



Clinica Campesina Family Health Services

ADHD Flow Sheet

DATE			
Initial Evaluation			

H & P	Diagnostic Assessment (<i>Teacher</i>)			
	Diagnostic Assessment (<i>Parent</i>)			
	Follow Up Assessment (<i>Teacher</i>)			
	Follow Up Assessment (<i>Parent</i>)			
	Height			
	Weight			
	Blood Pressure			

Management	Management Plan on Chart?	Yes / No	Yes / No	Yes / No	Yes / No
	Mental Health Evaluation?	Yes / No	Yes / No	Yes / No	Yes / No
	Behavioral Therapy?	Yes / No	Yes / No	Yes / No	Yes / No
	<i>Where?</i>				

Education	Name of Medication:			
	<i>Dosage</i>			
	<i>Side Effects (if any)</i>			

See Progress Note (<input checked="" type="checkbox"/> if Applicable)			
Next Visit Needed			
Provider Initials:			
Medical Records Initials:			

School Attending	Date			
	Name of School			
	Address			
	Phone			
	Fax			
	Teacher			
	Grade			

(Place Label Here)





Yes / No
Yes / No
Yes / No






