INSERT DATE

To: Dr’s Name Here…….

From: Therapist Name Here…….

RE: Client Name Here with DOB

Dear [INSERT DOCTOR’S NAME]:

Attached is a release of information regarding your patient, [INSERT CLIENT’S NAME]. I am notifying you that your patient is receiving therapy services with Southwest Family Guidance Center as of [INSERT DATE].

In an effort to provide collaborative care for this client, we are asking for the following information from you: 1) List of all medications 2) Last Visit Summary/Report.

Thank you for your time in this matter. Please send me these documents via Fax # [INSERT FAX NUMBER] or contact me via phone [INSERT PHONE NUMBER] with any questions or concerns.

Sincerely,

[INSERT THERAPIST NAME WITH CREDENTIALS]