

REQUEST FOR MEDICAL EVALUATION

Patient: _____
Birthdate: _____
Date of Evaluation: _____

Dear Dr. _____

This patient is in the process of an evaluation at my clinic in order to assess their attention and capacity for behavioral and emotional control. To date, I have reviewed this patient's medical, educational, and social histories, conducted patient/parent interviews, and analyzed the results of norm-referenced behavioral rating scales, a continuous performance test of attention, and a Quantitative EEG examination conducted at my clinic. The results of my assessment indicate significant impairment of attention.

At this time, I am seeking your assistance in clarifying the causes of this patient's attention problems. Because each of the following conditions has been determined to cause impairment of attention, I would appreciate your review of this patient's medical records, and the completion of whatever laboratory and clinical procedures that you consider necessary to rule out the following medical problems:

Anemia
Thyroid Disorder
Hypoglycemia
Diabetes
Magnesium Deficiency
Calcium Deficiency
Zinc Deficiency
Vitamin B Deficiency (Folate; Ferritin; B12)
Vitamin D deficiency
Dietary Allergies (IgE; IgG): corn, wheat, gluten, eggs, cocoa, peanuts, & red dyes

Because medical conditions other than ADHD can cause chronic impairment of attention and behavioral control, I have advised this patient to obtain a comprehensive medical examination by you prior to determining a diagnosis of ADHD and initiating treatment. I would appreciate receiving a copy of your findings at your earliest convenience.

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