



WICKER WELLNESS CENTER
 807 Union St., Schenectady, NY 12308
 Phone: (518)388-6120 Fax: (518)388-6147
 Email: uhealthcenter@union.edu

PRESCRIBING OF STIMULANT MEDICATION FOR ADHD
****TO BE COMPLETED BY HEALTHCARE PROVIDER ****

It is not unusual for a student to come to the Wicker Wellness Center already being treated for ADHD. Since many of the medications being used to treat ADHD require close monitoring, as well as monthly renewals, the following document must be completed and returned to the Wicker Wellness Center before we can assume prescribing responsibility. The standard of practice that we follow is to work collaboratively with the prescribing provider in order to bridge the prescribing responsibilities for students while they are at school.

Student's Name: _____ **Date of Birth:** _____

Address: _____

City/State/Zip: _____

Diagnosis: _____ **Age of Diagnosis:** _____

Current Medication: _____ **Dosage:** _____

Current Medication: _____ **Dosage:** _____

Current Medication: _____ **Dosage:** _____

Date(s) of Last Prescription: _____

Prescribing Provider's Name: _____

Student Signature: _____

ADDITIONAL DOCUMENTATION

In addition to this form being completed, please attach any testing/diagnostic documentation that may be available to provide a historical snapshot of this patient's treatment history.

HEALTHCARE PROVIDER SIGNATURE REQUIRED

Stamp Here:

Name (please print) _____

Address _____

City _____ State _____ Zip Code _____

Phone() _____ Fax() _____

PROVIDER SIGNATURE _____ **Date:** _____