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

We look forward to meeting with you on ____________________ at ____________________.

To provide your child with exceptional health care, this information needs to be available prior to the appointment. If the information is not received, we will need to cancel and reschedule your appointment to a later date.

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

Step 1: Complete and sign the Consent to Release Private Data form.

Step 2: Give child’s teacher(s) their packet from Covenant Clinic containing Teacher Letter, the yellow copy of the Consent to Release Private Data form from Step 1 and Vanderbilt ADHD Diagnostic Teacher Rating Scale. The teacher can fax paperwork to Covenant Clinic.

Step 3: Complete the Behavioral Developmental Patient History form and the Vanderbilt ADHD Parent Rating Scale.

Step 4: Mail or fax all paperwork by __________________ in the postage-paid envelope provided in the packet.

Items to be mailed or faxed back:
- ☐ Consent to Release Private Data (white copy only)
- ☐ Behavioral Developmental Patient History
- ☐ Vanderbilt ADHD Parent Rating Scale
- ☐ Vanderbilt ADHD Teacher Rating Scale

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

Fax to: 319.272.5282