

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.

Χ		Date:
	Signature of Client/Parent/Guardian	
	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 physicia	an regarding my mental health. An

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.

Χ		Date:
	Signature of Client/Parent/Guardian	
	Printed Name	Relationship to Client if Minor
X	Signature of Client/Parent/Guardian	Date:
	Printed Name	Relationship to Client if Minor

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