

**Wake Forest Pediatric Associates, PLLC
WFPA, PLLC Knightdale Pediatric Office**

Student Medication Self Evaluation

Date of Report: _____

Grade Level: _____

Student's NAME: _____

MRN: _____

MEDICATIONS	DOSE	FREQUENCY

Side Effects on Medication

	None	Sometimes	Most of the time	All of the time
Overactive/ Excitable/ Impulsive/ Impatient				
Disturbs other Children				
Fails to Complete Tasks				
Short Attention Span				
Constant Fidgeting/ Nervousness				
Inattentive/ Easily Distracted				
Stares a lot/ Daydreams/ "Zones Out"				
Talks less with others/ Uninterested in others				
Mood Changes Quickly/ Temper Outbursts				
Decreased Appetite				
Irritable				
Stomachaches				
Headaches				
Drowsiness				
Sad/Unhappy/ Prone to crying				
Dizziness				

Other Comments: _____

School Subject	Present Grade	School Subject	Present Grade
1.		5.	
2.		6.	
3.		7.	
4.		8.	

ALTHOUGH EXTREMELY RARE, have any of the following occurred:

_____ Nervous Tics _____ Hallucinations _____ Bizzare Behavior

Compared with this child's **MORNING** behavior, was the child's **AFTERNOON** behavior this week:

_____ Much Worse _____ Worse _____ About the Same