

Date: ____/____/____

To The Parent Of _____:

Your child has an appointment with Dr. Godfrey on:

_____ in our Crystal Lake Office.
DAY DATE TIME

Enclosed you will find several questionnaires and forms that we ask you to complete. It is important that we receive these questionnaires and forms at the time of your child's appointment.

- The **Parent Questionnaire** asks questions about your child's health, development and family life.
- **Client Information Form and Consents and Authorization Form** are both carbon forms that gives us demographic information and consent for us to provide treatment. Please press firmly when completing the form. We will need the signature of both parents for "Signature of Responsible Party". All children 12 and older must sign the form where patient is indicated.
- **Medical/Social History Form** – this is a two sided form that needs to be completed and signed on the second page as well.
- **Authorization to Release Information Forms** – Complete this form for anyone you would like Dr. Godfrey to be able to discuss your case with. This can include school, therapist, pediatrician or whomever will need information about treatment and care.
- **Exchange of Information Form** – is a form that communicates brief information to your primary care physician. If you would like us to communicate with your PCP, please complete this form with your physician's information filled in. We will need a fax number so we can fax the form over to your PCP.
- **Please Bring:** Photo ID from parent and Child if child has school ID and your insurance card.

Please DO NOT date any forms, everything needs to be dated in the office at the time of the appointment.

In addition to the forms, you will find **Dr. Godfrey's Practice Guidelines**. Please sign the last page and return it with your paperwork. Feel free to discuss any questions or concerns regarding Dr. Godfrey's Practice Guidelines when you have your initial visit.

The following items will also be helpful to have if available:

- A copy of any previous psychiatric records.
- A copy of any previous neuropsychological or psychological evaluations.
- If applicable, a copy of the most recent IEP.
- A copy of physician records outside of routine medical care.

This information is important to gain full understanding of your child's past and current situation and will help to guide the ongoing assessment and treatment of your child. Please contact our office with any questions or concerns.

Sincerely,

Katherine Godfrey, MD