



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, Vanderbilt ADHD Diagnostic Teacher Rating Scale and postage-paid return envelope.

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

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

Items to be mailed back:

- Consent to Release Private Data
- Behavioral Developmental Patient History
- Vanderbilt ADHD Parent Rating Scale

Mail to:

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