
3. **WE REQUIRE THAT ALL PAPERWORK BE AVAILABLE FOR REVIEW AT LEAST 1 WEEK BEFORE THE SCHEDULED VISIT.**
4. Please also provide any previous diagnostic paperwork, psychoeducational testing results, or other pertinent paperwork if applicable.
5. **If your child has been previously diagnosed by another physician or psychologist, full documentation of the diagnosis must be available for review 1 week prior to your visit.**
6. Please consider calling your insurance company prior to your initial ADHD appointment for a list of ADHD medications they will cover. If medication is part of your child's plan, this information will help avoid unnecessary additional follow-up visits after diagnosis.

Please feel free to contact us with any other questions.

Vickery Pediatrics @ the Collection – Forsyth

410 Peachtree Parkway, Suite 4260 | Cumming, GA 30041 | Phone: 678-990-2501 Fax: 678-990-2505

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VICKERY PEDIATRICS ADHD TREATMENT PROTOCOL

Vickery Pediatrics is committed to providing the best possible care of your child's ADHD. **Medications used to treat ADHD fall under the category of controlled substances and require follow-up appointments in a timely manner.** The following treatment schedule is followed to best monitor and follow-up with your child's treatment:

***Initial visit for ADHD includes a full history, physical exam, and Vanderbilt assessment. If your child has been diagnosed by another physician or psychologist, full documentation of the diagnosis must be available for review.

***Medication options will be discussed at the initial visit. There is growing variability in what medications will be covered by different insurance plans. Bringing a formulary from your insurance company's website of covered ADHD medications to the initial visit is highly recommended.

***Vanderbilt follow-up assessment forms from parents and teachers are required yearly.

Follow-up schedule for ADHD

1. Initial visit.
2. Follow-up visit in 1 month.
3. Follow-up visit in 3 months.
4. Follow-up visits every 3-4 months once on stable dosing.
5. Well Child check-up done annually (may be combined with ADHD follow-up as long as there are no changes needed).

Medication refill schedule:

1. Medications are written for 30 days and will require you to come in and pick up the prescription – **most ADHD medications cannot be faxed to the pharmacy.**
2. Please call 48 hours before the last dosage so that your prescription can be ready for pick-up at the front desk.
3. **Prescriptions will not be refilled when the follow-up schedule is not followed.**

I have read the ADHD Assessment Protocol for Vickery Pediatrics, LLC and agree with the terms listed. In order to avoid lapses in my child's ADHD care, I understand that prescriptions will NOT be refilled when the follow-up schedule is not followed, and I agree to adhere to the follow-up schedule and medication refill schedule listed.

Patient Name: _____

Date: _____

Parent/Legal Guardian: _____ (Sign) _____