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# Vyvanse Withdrawal Documentation Template
## Patient Information
- **Name:** [Patient's Name]
- **Date of Birth:** [DOB]
- **Patient ID:** [Patient ID]
- **Date of Evaluation:** [Date]
## Clinical Background
- **Diagnosis:** [Primary diagnosis]
- **Medication History:**
  - Vyvanse (Lisdexamfetamine) - [Dosage, Duration of Use]
  - Other medications: [List other relevant medications]
## Withdrawal Symptoms
- **Date Withdrawal Initiated:** [Start Date]
- **Symptom Onset:**
  - [Date Symptoms Started]
- **Symptom Description:**
  - **Physical Symptoms:** [List symptoms e.g., fatigue, headaches, etc.]
  - **Psychological Symptoms:** [List symptoms e.g., anxiety, depression, etc.]
- **Severity of Symptoms:**
  - [Mild, Moderate, Severe - scale 1-10]
## Management Plan
- **Current Treatment Approaches:**
  - [Behavioral Therapy/Cognitive Behavioral Therapy, etc.]
  - [Other Medications or Supplements]
- **Monitoring Plan:**
  - [Frequency of Follow-up Appointments]
## Patient Education
- **Withdrawal Process:** [Overview given to the patient]
- **Coping Strategies:** [List any suggested strategies e.g., exercise, mindfulness]
- **Emergency Contacts:** [Crisis hotline or contact information]
## Follow-Up
- **Next Appointment:** [Date]
- **Notes:** [Any additional notes or recommendations]
## Signature
- **Clinician Name:** [Your Name]
- **Title:** [Your Title]
- **Date:** [Date Signed]
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