

[Your Name]  
[Your Title/Position]  
[Your Organization/Practice Name]  
[Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]  
[Date]

[Patient's Name]  
[Patient's Address]  
[City, State, Zip Code]

Dear [Patient's Name],

Subject: Vyvanse Treatment Plan

I am writing to outline the treatment plan for your management of Attention-Deficit/Hyperactivity Disorder (ADHD) using Vyvanse (lisdexamfetamine dimesylate). This plan is designed to ensure a structured approach to your treatment and includes the following components:

1. **\*\*Medication Dosage\*\***:
  - Initial dosage: [e.g., 30 mg once daily in the morning].
  - Follow-up visit for dosage adjustment: [e.g., in 4 weeks].
2. **\*\*Objectives of Treatment\*\***:
  - Improve focus and attention in daily activities.
  - Reduce impulsivity and hyperactive behavior.
  - Enhance overall functioning at home, school, or work.
3. **\*\*Monitoring Plan\*\***:
  - Regular follow-up appointments every [e.g., month/quarter] to assess effectiveness and side effects.
  - Self-reporting of symptoms on a scale of [0-10] during each visit.
4. **\*\*Side Effects\*\***:
  - Discuss potential side effects of Vyvanse, such as [e.g., decreased appetite, insomnia].
  - Establish a protocol to report severe side effects immediately.
5. **\*\*Behavioral Strategies\*\***:
  - Incorporate behavioral strategies along with medication.
  - Recommendations include [e.g., establishing a routine, organizational aids].
6. **\*\*Lifestyle Considerations\*\***:
  - Encourage regular exercise, a balanced diet, and sufficient sleep.
  - Recommendations for mindfulness or relaxation techniques.
7. **\*\*Family and Community Support\*\***:
  - Engagement of family or significant others in the treatment process.
  - Consideration of support groups for ADHD.

Please feel free to reach out to my office if you have any questions regarding your treatment plan or if you experience any side effects. Your wellbeing is our priority, and we will adjust the treatment plan as necessary to meet your individual needs.

Sincerely,

[Your Signature]  
[Your Printed Name]  
[Your Credentials/Qualifications]