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## **VICKERY PEDIATRICS ADHD TREATMENT AGREEMENT**

PATIENT NAME \_\_\_\_\_ (DATE OF BIRTH) \_\_\_\_\_

Vickery Pediatrics is committed to providing the best possible care for 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 on a quarterly basis and from the teachers on a yearly basis is required.

### 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 or 90 days. Occasionally, you may be required to come in and pick up the prescription – **most ADHD medications cannot be faxed to the pharmacy.** Identification will be required to pick up my child's prescription. If someone other than the child's parent is needed to pick up the prescription, I will have a completed "consent for treatment form" completed in that person's name prior to coming into office to get your child's prescription.
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.

\_\_\_\_\_ (initial)

**Vickery Pediatrics @ the Collection – Forsyth**

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**I understand that Vickery Pediatrics will be monitoring my child's use and response to this medication(s). Additionally, my compliance with the following guidelines will be required.**

- My child will need to have **scheduled visits to the office** to safely monitor his or her medication. The number of visits required will depend upon my child's progress and the type of medication that they are receiving. I agree to keep these regularly scheduled appointments as they are required to safely monitor my child's medication use and their response to these medications.
- I understand that medications will not be refilled after-hours or on weekends.
- If my child is experiencing any side-effects from his or her medication, I will call the office immediately.
- If I request a dosage change for my medication, an office visit to review my child's growth, blood pressure or exam may be necessary.
- I understand that I am responsible for my child taking their medication as prescribed and am not allowed to request new prescriptions before they are due. Exceptions will be made for patients that use mail order pharmacies. I understand that I am responsible for safeguarding my child's medication supply. If a prescription is lost or stolen, a police report may be required for a new prescription to be given.
- I understand that these medications are only a part of my child's treatment. I know that there are other aspects of my child's treatment (for example – counseling, behavioral modification techniques and additional testing (Neuropsychological or psychoeducational) that my child may be required to perform or participate in while he/she is taking these prescribed medications. The decision as to whether the medication is providing sufficient therapeutic benefit to justify continued use is a medical determination that will be made only by my child's provider.
- I will keep my child's appointments as scheduled. I will contact Vickery Pediatrics as soon as possible if I need to reschedule or cancel an appointment. If I fail to show up at the time of the scheduled appointment it will be recorded in my child's chart as a **"No –Show"**. The \$75 "No-Show fee will be charged. If you "No-Show" for 3 appointments within a year, you will be discharged from the Practice.

The first time that an ADHD appointment is missed or rescheduled at the last minute, the office will attempt to accommodate you with an appointment again as soon as possible. Afterward, if you cancel or reschedule at the last minute, you will have to wait until there is an opening on the regular schedule. In addition, there is the possibility that **your medication may not be refilled or prescribed until the next appointment is kept.** If this is a recurrent or persistent issue, you may be asked to transfer your child's care to a different practice.

**I agree to comply with the forgoing guidelines as a condition to the provision of the services to my child by the practice. I understand that any violation of the above guidelines or requirements may result in my child's prescription not being refilled and my discharge from the practice.**

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Legal Guardian: \_\_\_\_\_ (Signature) \_\_\_\_\_

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### **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.

