

Request For Medical Evaluation

DATE: _____

PATIENT: _____

BIRTHDATE: _____

Dear Dr. _____,

This patient has recently been evaluated because of symptoms suggestive of ADHD. On the basis of a comprehensive review of the patient's medical, developmental, educational, and social histories, as well as the results of behavioral rating scales and neuropsychological testing of attention and executive functions, this patient has been diagnosed with ADHD, pending medical evaluation by your office. A copy of my evaluation report will be forwarded to you.

Because symptoms of inattention and impaired behavioral and emotional control can be caused by medical conditions other than ADHD, I have recommended that this patient be evaluated by you to rule out the following medical conditions that can cause inattention and loss of behavioral and emotional control:

- anemia
- sleep disorder (apnea; deficits)
- thyroid disorders
- hypoglycemia
- diabetes
- zinc deficiency
- magnesium deficiency
- calcium deficiency
- vitamin D deficiency
- vitamin B deficiency (B1, B3, B9, B12)
- illegal psychoactive substance use (teens, adults)
- Food allergies (e.g., corn, wheat, gluten, eggs, dairy, cocoa, nuts, food dyes)

To provide effective clinical care for this patient, I would appreciate your assistance in conducting whatever laboratory and clinical assessments you consider necessary to rule out these conditions before initiating treatment for ADHD.

Thank you for your assistance.

Name of Referring Provider

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