

# ADHD MEDICATION STRUCTURED REVIEW CHECKLIST

Use this form for initial shared-care appointments, titration & troubleshooting reviews, & at least yearly medication & safety reviews

## Reason for review (tick all that apply)

- Initial shared care appointment:** *ADHD diagnosis and medications started elsewhere*
- Restarting ADHD medication...** *... after a significant break*
- Planned 6-12 monthly ADHD medication check-in & safety review**
- Fine-tuning:** *Minor dose adjustment / tweak / optimising regimen*
- Troubleshooting:** *Medications not working well and/or bothersome side effects; but no red flag side effects*
- Deterioration / possible red flags:** *Concerning worsening function, risk, moods, sleep, substance use, or medication safety issues*
- Routine repeat script:** *Everything stable, no new concerns likely → could use **Routine Low-risk Script Renewal checklist***
- Other issues today: \_\_\_\_\_

## 1. Diagnosis

### Diagnosed & commenced on ADHD medication by:

Details: \_\_\_\_\_

Psychiatrist  Paediatrician  GP

Psychologist report – Details: \_\_\_\_\_

Date / approx year of diagnosis: \_\_\_\_\_

### Diagnosis:

- Provisional – yet to respond to medication
- Provisional – partially responsive to medication
- Confirmed – responding ‘as advertised’ to medication and significantly improving

Major psychiatric comorbidity noted (mood, anxiety, psychosis, PTSD, personality): \_\_\_\_\_

Neurodevelopmental comorbidity noted (e.g., autism, ID, LD, tic, FASD): \_\_\_\_\_

### Diagnosis still consistent with history?

- Yes – childhood onset + ongoing impairment
- Partially – clarify at next longer review
- Uncertain – will seek further information / specialist review

### 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

### Current role:

- Initiating prescriber
- Prescribing in shared-care / collaborative-care arrangement
- Sole ongoing prescriber

## 2. Current regimen & adherence

### Current ADHD or other Mental Health medication(s):

Name/formulation: \_\_\_\_\_

Dose & timing: \_\_\_\_\_

### Adherence:

- As prescribed most days
- Occasionally missed doses
- Frequently missed / inconsistent
- Taking less than prescribed
- Meds often run out too early between doses
- Meds often run out too early in the day

### Is the patient adjusting the dose themselves, or any non-prescribed dose escalation or use?

- No
- Yes – details: \_\_\_\_\_

Name/formulation: \_\_\_\_\_

Dose & timing: \_\_\_\_\_

Name/formulation: \_\_\_\_\_

Dose & timing: \_\_\_\_\_

### Adherence supports in place:

- Written plan / dosing instructions supplied
- Blister pack / dose administration aid
- Phone alarm / app reminders set up
- Parent / partner supervising meds (if appropriate)
- Pharmacy scheduled pick-up of meds (if indicated)

### If yes, do you have any concerns about that?

- No, it's innocent / a miscommunication and not alarming
- Yes – details: \_\_\_\_\_

### 3. Function & benefit

#### Treatment effectiveness since starting current regimen:

- Obvious / Marked benefit
- Some benefit
- Minimal / Uncertain benefit
- No benefit / worse

#### Functional Areas targeted by treatment:

- Work / study
- Organisation / time management
- Driving / Safety
- Home / Personal / Finances
- Parenting
- Relationships
- Self-medicating
- Other: \_\_\_\_\_

#### Brief functional summary:

On medication, pt reports: \_\_\_\_\_

Without medication / when it wears off: \_\_\_\_\_

#### Outcome Measure used to evaluate progress:

##### Adults:

- ASRS:** Baseline (date/score): \_\_\_\_\_ Current: \_\_\_\_\_
- SNAP:** Baseline (date/score): \_\_\_\_\_ Current: \_\_\_\_\_
- WFIRS-S:** Baseline (date/score): \_\_\_\_\_ Current: \_\_\_\_\_
- WFIRS-Partner:** Baseline (date/score): \_\_\_\_\_ Current: \_\_\_\_\_
- ACOS-S:** Baseline (date/score): \_\_\_\_\_ Current: \_\_\_\_\_
- Other:** Baseline (date/score): \_\_\_\_\_ Current: \_\_\_\_\_

##### Children:

- Vanderbilt:** Baseline (date/score): \_\_\_\_\_ Current: \_\_\_\_\_
- SNAP:** Baseline (date/score): \_\_\_\_\_ Current: \_\_\_\_\_
- WFIRS-Parent:** Baseline (date/score): \_\_\_\_\_ Current: \_\_\_\_\_
- Iowa Conners:** Baseline (date/score): \_\_\_\_\_ Current: \_\_\_\_\_
- SWAN:** Baseline (date/score): \_\_\_\_\_ Current: \_\_\_\_\_
- Other:** Baseline (date/score): \_\_\_\_\_ Current: \_\_\_\_\_

### 4. Adverse effects & tolerability

- Insomnia / delayed sleep: \_\_\_\_\_
- Raciness instead of calm: \_\_\_\_\_
- "Irritability": \_\_\_\_\_
- "crash": \_\_\_\_\_
- Appetite ↓ / weight loss: \_\_\_\_\_
- Anxiety / panic: \_\_\_\_\_
- Low mood / dysphoria: \_\_\_\_\_
- Palpitations: \_\_\_\_\_
- Tics / repetitive movements: \_\_\_\_\_
- Jaw clenching / Bruxism: \_\_\_\_\_
- Headache: \_\_\_\_\_
- GI upset: \_\_\_\_\_
- Sexual dysfunction: \_\_\_\_\_

- Emotional blunting / 'lost sparkle' / 'zombie' feeling: \_\_\_\_\_
- Late-day rebound irritability / crash / mood drop: \_\_\_\_\_
- Other: \_\_\_\_\_

#### Overall tolerability:

- No side effects
- Tolerable side effects (benefit >> side effect)
  - Mild, acceptable
  - Moderate – monitoring / adjust
  - Poor – change needed
- Intolerable side effects / Failed trial (side effect > benefit)

## 5. Sleep screen

### Total sleep duration:

- Normal / Unconcerning**
- Mildly short → Monitor**  
Adults ≤ 7hrs, Teens ≤ 8hrs, Children ≤ 9hrs  
→ *Brief sleep hygiene + stimulant timing review + monitor next visit*
- Concerning → Intervene** if able  
Adults ≤ 6hrs, Teens ≤ 7hrs, Children ≤ 8hrs  
→ *Optimise routines, assess comorbid mood d/o, consider melatonin/clonidine, monitor closely*
- High-risk sleep → Revisit** comorbidity ± **Refer** / Escalate:  
Adults ≤ 5hrs, Teens ≤ 6hrs, Children ≤ 7hrs  
→ *Avoid stimulant dose escalation until sleep stabilised; Prioritise sleep/mental health interventions*  
→ *Consider dose reduction or temporary pause; Escalate if high-risk features present*

### Night waking pattern:

- Monitor:**  
≤ 2 brief wakings/night, back to sleep in < **20–30 min**, feels mostly refreshed.  
→ *Simple hygiene + review; OK to adjust stimulants if otherwise stable*
- Assess & Intervene:**  
> **2 wakings/night** or **any waking > 30 min** or **total awake time > 45min/night**  
→ *Optimise sleep first; consider behavioural strategies, melatonin, screen for OSA/RLS.*
- Refer / escalate care:**  
Waking **multiple times** with gasping / snoring / choking  
**Severe insomnia** linked to **mood instability, suicidality, psychosis**, or near-miss accidents  
→ *Avoid stimulant dose escalation until sleep stabilised; Prioritise sleep/mental health interventions*  
→ *Consider dose reduction or temporary pause; Escalate if high-risk features present*

## 6. Psychiatric screen

**Psychosis** – Previous Dx  No  Yes  
Current symptoms / paranoia  No  Yes

Details: \_\_\_\_\_

**Bipolar** – Previous Dx  No  Yes  
Current hypo(mania)/mixed Sx  No  Yes

Details: \_\_\_\_\_

**Any other severe mood disorder**  No  Yes  
*e.g., melancholic depression, OCD, complex PTSD*  
Current symptoms  No  Yes

Details: \_\_\_\_\_

**Newly apparent or more obvious other symptoms since starting medication:**

*e.g., autism traits, anxiety, OCD, trauma*  No  Yes

Details: \_\_\_\_\_

**Self-harm / suicide attempts?**  No  Yes

Details: \_\_\_\_\_

**Since last review / dose change:**

- No new psychotic symptoms
- No new manic/hypomanic symptoms
- No significant mood deterioration or active suicidal ideation
- New significant or mood concerns:

Details: \_\_\_\_\_

*If new psychosis or clear high-risk mania emerges:*

*Cease stimulant/atomoxetine/bupropion/SNRI if safe to do so, arrange urgent mental health review, treat mood/psychotic disorder first; Consider referral / escalation to ADHD-expert colleague for further review, management & medication decisions*

### 7. Self-Medication / Substance use & Real Time Prescription Monitoring (i.e. Qscript) check

**Overall:**

- No concerns
- Concerns: \_\_\_\_\_

**Alcohol:**

- No concerns
- Concerns – details: \_\_\_\_\_

**Nicotine / vaping::**

- Details: \_\_\_\_\_

**Cannabis:** \_\_\_\_\_

- Prescribed:  Yes  No
- High potency strains:  Yes  No
- Daily or near-daily use:  Yes  No
- Early onset of use (<16 yrs):  Yes  No

- Concerns – details: \_\_\_\_\_

**Illicit drugs / non-prescribed meds:**

- Previous Drug-induced psychosis  Yes  No
- Current use  Yes  No

- Details: \_\_\_\_\_

**Real time prescription monitoring checked today?**

- Yes – no concerning entries
- Yes – concerns: \_\_\_\_\_
- Not checked – reason: \_\_\_\_\_

**Signs of misuse / diversion:**

- Multiple prescribers / pharmacies
- Intoxication at review
- Early script requests - How often: \_\_\_\_\_
- Lost scripts – How often: \_\_\_\_\_
- Other: \_\_\_\_\_

**If SUD / diversion risk present, formulation strategy:**

- Long-acting stimulant
- Non-stimulants
- Supervised dosing / staged supply / limited quantities
- Single prescriber
- Single pharmacy
- No early replacements except documented theft/EMR note.

- Rationale: \_\_\_\_\_

### 8. Physical exam, Growth, Investigation

**For Adults:**

- Vitals today:** **BP:** \_\_\_\_ / \_\_\_\_ **HR:** \_\_\_\_ bpm
- Weight:** \_\_\_\_ kg **Prev:** \_\_\_\_ kg on \_\_\_\_/\_\_\_\_/\_\_\_\_
- BMI:** \_\_\_\_\_

**For Children / Adolescents:**

- Vitals today:** **BP:** \_\_\_\_ / \_\_\_\_ **HR:** \_\_\_\_ bpm
- Weight:** \_\_\_\_ kg **Prev:** \_\_\_\_ kg on \_\_\_\_/\_\_\_\_/\_\_\_\_
- %ile today:** \_\_\_\_ % **Prev:** \_\_\_\_ on \_\_\_\_/\_\_\_\_/\_\_\_\_
- Height:** \_\_\_\_ cm **Prev:** \_\_\_\_ cm on \_\_\_\_/\_\_\_\_/\_\_\_\_
- %ile today:** \_\_\_\_ % **Prev:** \_\_\_\_ on \_\_\_\_/\_\_\_\_/\_\_\_\_
- BMI:** \_\_\_\_\_

*Minimum physical monitoring once stable:  
HR, BP, weight (& height if < 18 yo) at least 6/12ly,  
& at each significant dose change or if new symptoms arise.*

**Medical comorbidities & mimics:**

- Medical comorbidities, interactions reviewed (e.g. HTN, cardiac history, seizures, tics, sleep apnoea, pregnancy, other psychotropics) – details: \_\_\_\_\_

**CV history reviewed:**

- No stimulant red flags: exertional dyspnoea, syncope, structural heart disease, arrhythmia, FHx sudden death < 40
- Cardiac hx present – Details: \_\_\_\_\_
- Any new cardiac symptoms – Details: \_\_\_\_\_

**Specific monitoring plan(s):**

*If on atomoxetine / a2-agonist / antipsychotic / mood stabiliser:  
(e.g., LFTs, metabolic labs, BP/HR, ECG, etc.)*

- Documented monitoring plan?:  Yes  No
- Any new lab/red-flag issues?:  Yes  No

- Details / Concerns:** \_\_\_\_\_

<b>Growth centiles / trend assessment:</b>	<b>Weight assessment:</b>
<p><b>Children:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Stable growth (following expected centile trajectory)</li> <li><input type="checkbox"/> Trending down &lt;1 centile line</li> <li><input type="checkbox"/> Trending down ≥1 centile line → <b>Monitor ++</b></li> <li><input type="checkbox"/> Drop of ≥2 centile lines → <b>Refer</b></li> <li><input type="checkbox"/> Height &lt;3rd percentile for age/sex → <b>Refer</b></li> <li><input type="checkbox"/> ↓ Growth velocity &lt;4 cm/year after 4yo → <b>Refer</b></li> <li><input type="checkbox"/> Clinical concerns (pubertal delay, systemic symptoms) → <b>Refer</b></li> </ul>	<p><b>Children:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Stable weight trajectory</li> <li><input type="checkbox"/> Trending down &lt;1 centile line</li> <li><input type="checkbox"/> Trending down ≥1 centile line → <b>Monitor ++</b></li> <li><input type="checkbox"/> Drop of ≥2 centile lines → <b>Refer</b></li> <li><input type="checkbox"/> ≥10% decrease in weight percentile → <b>Refer</b></li> <li><input type="checkbox"/> Persistent downward trend despite dietary Rx → <b>Refer</b></li> <li><input type="checkbox"/> Concerns (fatigue, syncope, bradycardia, psychosocial issues) → <b>Refer</b></li> </ul> <p><b>Adults:</b> <input type="checkbox"/> BMI &lt;18.5 kg/m<sup>2</sup> (underweight) → <b>Refer</b></p>

## 9. Overall risk–benefit assessment

### ADHD symptoms and functional impact:

- Much improved  Moderately improved  Barely improved  Worse

### Current overall risk (CV / psych / SUD / diversion / growth):

- Low  Moderate  High

### Medication benefit vs harms:

- Benefits clearly outweigh risks – continue  
 Benefits and risks finely balanced – adjust, monitor, closely follow-up  
 Risks outweigh benefits – reduce / cease stimulant / consider non-stimulant / seek help / re-refer  
 Discussed temporary medication reduction/cessation & alternative non-stimulant / non-pharmacological strategies

## 10. Plan

### Medication plan:

- Continue current dose  
 Increase to: \_\_\_\_\_  
 Decrease to: \_\_\_\_\_  
 Switch formulation: \_\_\_\_\_  
 Consider co-morbidity management in addition:

Details: \_\_\_\_\_

- Cease stimulant; consider non-stimulant:

Details: \_\_\_\_\_

- Trial brief pt-led dose reduction / short med break  
*e.g., for growth suppression, appetite issues,  
 or patient preference, **not** routinely mandatory*

### Non-pharmacological:

- Psychoeducation  
 Sleep / lifestyle interventions  
 School / Uni / Workplace letter  
 CBT / psychology / ADHD coaching / OT / Parent Training:

Details: \_\_\_\_\_

- Other: \_\_\_\_\_

### Referrals / consultations:

- Psychiatrist review  
 Paediatrician / paediatric endocrine  
 ADHD expert GP  
 Addiction / AOD services  
 Public MH triage / acute care team  
 GP Psychiatry Support Line (1800 16 17 18)

- Other: \_\_\_\_\_

### Follow-up interval:

- 1–2 weeks  
 If unsure of how it'll go or significant adjustments needed)  
 2–4 weeks  
 If starting to go well, some fine-tuning needed)  
 2–3 months  
 If going really well, minimal fine-tuning needed)  
 6 months  
 If optimised and stable, only monitoring required)

**Next review booked:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

## 11. Safety-netting & crisis plan

### Discussed red flags / need for urgent review:

- Psychosis  
 Affective switching  
 severe agitation / hardly sleeping at all (<4hrs recurrently)  
 severe irritability / euphoria  
 Suicidal thoughts or escalating self-harm  
 Severe chest pain / syncope / palpitations  
 Safety netting provided

### Disclaimer:

This checklist is intended for use by appropriately trained medical professionals.

It is a supplementary resource & 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; & escalate care whenever patient safety is uncertain.

### Advice provided:

- Written crisis information provided (fact sheet/link):  
 Documented crisis numbers (MH triage / 000 / etc) given  
 Book earlier review with myself, or usual GP, for non-urgent concerns