Beaumont Pediatric Center, PLLC
3127 College Street Beaumont, TX 77701 (409) 899-1433 Fax (409) 981-9089

Date:_____ **PLEASE LIST YOUR PREFERRED PHARMACY:**_____

ADD Medication Request

Please allow 48 hours for prescription to be ready for pick-up- The RX does expire 21 days from the date we write it – If another RX has to be written due to expiration a $10 fee will apply.

Patient Name:_____ Age:_____ Date of Birth:_____

Street Address:_____ City:_____ St:____ Zip:_____

Name of Medication:_____ Strength(mg):_____

Dosage of Medication Taken: _____ Time of Day Taken:_____
_____ _____
_____ _____
_____ _____

Amount of Medication Needed (number of tablets):_____ Generic:_____ or Brand:_____

Please mark any symptoms below that you have noticed since the last prescription refill:

_____Loss of appetite or weight
_____Insomnia
_____Irritability late morning or late afternoon
_____Unusual crying
_____Tics or nervous habits
_____Headache or stomachache
_____Sadness
_____Rashes
_____Dizziness
_____Fearfulness
_____Social withdrawal
_____Drowsiness
_____Anxiety

If any of the above apply please describe how often and when these events occurred:_____

Have you spoken with the child's teacher lately:___ How is the child performing in class:_____

Did your child complain about taking the medication or avoid its use:_____

How is homework and family time in the evening?_____

Does the medication seem to be helping the child as much this month as it did last month:____ If not, what seems to have changed:_____

Have there been problems giving the medication at school or at home:_____

When was your child last seen in this office for an ADD check:_____ verified:_____

It is important for patients on medications for ADD to receive growth evaluations. We check these patients every 6-months for growth including a complete well check-up once a year. If your child is due for such a check-up please schedule an appointment. If these appointments are not kept we will not continue to fill the medication.