



## Duke | Student Health

Dear Healthcare Provider

Our patient \_\_\_\_\_ DOB \_\_\_\_\_  
is requesting that we provide interval refills of medication for Attention Deficit Disorder during their time at Duke University. In order for us to provide this service, we need information from the specialist who is currently managing their condition. Please provide the following information:

- Diagnosis (e.g. ADHD):  
\_\_\_\_\_
- Date of original diagnosis:  
\_\_\_\_\_
- What testing was used for the diagnosis (if known) and when was it done:  
Please include testing documentation:  
\_\_\_\_\_
- How long have you treated this patient for this diagnosis:  
\_\_\_\_\_
- Current medication(s) that the patient is using, including dose and how long they have been on that dose:  
\_\_\_\_\_  
\_\_\_\_\_
- Other medications that have been tried in the past that are no longer used and reason for discontinuation: \_\_\_\_\_  
\_\_\_\_\_
- Your contact information in case we need to speak with you:  
\_\_\_\_\_
- Your signature and date:  
\_\_\_\_\_

We will review the documentation with the patient during an initial clinic visit. If the documentation meets the criteria of our internal policy we will provide the necessary prescription refills for our patient in three month intervals. Per Duke Student Health policy, patients must be seen by their ADD specialists at least every 2 years and any medication adjustments will need to be managed by their treating specialist. Please note that if the patient has not been treated at any time for the condition in the last 2 years, a reassessment by an ADD specialist will be required for us to assume prescribing refills of the medications.

Please fax this form back to (919) 681-2874.

Thanks for your help in this matter.

Sincerely,  
Duke Student Health