Dear Patients and Families,

Your child is scheduled for an evaluation in the Neurodevelopmental (NDV) Clinic at Seattle Children’s Hospital. To help us assess your child’s needs and determine the appropriate care, we need you to:

☐ Fill out the Neurodevelopmental Clinic Family Questionnaire and return it as soon as possible. Please see below for contact information.

We also need these medical and school records to help us know more about your child and how they function in a variety of settings over time. Please send this information to us at least 7 days before your child’s appointment. If you cannot send it, please bring it to your appointment:

☐ Birth/neonatal records
☐ Therapy notes: physical, occupational, speech, behavioral/mental health (last 6 months)
☐ School records and educational testing: IEP, 504
☐ Medical records/clinic notes (including growth charts)

Contact the correct person (primary care provider, therapist, school, etc.) to have the records sent to us, or send them yourself. For questions, call 206-987-2210.

Thank you,
Neurodevelopmental Clinic

Mail:  
Seattle Children’s Hospital, NDV Clinic  
PO Box 5371  
O.C.9.840  
Seattle, WA 98145-5005

Fax:  
Records: 206-985-3121  
Questionnaire: 206-987-3824  
ATTN: NDV Clinic

Email:  
NDVNurses@seattlechildrens.org  
Email communication is not secure and may be intercepted in transmission or misdirected. You may learn more about the risks of using email at seattlechildrens.org/patients-families/partnering-with-us/email-risks-conditions/.