



PATIENT NAME: \_\_\_\_\_

#### **CHRONIC STIMULANT TREATMENT AGREEMENT FOR PARENTS OF MINORS UNDER 18 YEARS OLD**

My child's primary care provider and I agree to stimulant treatment for my child's attention deficit hyperactivity disorder (ADHD) are fully discussing the risks, benefits, and alternatives of this treatment. The goal of this treatment is to help improve their ability to function in social and work activities by helping to manage their ADHD symptoms. I understand these medications may not eliminate their symptoms but may reduce them and improve what he/she is able to do each day. I understand that if the above goal is not achieved, the medication may be tapered and discontinued or an alternative medication may be considered. I understand that there is no guarantee that this medication will work for my child.

My child's provider will continue treating their ADHD with stimulants under the following conditions, which I agree to:

1. I agree to have my child abstain from using any illegal drugs or other controlled substances not prescribed by my healthcare provider while under treatment with stimulants. I have informed my child's health care provider of any history of drug or alcohol use disorder or dependance.
2. I am not currently and will not become involved in the sale, illegal possession, diversion or transport of controlled substances and I will not allow other individuals to take my child's medication.
3. I understand that only my child's primary care physician can change the dose or prescribe a different medication depending on my child's response to treatment.
4. I will inform all other health care providers for my child that he/she is taking a stimulant and of the existence of this contract. I will not obtain any stimulants for my child from providers other than my child's provider named below.
5. I will consent to random urine tests for my child if there is any concern of abuse, misuse or use of illegal substances while being treated with a stimulant. Screening may also include pill counts to ensure he/she is taking the medication as prescribed. Refusal to submit to drug screening or pill counts at the me specified may result in the cessation of further stimulant medication prescribing.
6. I recognize that good medical care is a team effort, and I agree to have my child participate in any medical, social, physical, psychological or psychiatric assessment and therapy recommended by my child's provider to help manage their ADHD.
7. I will ensure my child keeps all scheduled appointments including but not limited to a follow up appointment three weeks after the start of this medication, at least two (2) additional follow up appointments in the first 9 months of treatment and at least one every 5-6 months annually while on treatment (or more frequently per the discretion of my child's pediatrician). During these appointments we will discuss their current condition, review their medications, address your and their concerns and review treatment goals. If I need to cancel my child's appointment, I will do so a minimum of 24 hours before it is scheduled. If my child misses an appointment, I understand that their stimulant medicine may not be refilled until he/she is seen again.
8. I will notify my child's health care provider if my child becomes pregnant.

## Refills

1. I will not ask for refills of my child's medication earlier than agreed. I will give at least 2 business days (Mon-Fri, except holidays) notice for all refill requests. I understand Beacon Pediatrics does not process refill requests on weekends and holidays.
2. I understand if my child runs out of medication early, if the drug is lost or damaged or stolen (even if a police report is presented), or if the dose of the stimulant was increased without permission of my child's healthcare provider, he/she will not receive an early refill.
3. I understand that in some cases staff may not be able to phone or fax my child's prescription into the pharmacy and may require me to pick it up at the office. I understand that the prescription cannot be mailed to me.
4. When prescriptions are picked up in the office, I understand that I must show a picture ID and sign for the prescription prior to release by the Beacon Pediatric Staff. If I am unable to come to the office to pick up the prescription, I will phone the office ahead of me and let the staff know who will be picking up the prescription and that individual will be required to present an ID at the time of prescription pickup.

I understand that my Child's health care provider may stop prescribing stimulants and seek alternative treatment plan if:

1. My child does not show any improvement in symptoms or functional activity or experience side effects that are detrimental.
2. If the medication is given away, sold, or misused.
3. If drug screening results indicate improper use of prescribed medication or use of illegal drugs, or indicate other controlled substances not prescribed by my child's health care provider.
4. If I or my child violate any terms of this agreement.

**I HAVE READ AND UNDERSTAND THE RISKS AND CONDITIONS CONCERNING STIMULANT TREATMENT OF MY CHILD'S ADHD. I HAVE HAD THE OPPORTUNITY TO ASK ANY QUESTIONS I MAY HAVE. I ACKNOWLEDGED THAT ALL OF MY QUESTIONS HAVE BEEN ANSWERED SATISFACTORILY.**

**I CONSENT TO THE USE OF STIMULANTS TO HELP CONTROL MY CHILD'S ADHD, AND I UNDERSTAND THAT THEIR TREATMENT WITH STIMULANTS WILL BE CARRIED OUT IN ACCORDANCE WITH THE CONDITIONS STATED ABOVE.**

PATIENT NAME: \_\_\_\_\_

PARENT/GUARDIAN PRINTED NAME: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PROVIDER PRINTED NAME: \_\_\_\_\_

PROVIDER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



## **Information Concerning Stimulant Treatment for Attention Deficit Hyperactivity Disorder (ADHD) For Parents of Minors Under 18 Years Old**

### **Risks and Conditions with Chronic Stimulant Therapy for Attention Deficit Hyperactivity Disorder (ADHD):**

- Stimulant medications are generally well tolerated and are very effective as a treatment for ADHD. Most children experience very mild adverse effects if any. If your child experiences any adverse effects, please report them to the office immediately.
- Although Stimulants have a potential for abuse, studies suggest that appropriate treatment of ADHD reduces the risk of substance use disorder through adolescence.
- There is a risk of inappropriate sharing of medication when a child becomes responsible for their own stimulant medication. Parents and guardians are encouraged to maintain management of the child's stimulant medication until it is determined by both the parent/guardian and primary care provider that the child is able to safely manage their own medication.
- Physical dependence to stimulants when used to appropriately treat ADHD is very rare and regular breaks or holidays from stimulant therapy on weekends, holidays and during the summer, may be advised by your child's primary care provider with no ill effects. However, depending on the symptoms your child is experiencing, such treatment holidays may not be advised.
- Changes in personality can occur but this may be a reflection of your child's improved ability to focus their natural emotional development as they grow up. Significantly reduced or lack of emotional response or constant irritability during stimulant treatment may be due to the stimulant medication and should be reported to the office so the treatment can be re-evaluated.
- More common side effects from stimulant therapy include nausea, decreased appetite, and unintentional weight loss. These are usually mild and are only temporary at the beginning of therapy. Changing the time of the medication administration in relation to meals and encouraging a balanced diet with high-caloric foods and drinks when the child is hungry can help overcome any loss in weight.
- Sometimes there is a delay in growth in height that may occur during the first two years of stimulant treatment but growth proceeds at a normal rate thereafter. In general, height is not affected adversely by stimulants. This will be monitored by your child's primary care provider at office visits.
- Many children with ADHD can suffer from insomnia. Stimulant therapy for ADHD may improve or temporarily worsen insomnia. An organized sleep routine and appropriate sleep hygiene including

avoidance of electronic devices at least a couple hours prior to bedtime can improve insomnia if it is experienced by your child.

- Headaches and seizures have been very rarely reported with stimulant treatment and when they do occur, they are usually associated with much higher doses of stimulant medications than what is recommended for ADHD treatment.
- Heart-related problems associated with stimulant treatment that could potentially lead to sudden death are extremely rare. These events have historically been documented in children that had a known or undiagnosed heart defect or other serious circulation problems.
- Very rarely do children experience hallucinations and/or agitation due to stimulant treatment and should this occur, it should be reported to the office immediately for re-evaluation of treatment.
- Occasionally children with ADHD may have co-existing undiagnosed depression and may be at risk for suicidal thoughts with stimulant treatment. This typically occurs during the first few months of treatment. If your child expresses suicidal thoughts and feelings, contact the office immediately.
- Some over-the counter (OTC) and prescription medications can interfere with the efficacy and safety of stimulant treatment so it is important to inform the office of any prescription or OTC treatments (including herbal or nutritional supplements) your child may be using.

**Parents/Guardians are encouraged to keep this information sheet and refer to it as needed.**