



Physician Consultation

Effective September 1, 2018

I understand that when I describe symptoms that may be consistent with a mental health disorder, these symptoms can have medical or biological origins, and that my therapist must consult with my physician, unless I waive this requirement.

***Please select, No, I do not want my therapist to contact my physician, if you prefer to waive this requirement.**

No, I do not want my therapist to contact my physician and I waive this requirement.

X _____
Signature of Client/Parent/Guardian

Date: _____

Printed Name

Relationship to Client if Minor

X _____
Signature of Client/Parent/Guardian

Date: _____

Printed Name

Relationship to Client if Minor

Yes, I request that my therapist consult with my physician regarding my mental health. An additional release form will be required with provider contact information.

X _____
Signature of Client/Parent/Guardian

Date: _____

Printed Name

Relationship to Client if Minor

X _____
Signature of Client/Parent/Guardian

Date: _____

Printed Name

Relationship to Client if Minor