Dear Parent:

This letter is to confirm your appointment for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

at \_\_\_\_\_\_\_\_\_ am/pm with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

This appointment will be with you as parent (or guardian) only and will be scheduled for 30 minutes.

It is required that we have the following paperwork completed and returned to the clinic at least one week prior to your appointment. Therefore your paperwork is due on \_\_\_/\_\_\_\_/\_\_\_.

* Parent Summary of Concerns
* Parent Vanderbilt forms
* Parent Symptom Checklist- 17
* Teacher Summary of Concerns
* Teacher Vanderbilt forms
* School records such as report cards (this years and last if available), notes from school counselor, IEP summaries
* Consent for Mutual Exchange of Information

Please have as many family members, teachers or daycare providers complete these as you feel will be helpful. These forms can be copied or we would be happy to provide you more if needed. Once completed, you can pick up the teacher and school information and fax or drop it at the office or you can have the teacher/school fax it directly to our office.

If this paperwork is not been received one week prior to your visit, we will call you to reschedule your appointment – but this may lead to a significant time delay (as these evaluations are difficult to schedule).

We carefully follow this policy because it is necessary for the provider to review this important information before your appointment. This way, we can ensure the most effective use of time while in the clinic and provide the best assessment for your child.

If you have any questions, please call me at (360) 428-2622

Sincerely,

Communications Nurse

Skagit Pediatrics,LLP 2101 Little Mountain Ln, Mount Vernon, WA 98274 Tel (360)428-2622 Fax (360)428-3941

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