

GP ADHD Shared Care

Personal Health Record

Version 5, October 2024

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LHN UR Number:.....

CAMHS UR Number:.....

Surname:.....

Given Names:.....

DOB:...../...../.....

Sex/Gender:

Pronouns:.....

GP ADHD Shared Care Program: A Child & Adolescent Mental Health Services (CAMHS) initiative in partnership with GPEX Shared Care (previously GP Partners Australia)

For detailed background information, go to the Personal Health Record Background Information document at <https://gpex.com.au/for-health-professionals/gp-shared-care/gp-adhd-shared-care/>

Lifetime ADHD Care

- ADHD is a high prevalence neurodevelopmental disorder, often associated with impairment that extends across the lifespan (1).
- A comprehensive assessment and management plan, collaboratively developed between a psychiatrist, individual with ADHD and/or their carer engaged in information sharing, is the basis of good clinical care. This ensures continuity of care as patients move between age groups, health services and community services,
- Treatment for ADHD, with or without medication as part of the treatment plan, requires regular review and follow-up according to the severity of the condition and individual factors such as co-occurring conditions, medical complications, compliance, response to treatment, social supports, and lifestyle factors. (2)
- Individualised monitoring is based on a chronic condition management model.(2)

Routine Primary Health Care for Young People:

The Guidelines for Preventive Activities in General Practice, 9th edition, [17048-Red-Book-9th-Edition.pdf \(racgp.org.au\)](#) (3) provides comprehensive advice on preventative health activities GP's routinely provide young people. Whole-person care for the young person with ADHD includes, but is not limited to:

- Sleep
- Diet & nutritional screens where indicated
- Physical activity levels & cardiovascular health
- Smoking. Alcohol, recreational drug use, herbal and OTC preparations
- Sexual health
- Mental health (HEADSS assessment)
- e-safety
- Work
- Driving

References:

1. ADHD across the lifespan, March 2023, RANZP Position statement 55: ADHD across the lifespan | RANZCP
2. Australian Evidence-Based ADHD Clinical Guideline (aadpa.com.au)
3. Guidelines for Preventive Activities in General Practice, 9th edition, [17048-Red-Book-9th-Edition.pdf \(racgp.org.au\)](#)



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ADHD SHARED CARE PROTOCOL

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ADHD Annual Cycle of Care

2 months	<ul style="list-style-type: none"> Maximum period Schedule 8 stimulants can be prescribed without applying to Drugs of Dependence Unit, ref: Drugs of dependence SA Health May be required if the Authorised Prescriber is unavailable due to unforeseen circumstances. Prescriber MUST REVIEW patient script record on SCRIPT CHECK SA: www.sahealth.sa.gov.au/scriptchecksa MUST BE DOCUMENTED IN PERSONAL HAND-HELD RECORD
3 monthly	<ul style="list-style-type: none"> Medication review Repeat scripts per DDU Authority specifications
3-6 monthly	<p>Health check, including but not limited to:</p> <ul style="list-style-type: none"> Growth Diet Cardiovascular health Co-occurring conditions Medical complications Exclusion of new onset contra-indications Compliance Response to treatment Social supports Lifestyle factors (1)
5 Yearly	<ul style="list-style-type: none"> Maximum medication authority duration ADHD Stimulant Prescribing Regulations & Authorities in Australia & New Zealand (aadpa.com.au)

PROGRESS NOTES

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Date & Time	Weight (percentile)	Height (percentile)	Pulse Rate	Blood Pressure (centile or online checker assessment)	Medication details (Preparations and dosages)
Health review:					
Mental health review:					

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Medicolegal Documentation

First DDU Authority	Specialist letter supporting GP to be Authorised Prescriber received: __/__/__ (date) Advised specialist review interval: _____ Schedule 8 Medication Authority application sent: __/__/__ (date) Schedule 8 Medication Authority Confirmation received: __/__/__ (date)
Subsequent DDU Authorities:	Specialist letter supporting GP as ongoing Authorised Prescriber received: __/__/__ (date) Advised specialist review interval: _____ Schedule 8 Medication Authority application sent: __/__/__ (date) Schedule 8 Medication Authority Confirmation received: __/__/__ (date)
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