



ADHD Medication Management Contract

Your child has been diagnosed with a form of ADHD or Attention Deficit Hyperactivity Disorder. *This is the name used even if your child is only inattentive and does not have the hyperactive component.*

Medication Initiation, Adjustment, and Follow-up ADHD Visits

Dr. McNeill will start with a low dose of medication, typically given in the morning after breakfast. With the start of medication, you may see immediate improvement in symptoms. However, changes in dosage and/or medication may be needed to get maximum benefit with the least side effects. It is important that we monitor your child closely until we find the medication and dose that works best for your child.

Please initial your understanding and agreement for each:

_____ **An in-office ADHD follow-up visit is recommended at no later than 4 wks (<1 month) after starting medication.** At this visit, the Physician reviews the child or adolescent's responses to the medication, monitors adverse effects, HR, BP, and weight. At this visit medication refills will be provided.

_____ During the initial medication adjustment period, in-office ADHD follow-up visits will be scheduled on a **monthly basis until consistent and optimal response has been achieved.**

_____ Once patients are stable on medications will be scheduled **every 3 months (90 days) for an ADHD medication follow-up appointment.** Some follow-up appointments may be via Telehealth alternating with in-office exams.

_____ ADHD treatment concerns will not be addressed at annual wellness visits, sports physicals or same day sick visits. If the patient is having problems or in need of medication adjustments, a separate ADHD visit should be scheduled so the proper amount of time and attention can be given for each appointment type.

_____ **If during the annual wellness visit ADHD concerns are requested to be discussed, the visit will be billed separately for both the wellness and ADHD follow up office visit where copay, coinsurance and deductibles will often apply.** Most Insurances will not cover ADHD and Annual Wellness or Physicals together and the family will be responsible for their cost share of the ADHD visit.

Follow Up Forms

_____ **ADHD Parent and Teacher* Follow-up forms are required to be completed at every ADHD Follow-up appointment.** Completion of ADHD rating scales before dose adjustment helps promote measurement-based treatment. Forms can be downloaded from our website www.cornerstonepediatricsva.com , under 'Forms & Policies' and on the Athena Patient Portal.

_____ **Completed** ADHD assessment forms (both parent and teacher*) must be received 24 hrs **prior** to any Telehealth ADHD follow-up appointment. **If a teacher form is unable to be completed, the most recent grade reports, any behavior reports, and any psychological /psychoeducational testing and pertinent consultations since the last visit should be sent.* Forms and documents should be uploaded to the patient's portal. If we do not receive any teacher input, the ADHD follow-up visit may need to be rescheduled.

Medication and Refill Requests

_____ Medication refill requests should be made by the patient portal or calling the office **at least 3-5 business days in advance**. The pharmacy cannot request refill of these medications. ADHD medications are not emergency medications and will not be refilled after hours, weekends, or on holidays. There will be a \$20 service charge, not billable to insurance, for any same day/next day refill requests.

_____ In order to receive medication refills, **ADHD Follow Up appointments and Annual Wellness visit need to be current. Family copays/coinsurance/deductibles and any outstanding bills must be paid.**

_____ These medications are classified as a Class 2 controlled substance by the Drug Enforcement Agency and are to only be used by the patient they are prescribed for.

_____ Medications should be **administered by the parent or guardian and observed** that the proper dose was taken as prescribed.

_____ Medication should be **locked up** for safety and monitored closely by the parent/guardian. All lost, destroyed, stolen, expired or otherwise misplaced or misused Controlled Substance medications and/or their scripts may not be replaced or authorized by the pharmacy and/or insurance.

Patients 18 years of age and older

HIPAA regulations require us to speak directly with patients once they turn 18. They will be responsible for making their appointments, completing their forms and requesting their medication refills and will sign the ADHD Medication Contract.

_____ For us to talk with parents about their adult child's treatment or make appointments for them, we need an updated HIPAA form, signed by the adult child giving us authorization to do so.

_____ I acknowledge receipt of this Medication Management Contract and agree to the stipulations within. I understand that failure to keep appointments can result in the denial of medication refills. Please initial at all spaces and complete below.

Patient Full Name _____ Date of Birth: _____
Signature (ages 13 and above) _____ Date: _____

Mother/Guardian Full Name _____
Mother/Guardian Signature _____ Date: _____

Father/Guardian Full Name _____
Father/Guardian Signature _____ Date: _____

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