CONNERS SCALE REQUEST FORM

Today's Date: _____/_____/_____

Child's Name: _____Date of Birth: _____/_____/_____

Parent Email Address:_____

Primary Physician: ☐ Hamm ☐ Loeb ☐ Speropoulos ☐ Gatz ☐ Allen ☐ Steele

At Leawood Pediatrics, we are committed to providing thorough and timely assessments to support the health and well-being of your child. If your physician recommends completing the Connors Scale assessment, please note the following process:

1. **Assessment Fee:** There is a flat fee of $50 for the Connors Scale assessment that must be paid before the assessments are provided. This fee covers the cost of processing and reviewing the assessments.
2. **Check Your Email:** Once we receive your consent form, we will email links to the Conners questionnaires. **Important:** Please check your spam/junk folder, as the emails may end up there.
3. **Complete the Questionnaires:** Separate questionnaires will be completed by:

   - **Parent/Guardian:** Parent questionnaire
   - **Teacher:** Teacher questionnaire
   - **Child:** Child questionnaire

   **Each questionnaire is completed and submitted separately.

4. **What Happens Next?**
   - Our office receives the completed questionnaires.
   - Your child's pediatricians reviews the results
   - **We will contact you** with the next steps to discuss the results with your physician during a follow-up appointment.

Please check one of the following:

☐ I will pay with card or check today - CHECK#: _____ Employee Initials: _____
Select Card: ☐ VISA ☐ MC ☐ DISC ☐ AMEX
Card No._____ Exp. Date_____ Sec.Code_____

☐ Please charge my card on file. I am aware I am responsible for my card on file being current
- DATE CARD CHARGED: _____/_____/_____

Printed Parent/Guardian Name: _____ Parent/Guardian Signature: _____
(or Patient if 18 yrs or older) (or Patient if 18 yrs or older)

Please complete this paperwork request form in black ink only.

You submit your request via:

Email	medicalrecords@LeawoodPediatrics.com
Fax	913.948.9128
Mail/Person	5401 College Blvd, Ste 101, Leawood, KS 66211

----------OFFICE USE ONLY----------

Payment posted to account: _____/_____/_____ in the amount of $_____Employee Initials: _____