



### Follow Up and Discharge For ADHD Clinic

Telephone 604 875 2738 [vlepore@cw.bc.ca](mailto:vlepore@cw.bc.ca) Fax 604 875 2870

<b>Patient NAME</b>
<b>DATE SEEN</b>
History since last visit:
Response to psychosocial interventions:

#### Clinical Global Impressions:

**1. Severity of illness**

Considering your total clinical how mentally ill is the patient?

Not at all ill   Normal   Borderline   Mildly ill   Moderately ill   Markedly ill   Severely ill   Among the most mentally ill

**2. Global Improvement:** *Rate total improvement whether or not it is due entirely to drug treatment.*

Compared to condition at admission to the project, how much has the patient changed?

Very much Worse   Much Worse   Minimally Worse   No Change   Minimally Improved   Much Improved   Very Much Improved

<b>III</b>	
<b>IV</b>	
<b>AXIS V</b>	<b><u>CGAS</u></b>
91-100	Superior functioning in all aspects of life; active, likeable, confident
90-81	Good functioning in school, home, peers, transient everyday worries have mild reaction
80-71	Slight impairment in school, home or peers, transient behavior and emotional reaction
70-61	Difficulty in an area of life but functioning well ( mood change, sporadic anti-social act)
60-51	Variable functioning and sporadic difficulties in several areas of life, apparent to others
50-41	Moderate interference in functioning or severe impairment in school, home or peers
40-31	Major impairment; unable to function in 1 area (suicide attempt, persistent aggression, marked withdrawal and isolation, severe mood or thought disturbance)
30-21	Unable to function within life, severe impairment in communication and reality testing
20-11	Needs supervision to be safe and for self-care, gross impairment in communication
10-0	Needs 24 hour supervision for severe aggressive, self-destructive behavior, affect, thought, reality testing, communication impairment.



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**Efficacy Index- Rate this item on the basis of DRUG EFFECT ONLY**

$$\text{Efficacy Index (EI)} = \frac{\text{Therapeutic Score}}{\text{Side Effect Score}}$$

THERAPEUTIC EFFECT	SIDE EFFECTS			
	NONE	DO NOT INTERFERE WITH FUNCTION	SIGNIFICANT INTERFERENCE WITH FUNCTION	OUTWEIGHS THERAPEUTIC EFFECT
4. MARKED: Vast improvement.	4.00	2.00	1.33	1.00
3. MODERATE: Partial	3.00	1.50	1.00	0.75
2. MINIMAL: Slight improvement	2.00	1.00	0.67	0.50
1. UNCHANGED OR WORSE	1.00	0.50	0.33	0.25
Not Assessed = 0				

**Compliance:**

FULL  TOOK ALL MEDICATIONS AS DIRECTED

PARTIAL  TOOK MORE OR LESS MEDICATION, DID NOT TAKE ALL MEDICATION PRESCRIBED, OR DISCONTINUED IT FOR PERIODS

NONE  DISCONTINUED MEDICATION COMPLETELY FOR AT LEAST A WEEK

Comments: (reasons for poor compliance and intervention used to improved compliance)

Weight: \_\_\_Kg Blood Pressure: \_\_\_/\_\_\_ Pulse: \_\_\_bps Height \_\_\_cm

Meds taken before this visit	DOSE	AM/BID/TID/HS	Reason for choice or change
Meds prescribed on this visit	DOSE	TARGET	REASON FOR CHANGE

**REFERRALS (OT, PSYCHOED, GROUP, PSYCHOTHERAPY, SCHOOL INTERVENTION, TUTOR):**

TO	FOR	OUTCOME



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**RESEARCH CONSENTS:**

STUDY	PATIENT RESPONSE	Questions	Reason consent denied (Hand in enrolment log)

**FOLLOW UP RECOMMENDATIONS:**

Med
Family
School/work
Social
Assessment

Return to clinic: \_\_\_\_week(s) \_\_\_\_month(s) as needed

Follow Up visit is with\_\_\_\_\_

Discharged from clinic and copy of summary given to patient to give to family doctor who will follow up medication and ongoing vitals every 3 – 6 months. Patient has been informed that all medication renewals will be done by family doctor.

YES  NO, maintenance treatment ongoing

Report Dictated

Copy of report is present in the chart

Case Manager\_\_\_\_\_ Supervisor \_\_\_\_\_