

MEDICAL REVIEW DOCUMENT

FOR TRANSITION OF YOUNG PEOPLE WITH ADHD

Name of individual: DOB:

ID Number:

Name of professional completing review:

Background

e.g. how long has individual been known to service, reason for initial referral:

Current situation (is the young person in education, working, unemployed, etc. What ongoing support is in place/planned/required):

Medical history (including diagnoses [dates] and interventions/treatment):

Medication history (list of medications prescribed since diagnosis and reasons for any changes of medication e.g. side-effects, adverse events):

Current medical concerns (low/high blood pressure, weight concerns, special monitoring requirements):

Any other relevant information for medical practitioners e.g., major life events, child protection concerns, other people involved (family/professionals):

Risk (current and historic):
