

# ADHD Treatment Plan Template

Patient Information			
First Name	Last Name	Date of Birth	Parent/Caregiver Name
Goals			
Short Term Goals		Long Term Goals	
Interventions			
Behaviour Therapy		Pharmacological	
		Other/Complementary Treatment	

Patient Information			
First Name	Last Name	Date of Birth	Gender
Management Plan			
Home	School	Other	
Additional Clinician Notes			
<input type="checkbox"/> Vanderbilt templates provided	<input type="checkbox"/> Educational resources provided	Follow-up Date __/__/__	
Clinician Name	Clinician Designation	Clinician Signature	Date
			