

## **Fenton Pediatrics LLC**

### **Information Regarding the Use of Stimulant and Non-Stimulant Medications for the Treatment of ADHD in Children and Adolescents**

The following information is about the potential side effects of medications prescribed for Attention Deficit Hyperactivity Disorder (ADHD). Please read this information carefully. You will be asked to sign this consent form stating that you understand the information and that you consent to having your child treated with a medication prescribed for the symptoms of ADHD.

All ADHD medications, both stimulant and non-stimulant, have the potential to cause unwanted side effects as all medications do. Often these side effects occur early in treatment and tend to be mild and short-lived. Occasionally the side effects do not diminish and may warrant discontinuation of the medication.

#### **Stimulant Medications**

Stimulant ADHD medications contain amphetamines or methylphenidate and work by increasing the levels of chemicals in the brain which help transmit signals between nerves. Although side effects are not common, those that may appear include:

Decreased appetite	Headaches
Difficulty sleeping	Jitteriness
Mood swings	Social withdrawal
Stomach pain	

#### **Non-Stimulant Medications**

Non-stimulant ADHD medications also work on the brain chemicals. Side effects from these medications include:

Nausea	Dizziness
Fatigue	Mood swings
Decreased appetite	

It is extremely important that children and adolescents taking an ADHD medication be monitored for potential side effects. You will be required to bring your child in for a follow-up appointment at least every three to six months to assess the effectiveness and side effects of the medication. You will also be required to call at least 24 hours in advance for refill authorizations.

In addition, parents need to be aware that stimulant ADHD medications are federally regulated controlled substances and as such are dispensed in limited quantities. All ADHD medications have the potential for abuse and have a value as “street drugs”. Parents should monitor the supply of medication and be aware of any discrepancies.

*As the parent of \_\_\_\_\_, I acknowledge  
That I have received information regarding ADHD medication and the possible side  
effects. I understand the information provided and consent to having my child treated  
with medication to treat the symptoms of ADHD. I agree to follow this office’s policy on  
scheduling follow-up appointments for the purpose of monitoring my child’s progress  
and understand that future refills of the medication may be withheld if I do not comply  
with this policy.*

\_\_\_\_\_  
Signature of parent

\_\_\_\_\_  
Date