

Doctor to School Communication Form

Date: _____ School: _____

Student Name: _____ Grade: _____

Date of Birth: _____ Teacher: _____

Doctor: _____

- Diagnoses:**
- 1.
 - 2.
 - 3.
 - 4.

Medication Information

- | | | | | |
|----------------------------------------|---|---|------|-------|
| 1. Starting medication | Y | N | Med: | Dose: |
| 2. Changing Dose | Y | N | Med: | Dose: |
| 3. Changing medication | Y | N | Med: | Dose: |
| 4. Adding/changing 2 nd med | Y | N | Med: | Dose: |
| 5. Adding/changing 3 rd med | Y | N | Med: | Dose: |

Request for monitoring response to medication

- | | | |
|---------------------------------------------------------------------|---|---|
| 1. Vanderbilt weekly until stable (newly diagnosed) | Y | N |
| 2. Vanderbilt bi-weekly until stable (newly diagnosed) | Y | N |
| 3. Vanderbilt one month after school starts (established diagnosis) | Y | N |
| 4. Other specific requests/comments: | | |