



# Advanced Pediatric Associates<sub>LLP</sub>

*Administration & Patient Financial Services*

3300 S. Parker Rd., #404  
Aurora, Colorado 80014

*Clinical Offices*

5657 S. Himalaya St., #100  
Centennial, Colorado 80015

1300 S. Potomac St., #156  
Aurora, Colorado 80012

9397 Crown Crest Blvd., #330  
Parker, Colorado 80138

2373 Central Park Blvd., #202  
Denver, CO 80238

*Freeman Ginsburg, MD, FAAP*

*Stephanie S. Stevens, MD, FAAP*

*Bradley D. Kurtz, DO, FAAP*

*William S. C. Payne, MD, FAAP*

*Benjamin Apple, MD, FAAP*

*Alison Auster, MD, FAAP*

*Danielle M. Clancy, MD, FAAP*

*Elizabeth Hemphill, MD, FAAP*

*David Higgins, MD, FAAP*

*Elizabeth L. Kudron, MD, FAAP*

*Alyssa Le, MD, FAAP*

*Nancy J. McDermott, MD, FAAP*

*Jeanne Oh, MD, FAAP*

*Nancy Barber Starr, MS, CPNP-PC*

*Kirstin Cox, MS, CPNP*

*Brigette Denning, MS, PA-C*

*Joy Diamond, MS, CPNP-PC*

*Jessica Fox Stewart, MPAS, PA-C*

*Wesley Gallegos, MPAS, PA-C*

*Arianna Groven, MPAS, PA-C*

*JaNae Haycock, MS, CPNP-PC*

*Heather Meister, MPAS, PA-C*

*Lynda Melton, MS, PA-C*

*Lauren Millet, MPAS, PA-C*

*Kara Scholl, MS, PA-C*

Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Dear Parent:

Enclosed is the ADHD packet you requested for your child. Included in the packet are questionnaires for you, as well as for your child's teacher(s) to complete. If your child is of middle school age or older, it is necessary to have completed questionnaires from at least two teachers to facilitate proper diagnosis of your child. In order to adequately score and evaluate the information we will need the questionnaires and any school evaluations returned before an appointment is made. We will also request that you schedule the initial ADHD evaluation and all follow-up visits with the care provider that your child sees most often for well-care exams.

Please be aware, there are additional charges involved in the scoring and evaluation of these questionnaires. These charges will be added to the office visit charge on the date of the visit.

Thank you for your cooperation in completing and returning the packet to our office. Once we have received the questionnaires we will contact you to make the appointment for the ADHD evaluation. In the meantime, please do not hesitate to call, (720) 974-7188, if you have any further questions.

Sincerely,

ADHD Coordinator

Enclosures

**Please return this letter with the completed questionnaires.**  
**Thank you!**

<b>For internal use only:</b>	
<b>Appointment:</b>	
<b>Packet reviewed by:</b>	
<b>Time spent in Review:</b>	<b>Time Required for Appt:</b>

Questionnaire     Teacher     Report Card

ADD064-Rev0418

720.974.7188 Phone | 720.974.7189 Fax | www.AdvancedPediatricAssociates.com