

**Feedback forms (ADHD Clinic (Hertford County Hospital- East Hertfordshire))**

**MEDICATION INFORMATION AND BEHAVIOUR MONITORING**

	Child's Name	Date of Birth	School	Date Medication Started/Changed	Current Medication and Dose
	NEVER	OCCASSIONALLY	OFTEN	VERY OFTEN	COMMENTS
ATTENTIVE TO TEACHER					
PRODUCES GOOD WORK					
INCONSISTENT WORK					
COMPLETES GIVEN TASK					
DISRUPTIVE IN CLASS					
	NEVER	OCCASIONALLY	OFTEN	VERY OFTEN	COMMENTS
CARRIES OUT INSTRUCTION					
FOLLOWS ROUTINES					
STAYS IN					

SEAT					
CALLS OUT IN CLASS					
DISTRACTS PEERS					
RUDE TO TEACHERS /ADULTS					
LASHES OUT ON PEERS					
DIFFICULT TO CALM DOWN					
PLAYS WITH PEERS					
	NEVER	OCCASSIONALLY	OFTEN	VERY OFTEN	COMMENTS
ANGER OUTBURSTS					
AGGRESSIVE IN PLAY					
CRIES EXCESSIVELY					
MOODY					
ABNORMALLY SUBDUED					
ANXIOUS					
EXTREMELY IRRITABLE					
BULLIES PEERS					

	NEVER	OCCASSIONALLY	OFTEN	VERY OFTEN	COMMENTS
BULLIED BY PEERS					
COMPLAINS OF HEADACHES					
EXCESSIVELY TIRED					
POOR APPETITE AT SCHOOL DINNER					
FEELS SICK					
ABDOMINAL PAIN					
TICS					

Thank you for taking the time to fill out this form. Information gathered does help us to monitor the child's response to medication . Please kindly return the forms to the following address:

**SPECIALIST,  
NHS TRUST**

**RUTH BEETS, ADHD NURSE  
EAST AND NORTH HERTFORDSHIRE  
QE II HOSPITAL, Q 66  
WELWYN GARDEN CITY, AL7 4HQ**

Form Completed by :

Designation:

Date: