Office of the School Nurse

Dear Physician,

_____ was seen in your office. In an effort for all communication between the parents, the school and yourself, to be accurate, please complete this form. I appreciate the time invested in this assessmen. Type name, title and phone number.

An initial diagnosis of Attention Deficit or Attention Deficit Hyperactivity Disorder was made.

The decision was made to place the child on a trial regime of:

_____ to be given at home only. _____ to be given at home and at school.

_A diagnosis was not made at this time. The child/family was referred for further assessment by: _____

Additional documentation is needed.

Parents would like more time to consider the diagnosis.

This is a follow-up visit and the established regime will continue.

There will be a change in the medication regime:

The at-home medication/dosage will be _____

The school medication/dosage will be _____

has been discontinued.