

Neurodevelopmental Institute of New Hampshire

Optimizing Potential Throughout the Lifespan

www.ninhllc.com

Client Name:		Date of Birth:	
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Provider/Medical Record List

It is helpful, or may be necessary, for NINH to communicate with school or other health care providers to be able to provide you with the best care possible. When needed, NINH will request that you fill out a *Release of Information* to allow us to communicate with these other individuals or agencies. Please provide a list, including contact information, for any of your school or health care providers.

Provider	Name	Address	Phone Number	Fax Number
School				
Primary Care Physician				
Mental Health				
Speech/Language Therapy				
Occupational Therapy				
Other				
Other				
Other				
Other				

Complete list of medications on the other side of form.

77 Pearl Street, Manchester, NH 03101 | Phone: 603-621-9870 | Fax: 603-621-9875

603 Main Street, Gorham, NH 03581 | Phone: 603-215-6482 | Fax: 603-215-6658

Updated 02/12/2020

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Medication List

Please provide a complete list of all medications (prescribed and over the counter) that you take, including any vitamins or supplements.

Medication	Prescriber	Dosage	Reason for Taking	Start Date

Complete list of providers on the other side of form.

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