



TO: Primary Care Physician

FROM: _____

This is to inform you that one of your patients, _____
is currently in treatment with me. Below is a summary of the clinical issues and progress in
treatment.

If you have any questions, or if I can be of any further assistance, please feel free to contact me at:

Signature Date

I hereby authorize my Behavioral Health provider to disclose the above information to my Primary
Care Physician.

Member Signature Date

Parent of Guardian Signature Date