



Harrison Health Center
60 College Ave.
Annapolis, MD
410-626-2553
Fax 410-626-2889

Request For Verification ADD/ADHD Diagnosis

The student below is requesting medication refills for ADD/ADHD management during the academic school year at St John's College Harrison Health Center. The following information is required before ADD/ADHD medications can be managed by the Health Center.

RELEASE OF INFORMATION

I, _____, hereby authorize _____
Psychiatrist, Primary Care Physician, or other Health Care Provider
to disclose the following information to St. John's College Harrison Health Center for the purpose of prescription management of ADD/ADHD:

STUDENT SIGNATURE DOB DATE

- Diagnostic code (ICD 9 or DSM IV) _____
- Relevant history and supporting information for DSM-IV Criteria for ADD/ADHD include:

- Please provide results or copies of any information (including copies of screening tools, assessments, questionnaires) used for evaluation and diagnosis.
- List current and past treatments for ADD/ADHD. Include name, strength, dosing schedule of medications, as well as response and adverse reactions or side effects:

• Is there any indication that this student may have additional diagnosis, such as depression, anxiety, etc.?
Comment:

Thank you for your time and attention given to complete this form.

PROVIDER NAME

ADDRESS:

PHONE:

FAX

SIGNATURE

DATE

Please fax this information to St. John's College Harrison Health Center 410-626-2889. If you have any questions, contact Nancy Calabrese, CRNP or Lynda Turner, CRNP at The Harrison Health Center, 410-626-2553.