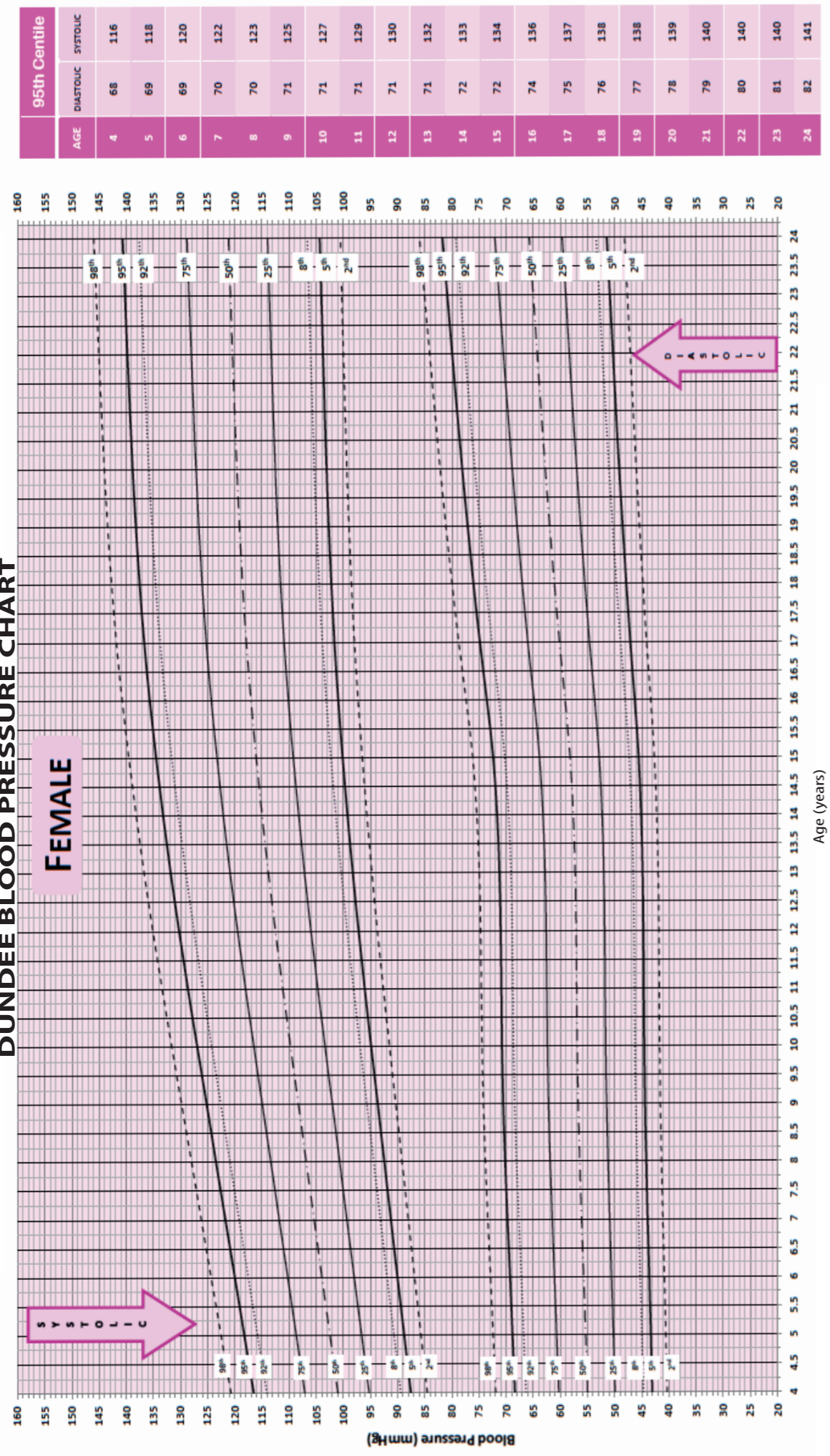


# DUNDEE BLOOD PRESSURE CHART



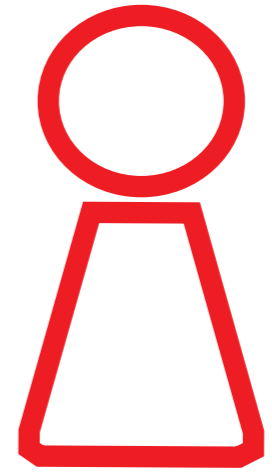
AGE	95th Centile	
	DIASTOLIC	SYSTOLIC
4	68	116
5	69	118
6	69	120
7	70	122
8	70	123
9	71	125
10	71	127
11	71	129
12	71	130
13	71	132
14	72	133
15	72	134
16	74	136
17	75	137
18	76	138
19	77	138
20	78	139
21	79	140
22	80	140
23	81	140
24	82	141

	Visit 1	Visit 2	Visit 3	Visit 4	Visit 5	Visit 6	Visit 7	Visit 8	Visit 9	Visit 10	Visit 11	Visit 12
Systolic												
Diastolic												
Height (cm)												
Weight (kg)												
Pulse												

**ADHD CARE PACKAGE CLINIC DOCUMENTATION**

Patient Name: \_\_\_\_\_

DoB CHI: \_\_\_\_\_



**Patient's Details**

Name: \_\_\_\_\_  
 DoB CHI: \_\_\_\_\_  
 Date of first visit: \_\_\_\_\_

**Clinicians**

Visit	Name of Clinician(s)	Date	Appointment Attended by
Visit 1			Child / Parent / Carer / ( )
Visit 2			Child / Parent / Carer / ( )
Visit 3			Child / Parent / Carer / ( )
Visit 4			Child / Parent / Carer / ( )
Visit 5			Child / Parent / Carer / ( )
Visit 6			Child / Parent / Carer / ( )
Visit 7			Child / Parent / Carer / ( )
Visit 8			Child / Parent / Carer / ( )
Visit 9			Child / Parent / Carer / ( )
Visit 10			Child / Parent / Carer / ( )
Visit 11			Child / Parent / Carer / ( )
Visit 12			Child / Parent / Carer / ( )

**Appointment Type (tick one)**

Visit	Hello	Titration	Continuing Care	Asked to See
Visit 1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Visit 2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Visit 3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Visit 4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Visit 5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Visit 6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Visit 7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Visit 8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Visit 9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Visit 10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Visit 11	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Visit 12	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Summary and plan**

Visit 7: Weight / Growth ok? - **Yes / No**      BP ok? - **Yes / No**

Clinician Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Review in..... months

Visit 8: Weight / Growth ok? - **Yes / No**      BP ok? - **Yes / No**

Clinician Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Review in..... months

Visit 9: Weight / Growth ok? - **Yes / No**      BP ok? - **Yes / No**

Clinician Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Review in..... months

Visit 10: Weight / Growth ok? - **Yes / No**      BP ok? - **Yes / No**

Clinician Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Review in..... months

Visit 11: Weight / Growth ok? - **Yes / No**      BP ok? - **Yes / No**

Clinician Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Review in..... months

Visit 12: Weight / Growth ok? - **Yes / No**      BP ok? - **Yes / No**

Clinician Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Review in..... months

## Summary and plan

**Visit 1:** Weight / Growth ok? - **Yes / No**

BP ok? - **Yes / No**

Clinician Signature:

Date:

Review in..... months

**Visit 2:** Weight / Growth ok? - **Yes / No**

BP ok? - **Yes / No**

Clinician Signature:

Date:

Review in..... months

**Visit 3:** Weight / Growth ok? - **Yes / No**

BP ok? - **Yes / No**

Clinician Signature:

Date:

Review in..... months

**Visit 4:** Weight / Growth ok? - **Yes / No**

BP ok? - **Yes / No**

Clinician Signature:

Date:

Review in..... months

**Visit 5:** Weight / Growth ok? - **Yes / No**

BP ok? - **Yes / No**

Clinician Signature:

Date:

Review in..... months

**Visit 6:** Weight / Growth ok? - **Yes / No**

BP ok? - **Yes / No**

Clinician Signature:

Date:

Review in..... months

## Overall Progress & Problems

### Parent/Carer View

### Child View

Visit 1

Visit 2

Visit 3

Visit 4

Visit 5

Visit 6

Visit 7

Visit 8

Visit 9

Visit 10

Visit 11

Visit 12

### Response to Treatment Scores

Inattention Total			Hyp-Imp Total			Total Score			SKAMP			CGAS		
Visit 1	/9 =	+	/9 =	+	/18 =	Inattention Mean Score (total/6):								
						Department Mean Score (total/4):								
Visit 2	/9 =	+	/9 =	+	/18 =	Inattention Mean Score (total/6):								
						Department Mean Score (total/4):								
Visit 3	/9 =	+	/9 =	+	/18 =	Inattention Mean Score (total/6):								
						Department Mean Score (total/4):								
Visit 4	/9 =	+	/9 =	+	/18 =	Inattention Mean Score (total/6):								
						Department Mean Score (total/4):								
Visit 5	/9 =	+	/9 =	+	/18 =	Inattention Mean Score (total/6):								
						Department Mean Score (total/4):								
Visit 6	/9 =	+	/9 =	+	/18 =	Inattention Mean Score (total/6):								
						Department Mean Score (total/4):								
Visit 7	/9 =	+	/9 =	+	/18 =	Inattention Mean Score (total/6):								
						Department Mean Score (total/4):								
Visit 8	/9 =	+	/9 =	+	/18 =	Inattention Mean Score (total/6):								
						Department Mean Score (total/4):								
Visit 9	/9 =	+	/9 =	+	/18 =	Inattention Mean Score (total/6):								
						Department Mean Score (total/4):								
Visit 10	/9 =	+	/9 =	+	/18 =	Inattention Mean Score (total/6):								
						Department Mean Score (total/4):								
Visit 11	/9 =	+	/9 =	+	/18 =	Inattention Mean Score (total/6):								
						Department Mean Score (total/4):								
Visit 12	/9 =	+	/9 =	+	/18 =	Inattention Mean Score (total/6):								
						Department Mean Score (total/4):								

### Medication current taking / recommended (If none, write none)

Visits	Medication Name / Dose	Medication Name / Dose	Medication Name / Dose
Visit 1			
Recommend			
Visit 2			
Recommend			
Visit 3			
Recommend			
Visit 4			
Recommend			
Visit 5			
Recommend			
Visit 6			
Recommend			
Visit 7			
Recommend			
Visit 8			
Recommend			
Visit 9			
Recommend			
Visit 10			
Recommend			
Visit 11			
Recommend			
Visit 12			
Recommend			

Other Symptoms	Key: ① Not Present ② Present but not impairing ③ Present & impairing												Write Notes Visit 1:	
	Visits	1	2	3	4	5	6	7	8	9	10	11		12
Insomnia or trouble sleeping	③	③	③	③	③	③	③	③	③	③	③	③	③	Write Notes Visit 2:
Nightmares	③	③	③	③	③	③	③	③	③	③	③	③	③	Write Notes Visit 3:
Drowsiness	③	③	③	③	③	③	③	③	③	③	③	③	③	Write Notes Visit 4:
Nausea	③	③	③	③	③	③	③	③	③	③	③	③	③	Write Notes Visit 5:
Anorexia / less hungry than other children	③	③	③	③	③	③	③	③	③	③	③	③	③	Write Notes Visit 6:
Stomach aches	③	③	③	③	③	③	③	③	③	③	③	③	③	Write Notes Visit 7:
Headaches	③	③	③	③	③	③	③	③	③	③	③	③	③	Write Notes Visit 8:
Dizziness	③	③	③	③	③	③	③	③	③	③	③	③	③	Write Notes Visit 9:
Sad / Unhappy	③	③	③	③	③	③	③	③	③	③	③	③	③	Write Notes Visit 10:
Prone to crying	③	③	③	③	③	③	③	③	③	③	③	③	③	Write Notes Visit 11:
Irritable	③	③	③	③	③	③	③	③	③	③	③	③	③	Write Notes Visit 12:
Thoughts of self-harm	③	③	③	③	③	③	③	③	③	③	③	③	③	
Suicidal ideation	③	③	③	③	③	③	③	③	③	③	③	③	③	
Euphoric / unusually happy	③	③	③	③	③	③	③	③	③	③	③	③	③	
Anxious	③	③	③	③	③	③	③	③	③	③	③	③	③	
Tics or nervous movements	③	③	③	③	③	③	③	③	③	③	③	③	③	
"Spaced-out" / "Zombie-like"	③	③	③	③	③	③	③	③	③	③	③	③	③	
Less talkative than other children	③	③	③	③	③	③	③	③	③	③	③	③	③	
Less sociable than other children	③	③	③	③	③	③	③	③	③	③	③	③	③	