



Clinician Communication Form

Patient Name: _____ Patient Date of Birth: _____

Clinician Name: _____

Clinician Address: _____

Clinician Phone/Fax: _____

Dear Colleague:

I saw the above-named patient, who gave an authorization to release the following information,
on _____ for _____
(Date) (Reason/Diagnosis)

Brief Summary (if indicated):

Current Treatment (interventions by sending practitioner):

Psychotherapy Patient Refused Medication

Medication(s) Prescribed: _____

Lab Tests: CBC Thyroid Studies Chem Profile EKG

Lipid Profile Serum drug level (specify drug) _____

Other: _____

Diagnostic Tests: _____

Treatment terminated (date/reason): _____

Other Treatment Recommendations (interventions requested of receiving practitioner):

The patient has has not received a copy of this form. If you have any questions or would like additional information, please contact me. Thank you.

Clinician Signature: _____ Date Sent/Faxed: _____

Clinical Phone #: _____