



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 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:**

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

**Fax to:**

319.272.5282