Sample Health Care Provider Letter about impact of psoriatic disease to Teacher, School Nurse, Principal or 504 Plan Coordinator

 (Place on clinic letterhead and edit as needed.)

Dear [insert name of Teacher, School Nurse, Principal or 504 Plan Coordinator]:

I am writing on behalf of my patient [insert name of child or teen], whom I treat for psoriasis and/or psoriatic arthritis. [Insert name of child or teen] has had psoriasis for [insert number of months or years]. Psoriasis is a noncontagious disease that causes skin cells to reproduce too quickly. Skin affected by psoriasis takes only three to four days to grow instead of the usual 28 to 30 days for normal skin cells. This rapid skin growth builds up and forms inflamed, scaly lesions that itch, causing pain and redness. In psoriatic arthritis, stiffness and swelling can occur around joints, making it difficult or painful to move. Damage to skin, certain medications, stress or infections may cause psoriatic disease to flare. Symptoms can ebb and flow, making some days more difficult for my patient and his/her parents.

In addition to physical effects, psoriasis can emotionally impact a child. Having a visible disease can cause a child to feel different. Children worry about being different and how they come to terms with their disease may change over time.

The purpose of this letter is not only to inform you of the needs of my patient, [insert name of child or teen], but also to encourage education among school staff and students. It is important to develop an understanding of psoriatic disease that helps [insert name of child or teen] feel more comfortable in school. Having a network of support can help improve a child’s acceptance of his/her disease and build strong coping skills.

[Insert name of child or teen] may need or require:

🞏 A storage area for treatment. Type of treatment 🞏 Additional time to travel between classes

 is: [insert treatment] 🞏 Limitations to physical activity

🞏 Help administering treatment at school including: [define patient’s limitations]

🞏 Excused absence for doctor visits and the

 opportunity to make up school work as needed

🞏 Provision of education about psoriatic disease

 to classmates and/or school staff 🞏 Development of a 504 Plan requesting

 accommodations at school

For more information about psoriasis and psoriatic arthritis, I encourage you to contact the National Psoriasis Foundation’s Patient Navigation Center at 800-723-9166, option 1 or visit the website for youth at psoriasis.org/our-spot. Thank you in advance for your support. If you have any questions, please contact me at **[insert phone number or email address].**

Sincerely,

**[insert name]**

**CC:**