

## ADHD: Evaluation/Treatment

If you suspect or have been advised that your child is having learning difficulties or attention problems in school, we recommend that you obtain an age-appropriate educational evaluation. This may be arranged through your child's school, or we can provide the names of **Child Psychologists** who do this type of in-depth testing. Once the evaluation is complete, call our office to schedule a consultation with one of our physicians. Prior to the consultation, send the written report along with any parent/teacher evaluations to that physician for review prior to your meeting.

In this first meeting, the physician will meet with the parents alone, to review the child's complete history and discuss the test results and recommendations. If our clinical assessment and the written evaluation suggest the diagnosis of Attention Deficit Disorder, we will outline the treatment options, including classroom modifications and possibly the use of medication.

At a subsequent visit with your child present, we will explain how medication may be helpful, including the expected therapeutic effects as well as the possible side effects. We also obtain baseline measurements of height, weight and blood pressure. Depending on your **Family History**, we may order some pre-treatment cardiac testing. Once we initiate treatment of ADD/ADHD, we require each patient to have follow-up medication checks, particularly to monitor side effects, especially weight loss, or slow-down of linear growth. Please review the following section regarding our medication management of ADD/ADHD.

Our physicians are experienced in the medical management of straightforward ADD/ADHD. If our physicians are not able to arrive at a successful treatment plan, or if in addition to ADD, a child has other emotional problems, we may recommend a separate psychiatric evaluation in order to find the very best treatment plan.

## Psycho-Educational Testing



Dr. Stacey Rosenkrantz Aronson, PhD	Westport	203-454-5555
Dr. Orit Batey	Easton	203-459-0181
Dr. Chris Bogart et al Southfield Center	Darien	203-202-7654
Dr. Michael Cohen	Westport	203-381-9396
Dr. Jennifer Denkin, PhD	New Canaan	203-347-4284
Dr. Jeanne Dietrich	Harrison, New York	914-381-6163
Dorta & Associates	Greenwich Mt. Kisco	203-622-5074 917-539-6424
Dr. Marcia Eckerd PhD (LD Testing)	Norwalk	203-299-1331
Dr. David Gottesfeld	White Plains	800-638-3039
Dr. Vivian Koda	Norwalk	203-854-6900
Dr. Kristina Kops	Westport	203-226-6548
Dr. Robert Kruger	Westport	203-227-2161
Dr. Ken Magrath	Westport	203-341-8699
Dr. Christine McCarthy	Fairfield	203-254-6406
Dr. Monica McQuaid	Stamford	203-329-0119
Dr. Ron Naso	Stamford	203-325-3661
Neuropsych Consultants	Norwalk	203-855-9691
Dr. Lauren Riordan – The Waverly Group	Greenwich	203-622-8600
Dr. Kristi Sacco & Dr. Laura Gutman	Westport	203-227-0267
Dr. Nancie Spector	New Canaan	203-972-9009
Dr. Alexandra Stone	Bedford Village	914-205-3476
Dr. Sejak Vyas, PhD	Stamford	212-289-8001
Dr. Valerie Warmflash	Stamford	203-329-0119
Dr. Sherrill Werblood	Norwalk	203-855-9100
Dr. Elizabeth Wolfe	Westport	203-318-4369

## ADD/ADHD: Office Management Information for Parents

Once a child has been diagnosed with ADD/ADHD, the pediatrician may recommend a trial of medication. Typically we start with a low dose for the first week or two, and gradually increase the dose over 4-6 weeks. During this period, the physician who did the initial evaluation will make the changes and decide how often to see the patient for follow-up.

**ADD** medications such as **Ritalin, Concerta, Metadate, Focalin, Adderall** or **Vyvanse** are generally **SAFE** and can be **EXTREMELY EFFECTIVE** in treating ADD in children and adolescents. Once a patient reaches a stable daily dose, our protocol for on-going medication management requires a follow-up visit every 3 months and a complete physical every 12 months. These visits are particularly important not only to monitor treatment efficacy but also to identify changes in growth velocity, weight, blood pressure, cardiac effects or other adverse effects. We will also discuss the criteria for the decision to give medication only on school days, five days per week or seven days per week. As often as possible, we would like you

to schedule medication check follow-up visits with the physician involved in the initial evaluation and treatment plan.

If a patient develops significant side effects such as motor “tics” (i.e. eye-blinking, odd movements of lips, head or neck, etc.), inability to fall asleep, severe mood swings/angry outbursts, intense headache, chest pain or dizziness, stop the medication and notify our office. You should see these symptoms resolve very quickly. Certain milder side effects such as recurrent stomach aches, decreased appetite or mild sleep problems may simply require that we adjust the dosage.

The various medications used to treat ADD/ADHD belong to the category of “Controlled Substances”. Each month a prescription will be electronically sent (e-prescribed) directly to your pharmacy. We need at least two business days’ notice to e-prescribe a one month supply and can only do so if appropriate follow-up visits have taken place.

## ADHD EVALUATION Family/Patient History

Date \_\_\_/\_\_\_/\_\_\_

PATIENT/CLIENT NAME

DATE OF BIRTH

LAST

FIRST

M

D

Y

In the space provided please indicate if your child or a close family member has or has had a history of:

Use this key to indicate relationship

<b>M</b> Mother	<b>PGM</b> Paternal Grandmother	<b>MA/MU</b> Maternal Aunt/Uncle
<b>F</b> Father	<b>MGM</b> Maternal Grandmother	<b>PA/PU</b> Paternal Aunt/Uncle
<b>B</b> Brother	<b>PGF</b> Paternal Grandfather	<b>FC</b> First Cousin
<b>S</b> Sister	<b>MGF</b> Maternal Grandfather	<b>P</b> Patient

	CHECK IF YES	RELATION
Congenital Heart Disease (CHD)	<input type="checkbox"/>	_____
Surgery to Correct CHD	<input type="checkbox"/>	_____
Heart Murmur	<input type="checkbox"/>	_____
Palpitations	<input type="checkbox"/>	_____
Fainting or Dizzy Spells	<input type="checkbox"/>	_____
Exercise Intolerance	<input type="checkbox"/>	_____
Irregular Heart Beat (any arrhythmia)	<input type="checkbox"/>	_____
Heart Attack / Death (before age 45)	<input type="checkbox"/>	_____
Stroke (before age 45)	<input type="checkbox"/>	_____
Unexplained Death (at young age)	<input type="checkbox"/>	_____
High Blood Pressure	<input type="checkbox"/>	_____
Thyroid Disease	<input type="checkbox"/>	_____