

GREAT NECK PUBLIC SCHOOLS

Health Services
Scoliosis Referral

Date _____

Name _____

Grade _____ Teacher _____

Dear Parent:

Your child was screened for scoliosis (curvature of the spine). The screenings indicates the need for further examination. Early detection and follow-up treatment can ensure the best outcome. Please arrange an examination with your primary care provider, pediatrician, orthopedist, local hospital center or school doctor.

Please have your health provider indicate their findings on the bottom of this form and return it to the health office as soon as possible. If you have any questions feel free to contact me.

School Nurse

Name _____ Age _____ Date of Exam _____

Diagnosis:

Follow Up:

Physician's Signature & Stamp