

Letterhead Header

Date

To Whom It May Concern:

This letter is to address the need for guardianship of _____, which would be best provided, in my opinion, by his parents, _____.

_____ is a 17-year-old young man who is currently a patient in the Neurobehavior Clinic, and has been since 2000. His diagnoses include Mild Mental Retardation, Pervasive Developmental Disorder Not Otherwise Specified, Anxiety Disorder Not Otherwise Specified, Attention Deficit-Hyperactivity Disorder, and multiple medical issues including chronic constipation and GI issues, Bronchopulmonary Dysplasia requiring oxygen at night, pulmonary hypertension, and strabismus. From a functional standpoint, _____ has many basic limitations. He cannot understand money or how to make change. He would do just about anything to make a friend and would be quite susceptible to being taken advantage of. He is unable to manage his own medications and struggles to tell time.

Due to _____'s multiple developmental challenges and limited capacity, he will require supervision and assistance his entire life. _____ is not, in my opinion, capable of making informed choices regarding his life and will require assistance to make such decisions. I have worked with _____'s parents for some years now and believe that they have his best interests at heart.

Please feel free to contact us with any questions at (801) 555-5555.

Name, M.D.
Pediatrics
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