

RTC PEDIATRICS 1830 Town Center Drive, Suite 205  
 Reston, VA 20190 (703)-435-3636 FAX (703)-435-9145

Return forms through Patient Portal (call office to register)  
 Address to General Msgs; Subject:Attn: Provider Name.  
 Use paperclip icon to attach form.

CHILD -  DOB

**Med Trial - PARENT**

WEEK of -

Parent -

Med/Dose

Date: <small>(circle one)</small> Sa Su	AM				PM				COMMENTS
	GOOD	POOR	GOOD	POOR	GOOD	POOR	GOOD	POOR	
1. Inattentive, easily distracted	1 2 3 4		1 2 3 4		1 2 3 4		1 2 3 4		
2. Complies with parent's requests	1 2 3 4		1 2 3 4		1 2 3 4		1 2 3 4		
3. Gets ready for bed or going out	1 2 3 4		1 2 3 4		1 2 3 4		1 2 3 4		
4. Homework completion	1 2 3 4		1 2 3 4		1 2 3 4		1 2 3 4		
5. Frequently on the go; running/climbing	1 2 3 4		1 2 3 4		1 2 3 4		1 2 3 4		
6. Loud or talks too much	1 2 3 4		1 2 3 4		1 2 3 4		1 2 3 4		
7. Intrudes on others or interrupts	1 2 3 4		1 2 3 4		1 2 3 4		1 2 3 4		
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