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## Clinician Communication Form

Patient Name: \_\_\_\_\_

Patient Date of Birth: \_\_\_\_\_

Dear Colleague:

I saw the above-named patient, who gave me an authorization to release the following information, on \_\_\_\_\_ for \_\_\_\_\_.  
(Date) (Reason/Diagnosis)

Brief Summary:

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Current Treatment:

☐ Individual Counseling      ☐ Couple's Counseling      ☐ Family Counseling

Treatment terminated (date/reason): \_\_\_\_\_

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Other Treatment Recommendations (interventions requested of receiving practitioner):

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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.

\_\_\_\_\_  
Leslie F Small, MS LPC NCC

\_\_\_\_\_  
Date Sent/Faxed