

Dear Patients and Families,

Your child is scheduled for an evaluation in the Neurodevelopmental (NDV) Clinic at Seattle Children's Hospital. To help us assess your child's needs and determine the appropriate care, we need you to:

□ Fill out the Neurodevelopmental Clinic Family Questionnaire and **return it as soon as possible**.

We also need these medical and school records to help us know about your child and how they function in a variety of settings and over time. Please **send this information** to us **at least 7 days before** your child's appointment. If you cannot send it, bring it to your appointment:

- □ Birth/neonatal records
- □ Therapy notes: physical, occupational, speech, behavioral/mental health
- □ School records: IEP, 504
- □ Medial records/clinic notes
- □ Growth charts
- □ Specialty evaluations/tests
- □ Equipment needs

Contact the correct person (primary care provider, therapist, school, etc.) to have the records sent to us, or send them yourself. For questions, call 206-987-2210, option 1.

Email:

NDVNurses@seattlechildrens.org

E-mail communication is not secure and may be intercepted in transmission or misdirected. You may learn more about the risks of using e-mail at <u>www.seattlechildrens.org/patients-families/partnering-with-us/email-risks-conditions/</u>. When you communicate with members of your care team and include patient identifiable health information or other confidential information, you agree that you are aware of and assume these risks. If you discover that an email communication containing patient identifiable health information or other confidential information containing patient identifiable health information or other confidential information containing patient identifiable health information or other confidential information has been intercepted in transmission or misdirected, please report it to the Seattle Children's privacy office at <u>privacy.questions@seattlechildrens.org</u> or by calling, toll free, 1-866-987-2000, extension 7-1200.

Mail:

Seattle Children's Hospital, NDV Clinic PO Box 5371 O.C.9.840 Seattle, WA 98145-5005

Thank you, Neurodevelopmental Clinic Fax: Records: 206-985-3121 Questionnaire: 206-987-3824 ATTN: NDV Clinic

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