

## Agreement for prescribing ADHD Medications

**Child's name:**

**Child's DOB:**

Your child has been given a diagnosis of ADHD and a decision has been made to commence medication. Most ADHD medications are classed as "controlled drugs" and need to be closely monitored. They must be initiated and reviewed by a specialist in ADHD and your child will need regular reviews until a suitable dose has been reached. At that point we can then ask your GP if they would be happy to prescribe, in line with our "Shared Care" agreement. It is not guaranteed that your GP will agree to sharing care and therefore you may need to continue paying privately for prescriptions. We also advise that your child is referred to CAMHS for ongoing monitoring and support.

***Please answer the following (circle the most appropriate answer):***

- I have answered questions regarding my child's health, current medication, allergies and family history to the best of my knowledge.

**YES                      NO**

- I have been given sufficient verbal and/or written information about ADHD medication and also understand the importance of non-medicinal (diet and physical activity) as well as environmental adaptations.

**YES                      NO**

- I agree to contact Dr Cassie's admin team 7-10 days after starting medication to provide feedback on any positive or negative effects, by emailing: [prescriptions@drcassie.co.uk](mailto:prescriptions@drcassie.co.uk)

**YES                      NO**

- I agree to bringing my child for a face-to-face follow-up 4-6 weeks after starting medication and thereafter as requested by Dr Cassie's team (typically at 3 months, then 6 monthly) in line with NICE Guidelines.

**YES                      NO**

- I understand that Dr Cassie's team will attempt to instate a 'shared care agreement' with my GP, once a dose of ADHD medication has been titrated to the correct dose and stabilised. The GP is not obliged to agree and in this scenario I will therefore be liable for private prescription charges (£30) and charges associated with medical follow-up (£230 per 30 min follow up) in order for medication to continue.\*

**YES                      NO**

- I am aware that repeat prescriptions require a minimum of 7 days notice and should be requested by emailing **prescriptions@drcassie.co.uk**

**YES**                      **NO**

- I understand that ADHD medications are 'controlled drugs' and need to be stored safely and out of reach of children.

**YES**                      **NO**

- I am aware that the pharmacy will charge for the medication supplied, and that Dr Cassie has no control over these charges. The cost may also vary depending on the dose and type of medication prescribed.

**YES**                      **NO**

- I agree to bringing my child for a face-to-face review at least every 6 months, in line with NICE guidance and the Shared Care Agreement with the GP, and that the GP will be informed of the consultation or if they do not attend (which may result in the GP refusing to continue prescribing medication)

**YES**                      **NO**

- I understand that I am responsible for reporting any adverse (negative) side-effects to the medication by emailing Dr Cassie's team as soon as possible. I also understand that I am responsible for informing any medical professional about my child's diagnosis and medication should they wish to prescribe another medication for my child; this includes any 'over-the-counter' or herbal medications.

**YES**                      **NO**

- I understand that if I do not comply with the terms outlined in this agreement, then medication will no longer be able to be prescribed for my child.

**YES**                      **NO**

- I have had the opportunity to ask any questions related to ADHD and/or medication, and am satisfied that they have been answered.

**I wish to proceed with a private prescription for ADHD medication.**

**YES**                      **NO**

**Signed:**

**Parent / Guardian Name:**

**Date:**

**Signed:**

**Medical Practitioner Name:**

**Date:**