

HOW TO COMPLETE FOLLOW UP FORMS

One week observation:

Complete both days of the weekend and then choose 3 days of the week during which you will be able to be with your child the most.

Parents: Please return forms via the Patient Portal (contact the office if you do not have an active Portal account) or bring the completed form with you to your appointment.

Teachers: Please email forms to admin@rtcpeds.com

ON-OFF-OFF-ON Trial:

1. Pick 4 successive weeks when your child will be in school all or most of each week. Send a **Follow up Teacher Form** to your child's teacher at the start of each week with that week's date in the upper right.
2. Tell the teacher we are trying different doses of medication over the next few weeks and really value their observations and comments.
3. Teachers may return their forms to you, and you can return them via the Patient Portal (contact the office if you do not have an active Portal account). **OR** Teachers may email the forms to admin@rtcpeds.com

At home, keep your **Follow Up Parent Forms** until the end. Give medication using this format:

WEEK 1 (ON week) Give morning medication normally. Label the form with the date and "ON"

WEEK 2 (OFF week) Do not give medication. Label your form with the date and "OFF"

WEEK 3 (OFF week) Do not give medication. Label your form with the date and "OFF"

WEEK 4 (ON week) Give morning medication normally. Label the form with the date and "ON"

RESTON TOWN CENTER PEDIATRICS

1830 Town Center Drive, Suite 205

Reston, VA 20190

(703)-435-3636 FAX (703)-435-9145

MED TRIAL - PARENT

WEEK of -

Parent -

Med/Dose

CHILD -

DOB

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