East and North Hertfordshire NHS Trust

Feedback forms (North Hertfordshire-CDC Danestrete, Lister Hospital ADHD clinic)

Parent/ Carer form

EAST AND NORTH HERTFORDSHIRE NHS TRUST

Patient Sticker or Details

ADHD NURSE SPECIALIST
CHILD DEVELOPMENT CENTRE
DANESTRETE
STEVENAGE
HERTS

FAX: 01438 781470

Please complete the following so your child's treatment can be reviewed

Month in which report should be completed ______________________________

Completed by:
Name and Signature ____
Date form completed ____

Name of current medication, dose and any alterations
____
____

MEDICATION SIDE EFFECTS	YES	NO	COMMENTS/DETAILS
Appetite			
Sleep			

Deterioration in behaviour			
Mood Changes			
Other – Please state			

Has recent treatment with medication had an impact on behaviour in the following areas?

IMPACT	Positive Impact	Negative Impact	No Impact	COMMENTS/DETAILS
Relationships with peers				
Relationships with siblings				
Relationships with parents/carers				
Homework				
Organisational Ability				
School Attendance				
Self esteem				
Appetite				
Sleep				
Mood				
Others (please specify)				
ARE THERE ANY ISSUES WITH THE FOLLOWING	YES	NO	COMMENTS/DETAILS	
Smoking				
Drugs				
Alcohol				

Anti-social Behaviour			
Other risk taking behaviours			
Non-Compliance with medication include reasons why			

Please tick support that you have accessed

SUPPORT	PREVIOUSLY ATTENDED	CURRENTLY ATTENDING	NOT ATTENDED	UNAWARE OF THIS SUPPORT
Angels				
ADDVance				
Parenting groups/classes				
Internet Websites				
Media: TV, Books, DVDs				
CAMHS (Child and Adolescent Mental Health Services)				
Other – please state				

Please attach any further additional information to this report if appropriate.

Many Thanks for your time in completing this report form. Your comments are a very important area of the review process for your child.

ON COMPLETION PLEASE RETURN OR FAX TO THE ADDRESS SHOWN