Date:__________________

Dear Parent(s)/Guardian(s) and Patient,

We look forward to meeting with you on ____________________ for your follow up appointment with ______________________________ at ______________________________.

In order to prepare for your visit, we ask the following:

Step 1: Complete and sign the Consent to Release Private Data form and put the yellow copy in the Teacher Packet.

Step 2: Complete the Vanderbilt ADHD Diagnostic Parent Rating Scale.

Step 3: Mail or fax all paperwork so we receive it before your appointment.

Please return all paperwork by ___________________. A postage paid envelope is provided in the packet. If the paperwork is not received, we will need to cancel and reschedule your appointment to a later date.

Thank you for helping us to provide your child with exceptional health care.

Items to be mailed or faxed back:
☐ Consent to Release Private Data (white copy only)
☐ Vanderbilt ADHD Parent Rating Scale

Mail to:          Fax to:  
Covenant Clinic     319.272.5282
2710 St. Francis Drive, Suite 210
ATTN: Scheduling Staff
Waterloo, Iowa 50702-5620