



Medical Waiver Form

Patient Information

Name Date of Birth

Address

Phone Number Email

Medical History

Please indicate any existing medical conditions and provide details regarding your cardiac history.

Cardiomyopathy

Arrhythmias

Hypertension

Heart Valve Disorders

Coronary Artery Disease

Other

Details

Medication Information

Are you currently taking any medications for your cardiac condition? If yes, please list

Adderall Prescription

I, , understand that I have a history of cardiac issues, specifically cardiomyopathy, and that taking Adderall, a stimulant medication, may have implications for my cardiovascular health. I acknowledge that the prescribing physician at Healthstead Psychiatry has discussed the risks and benefits of Adderall treatment with me, including the potential exacerbation of cardiac symptoms or complications.

I understand that it is important to monitor my cardiac health closely while taking Adderall, and I agree to comply with all recommended medical evaluations, including regular cardiac assessments and follow-up appointments. I understand that I should promptly report any new or worsening symptoms related to my cardiac health to my healthcare provider.

I acknowledge that I have been provided with information about alternative treatment options for managing my ADHD symptoms and that I have chosen to proceed with Adderall treatment despite the potential risks to my cardiac health. I understand that this decision is made in consultation with my healthcare provider and is based on an assessment of my individual medical history and treatment goals.

I hereby release Healthstead Psychiatry and its healthcare providers from any liability related to the use of Adderall in the context of my cardiac history. I understand the potential risks involved and agree to assume responsibility for my health and well-being while undergoing Adderall treatment.

Patient's signature

Date

Parent/Guardian Signature

Date

(If patient is a minor)

Physician's Signature

Date

Please retain a copy of this waiver for your records. If you have any questions or concerns, please do not hesitate to contact us at Healthstead Psychiatry LLC.