

Clinician Communication Form

Contact other treating providers and/or primary care physicians, via in-person discussion, phone call, fax or mail. Communication should occur following the initial evaluation and at pertinent times during treatment (safety issues, initiation of or change in medication, adverse medication reactions, treatment plan changes, hospitalization and termination).

Patient Name: _____ Patient Date of Birth: _____

TO:

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 _____ (Date) for _____ (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: _____