



## 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 #: \_\_\_\_\_