ADHD Care and Self-Care Plan

Date __________
At your appointment today you and your healthcare team discussed your child’s ADHD and made a plan for what to do next. These are notes on what you did and decided.

Goals
Treatment goals are made to improve day-to-day function in areas that have been identified as impaired. This may be more than simply suppressing ADHD symptoms.

Your goals. The goal you have set for your child’s ADHD care is:

Management
• Assessment
  MHI packet most recently completed: __ / __ / __
  School baseline most recently completed: __ / __ / __
  Current baseline impairment (as reported in most recent MHI packet): 1 2 3 4 5 6 7 (1-7 scale)
• ADHD Management Team Plan completed: __ / __ / __
• Medication goal set with provider:
  □ Begin a medication. See provider within 30 days (face-to-face visit). Date for visit: __ / __ / __
  □ Continue a medication. See provider for at least 2 follow-up visits within 9 months of starting medication.

Self-care
• Self-care goals and monitoring method options: See ADHD Management Team Plan (also available at intermountainhealthcare.org/adhd)
• Self management. We discussed changes you and your child can make that will help manage your child’s ADHD and reach your goals.

How important are these changes to you? (1-10): _____
How confident are you that you can make these changes? (1-10): ______
What would help you reach your goals? ______

Local resources:
Care manager: ____________________________
Local provider ____________________________
Clinic phone: ____________________________
Other consultants or providers: ______________
Barriers assessed and addressed: ____________
Patient education
Write the date you received each resource:
- Attention Deficit Hyperactivity Disorder (8-page color handout): ____ / ____ / ____
- Talking with Your Child’s Teacher about ADHD (4-page fact sheet): ____ / ____ / ____
- ADHD: Tips for Teachers (4-page handout for teachers): ____ / ____ / ____

Patient education resources or referrals
- Specialist referral (date, name, phone)______________
- Community or other referral________________________
- Support group: CHADD of Utah
- Parenting class. Date taken: ____ / ____ / ____

Online resources
- www.intermountainhealthcare.org/adhd (includes education, handouts, tools, and a list of national and local resources)
- www.chadd.com (Children and Adults with Attention Deficit Hyperactivity Disorder)
- www.chaddofutah.com
- www.help4adhd.org (national resource center for ADHD)
- www.parentsmedguide.org
- www.questforwhatsbest.info (information focused on the school)

Ongoing visits
Use the spaces below to indicate changes since your last visit.

Treatment goals reviewed and updated: ____ / ____ / ____

Current baseline impairment (as reported in most recent MHI packet): 1 2 3 4 5 6 7 (1-7 scale)

Improvement rating: Since your last visit, has your child shown any improvement in functioning at school or at home?

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<th></th>
<th>None</th>
<th>Mild</th>
<th>Moderate</th>
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<tbody>
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<tr>
<td>School</td>
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Self-management progress: What aspects of self-management has your child improved on since your last visit?
- Taking medications
- Counseling
- Improving nutrition
- Exercising
- Spirituality
- Hobbies and fun activities
- Support from family and friends
- Other: ________________________________