

Proforma for Methylphenidate and the Management of Attention Deficit Hyperactivity Disorder (ADHD) for children from 4 years up to 17 years and 364 days

The below patient has been on methylphenidate for ADHD for **more than 3 months and is considered stable**. We therefore request this patient is placed on our shared care protocol.

Available on the CCG website under "shared care protocols"

<http://www.rotherhamccg.nhs.uk/Downloads/Medicines%20Management/SCP%20and%20PDG/ADHD%20SCP%20Rotherham%20FINAL%20March%202015.pdf>

CAMHS will continue to monitor the patient & write a letter after 6 monthly medication reviews to confirm whether or not dose/form is altered. If we do alter dose/form we will provide the patient with a 1 month's prescription.

As part of the agreement please could you provide repeat prescriptions as follows:

PATIENT NAME		DOB	
NHS #			
	ITEM1 Methylphenidate <input type="checkbox"/> Delmosart <input type="checkbox"/> Medikinet <input type="checkbox"/> Equasym <input type="checkbox"/> Immediate release <input type="checkbox"/> Modified release (XL) <input type="checkbox"/> Strength & Frequency: Strength & Frequency:		
	ITEM2 Methylphenidate <input type="checkbox"/> Delmosart <input type="checkbox"/> Medikinet <input type="checkbox"/> Equasym <input type="checkbox"/> Immediate release <input type="checkbox"/> Modified release (XL) <input type="checkbox"/> Strength & Frequency: Strength & Frequency:		
<ul style="list-style-type: none"> • CAMHS last provided the patient a 60 day script on...../...../201....) • As per CCG guidance practices are reminded to only prescribe up to 30 days treatment on FP10 			

Consultant/Specialist Name (printed):Signature: Date:

To be completed by GP & returned to consultant/specialist to confirm acceptance (fax or post)

GP name (printed): GP signature: Date: