

**Wesleyan University**  
Counseling and Psychological Services

ADHD Exchange of Information Form

*\*\* Please give this form to your provider's office to include when sending your records to Wesleyan CAPS.*

**Student Name:** \_\_\_\_\_ **Wes ID:** \_\_\_\_\_

I hereby authorize \_\_\_\_\_ to communicate with Wesleyan University Counseling and Psychological Services for the purposes of coordinating treatment for ADHD (attention deficit hyperactivity disorder). This authorization will allow both parties to send and receive information to the extent necessary to ensure continuity of care, except as I have noted below:

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The following documentation is **required** in order for ADHD treatment to be continued:

- Neuropsychological testing report, which contains a finding of ADHD (or ADD), to be reviewed by a CAPS licensed psychologist
- Documentation of medication history, including most recent prescription
- If available, documentation of initial psychiatric evaluation, office visit notes, EKG results (if ordered), and any other relevant testing

I understand that I may terminate this authorization at any time by providing a written request to the CAPS office. This release does not provide authorization to send or receive any information other than as specified above.

**Student Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Send information to:**

Wesleyan University  
Counseling and Psychological Services  
327 High Street  
Middletown, CT 06459  
**Fax:** (860) 685-3961  
**E-Mail:** counseling@wesleyan.edu