DOCUMENTATION OF PREVIOUS ADHD TREATMENT

Providers, please fill out the form below so that this student may continue treatment at AU SHC. Please include a copy of chart notes and any information regarding recent prescriptions. Please submit the completed form and accompanying notes back to our office.

Email: shc@american.edu

Fax: (202) 885-1222

Mailing address:

American University Student Health Center 4400 Massachusetts Avenue, NW McCabe Hall Washington, DC

Students Name:	Date of Birth	
Providers Name:	Specialty	
Name of Practice:		
Address:		
Telephone:	Fax:	

Please list any medication this patient is currently taking:
Please state if this patient was diagnosed with or treated for any other behavioral health condition:
Please list any other medical conditions for this patient:
Do you have any concerns about this patient misusing stimulants or other substances?NOYES
If yes, please explain: