

the Pediatric Group

Pediatrics in Annapolis
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Annapolis, MD 21401
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2225-E Defense Highway
Crofton, MD 21114
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www.pediatricgroup.com

Dear Parents:

I look forward to working with you to evaluate your child's behavioral and developmental issues, and feel confident that together we will explore all the possibilities that may explain your child's behaviors and/or learning disabilities. I will also determine if there are any other additional problems such as anxiety, depression, or a physical illness, that may have an impact on your child's behavior.

This comprehensive packet of information includes several forms to be completed by both parents and your child's teachers, in addition to reference materials to educate you on the types of Attention Deficit Hyperactivity Disorder (ADHD) and the problems that accompany this condition. The information you and your child's teacher(s) provide on the enclosed forms will assist me with determining if your child has any clinical or diagnostic findings consistent with ADHD.

Once you have collected the appropriate information and completed the necessary forms, please return them to me or to the attention of your child's primary care provider at the office location where your child's medical records are retained. Once the completed forms have been reviewed, I will contact you to schedule a consultation appointment.

If you have any questions, please feel free to leave a message in my personal voice mail at (410) 721-2273, select option nine (9) on the main menu and then enter extension 8722. Please be sure to leave your name, your child's name, and a daytime and evening phone number where you may be reached.

Thank you,

Robert G. Graw, Jr., M.D.

ADHD Information Packet

Forms Included:

ADHD Information Sheet

Medical Records Request Form

Home Situations Questionnaire

Connor's Scale for Parents

Connor's Scale for Teachers

Parents History Questionnaire

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410.721.CARE

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