

SECURING MEDICAL INFORMATION

(Developed by Robert Smith, M.D.)

Date:

Dear Dr. _____:

Your patient, _____, is being seen (in the Christian Counseling Center, or by me) to receive help with some behavior problems. We recognize that such problems may be partially or totally due to organic disease or they may be completely non-organic in nature. Before we are able to effectively deal with his behavior, we need to know if there is an organic condition affecting it. Therefore, your evaluation of his physical condition is very important.

As soon as you can possibly do so, would you please take a medical history, do a physical examination, fill out the form enclosed with this letter and return it in the self-addressed, stamped envelop which is enclosed for your convenience. Please perform any laboratory examinations that in your opinion are necessary for this evaluation.

Mr. _____ understands that this examination is his financial responsibility.

Also enclosed is a form signed by him authorizing you to send this information to us.
Thank you very much for your assistance.

Sincerely,

Counselor