

MEDICAL RECORD -- SUPPLEMENTAL MEDICAL DATA

For use of this form, see AR 40-400; the proponent agency is the Office of the Surgeon General.

REPORT TITLE

ADHD FLOW SHEET

OTSG APPROVED (Date)
17 January 1995

Date Medication Started: _____

+ = Yes (improved); - = No (worse); CS = See Comments Section

Date				
Medication				
Dosage				
Height (%)				
Weight (%)				
Blood Pressure				
Pulse				
Complete PE done				

SIDE EFFECTS

Anorexia				
Insomnia				
Dizziness				
Irritability				
Tics				
Headaches				
Stomachache				

Schoolwork				
Psychosocial				

PLAN

Dose change				
Next visit				
MD initials				

COMMENTS:

(Continue on reverse)

PREPARED BY (Signature & Title)

DEPARTMENT/SERVICE/CLINIC

DATE

PATIENT'S IDENTIFICATION (For typed or written entries give: Name--last, first, middle; grade; date; hospital or medical facility)

- HISTORY/PHYSICAL
- OTHER EXAMINATION OR EVALUATION
- DIAGNOSTIC STUDIES
- TREATMENT
- FLOW CHART
- OTHER (Specify)