Texas Psychiatry Associates, PA

3417 Spectrum Blvd, Ste 200, Richardson, TX 75082
Phone (972) 478-0322 / (817) 684-2710
Fax (972) 907-1187
E-mail: info@innovatedminds.com

Date: _____

OUTCOME PROGRESS REPORT

Patient's Name: _____DOB: _____

Current Medications: _____

Parent's Name: _____

Core Symptoms Rate 0-5 (0= Bad 5=Good)

Attention at School: _____
Attention at Home: _____
Hyperactivity at Home: _____
Hyperactivity at School: _____
Impulsivity: _____
Organization: _____
Forgetfulness: _____
Distractibility: _____

Secondary Symptoms Rate 0-5 (0= Bad 5=Good)

Homework Assessment: _____
School Behavior: _____
After School Activities: _____
Social Interactions: _____
Family Participation: _____
Behavior at School: _____
Accidents/Injuries: _____

Adverse Event Evaluation (please circle)

Appetite:	Good	Fair	Poor	Improve	Notes: _____
Sleep:	Good	Fair	Poor	Improve	Notes: _____
Stomach Aches:	None	Occasional	Frequent	Improve	Notes: _____
Headaches:	None	Occasional	Frequent	Improve	Notes: _____
Tremors	None	Occasional	Frequent	Improve	Notes: _____
Nausea:	None	Occasional	Frequent	Improve	Notes: _____
Mood:	Pleasant	Depressed	Anxious	Oppositional	Other:_____
Taking Medication Regularly:	Yes		No		
Duration Effect of Medication (s):	12 hr		10 hr	6 hrs	Less: _____

Other Side Effects: _____
_____
Other Concerns: _____
_____
Current Wt: _____ Current Ht.: _____ BP: _____

_____
Clinician Signature Date