



Date: _____

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