

TREATMENT PROGRESS FORM FOR ADOLESCENTS AND ADULTS

This form is assigned as “homework.” Please complete both sides carefully before your next appointment and bring it with you. If at all possible ask a “significant other” who knows you well to answer as many of these questions as possible. (spouse, brother or sister, mother or father, roommate, employer, etc.)

Patient Name: _____ Date: _____

Name of person assisting: _____ Relationship: _____

	Much better	Better	Same	Worse	Much worse
Concentration on required work					
Completion of paperwork					
Memory of things read					
Ability to finish required work					
Reduced “wandering thoughts”					
Attention span					
Ability to listen more carefully					
Understanding instructions					
Organization of required work					
Ability to study effectively					
Patience					
Energy					
Restless or over-activity					
Impulsive behaviors					
Moodiness or irritability					
Self-esteem					
Self-control of emotions					
Self-control of anger/angry behaviors					
Feelings of being worthwhile					

What medications do you take?

1) _____ Dose: _____ mg Times per day: _____

2) _____ Dose: _____ mg Times per day: _____

3) _____ Dose: _____ mg Times per day: _____

4) _____ Dose: _____ mg Times per day: _____

Are you taking brand name or generic? _____

Have you noticed a difference? (Please describe)

OVER 

What benefits seem most helpful to you?

List any side effects:

A feeling of being too “wired” or jumpy is a common side-effect during the first few days of starting stimulant medications. If this is troublesome cut the dose in half for 2-3 days, then try the prescribed dose again. Reduced appetite and insomnia are also common temporary side-effects during the first week of treatment. Please discuss this with the physician if these problems persist.

Do you feel you have any other problems still undiagnosed or untreated?

<input type="checkbox"/> Anxiety	<input type="checkbox"/> Depression
<input type="checkbox"/> PMS	<input type="checkbox"/> Learning difficulties or disabilities
<input type="checkbox"/> Marital or relationship problems	<input type="checkbox"/> Parenting problems
<input type="checkbox"/> School or job coaching	<input type="checkbox"/> Temper or anger problems
<input type="checkbox"/> Obsessions or compulsions	<input type="checkbox"/> Other (please describe)

Have you read any of the materials we gave you?

Yes No Partway Procrastinating

Have you engaged in a new hobby or interest? (Please describe)

Have you newly started or ended a relationship? (Please describe)

Have you learned coping mechanisms to deal with problems when off medication? (Please describe)

Are you taking any pain medications, legally or illegally? We need to know! Yes No

Any other major questions or concerns?

The following medications may cause some reduction in sexual interest (“Libido”), or create a situation in which orgasm is delayed or feels odd: Paxil, Prozac, Anafranil, Luvox, Celexa, Zoloft, and Effexor. This is usually temporary only and gets better with time. If these problems persist there are countermeasures available. Are you (or your partner) having problems with these side-effects?

Yes No

!!NEVER SUDDENLY STOP SUDDENLY TAKING THE ABOVE MEDICATIONS!!

They must be tapered off slowly to avoid a nasty **discontinuation effect you do not want!**

Are you having trouble to remember taking medications on schedule? Yes No

Signed: _____ Relationship: _____