



ADHD ROUTINE LOW-RISK SCRIPT RENEWAL CHECKLIST – SHORT VERSION

Use this form for routine ADHD script renewals when the patient:

- is stable & low-risk, with no new concerns about function, mood, sleep, substance use, or side effects.
- If anything has worsened / feels unsafe, rebook & use the ADHD Medication Structured Review Checklist full version instead

Reason for appt:

- Stable ADHD – script due
- Medication titration
- Side effects
- Other: _____

Last full ADHD review (date): _____

Shared-care / continuation arrangement:

- S8 permit / approval details checked & recorded (if required)
- Written report / plan on file (dated: _____)
- Permit / approval no.: _____ Valid to: _____
- S8 permit / approval / authority to be applied for today
- Not applicable / not required

Function:

- Since last time: better same worse
- Currently: good fair struggling at work/study/home
- Outcome Measure (i.e. ASRS, SNAP): _____
- Evidence of improvement: _____

Adverse effects:

- None / minimal, stable No red-flag side effects
- Present – details: _____
- Concerning side effects:
e.g. marked irritability, low mood, psychotic-like symptoms, severe appetite or weight loss, marked anxiety
- Details: _____

Sleep:

- Adequate No red flags
- Concerns – details: _____

Moods / psychosis / bipolar / suicidality

- Mood broadly stable
- No new psychosis / (hypo)mania / suicidality
- Concerns – details: _____

Substances & Real Time Prescription Monitoring (ie Qscript):

- No concerning substance use disclosed
- RTPM checked – no obvious patterns of diversion or misuse
- Concerns – details: _____

Medical Comorbidities & Vitals (today or recent):

- BP: _____ / _____ HR: _____ Wt: _____ kg
- Ht: _____ cm if child %iles tracking along expected curve
- No concerning weight and/or growth issues
 - If no face-to-face HR / BP / weight (\pm height) within last 6 months \rightarrow arrange measurement.
 - Medical comorbidities / risk factors reviewed \rightarrow no new concerns
 - Concerns – details: _____

Plan for today:

- Continue current medication regimen as is
- Dose adjustment: _____
- Add or switch medication or formulation: _____
- Manage comorbidity – details: _____
- Psychoeducation / Resources / Referrals / Accommodations
- Details: _____

Follow-up, escalation & safety-net

- Next full ADHD review booked for: ____ / ____ / _____
- Review sooner if problems arise
- Patient reminded of clinical indicators for early review
- Crisis plan / Safety-net (000, acute MH service, etc)
- Refer or escalate (more experienced clinician, acute MH)
- Details: _____

Disclaimer:

This checklist is intended for use by appropriately trained medical professionals. It is a supplementary resource and does not replace local legislation, clinical guidelines, PBS/TGA recommendations, specialist advice, or structured mentoring. Always practice within your professional scope; clinical knowledge and abilities; adhere to state or territory regulations; and escalate care whenever patient safety is uncertain.