



## CLIENT SERVICES RECORDS REQUEST

Name :

Date of Birth:

Month/Year of last session:

Please indicate the records you are requesting:

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Discharge Summary</li> <li><input type="checkbox"/> Substance Abuse Information</li> <li><input type="checkbox"/> Lab Results</li> <li><input type="checkbox"/> Psychiatric Consults/Notes</li> <li><input type="checkbox"/> Medication(s) Prescribed</li> <li><input type="checkbox"/> Diagnosis</li> <li><input type="checkbox"/> Progress Notes</li> <li><input type="checkbox"/> Treatment Plans</li> <li><input type="checkbox"/> Psychological and/or Psychiatric Testing</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Medical History &amp; Emergency Medical Information</li> <li><input type="checkbox"/> Intake Summary/ Mental Status Assessment</li> <li><input type="checkbox"/> Social History &amp; Behavioral Observations</li> <li><input type="checkbox"/> Verbal/Written Information Regarding Progress in Treatment</li> <li><input type="checkbox"/> All Confidential School Information (Education Eval. Reports &amp; IEP)</li> <li><input type="checkbox"/> Other (Specify): _____</li> <li><input type="checkbox"/> Other (Specify): _____</li> </ul> |
|--|---|

The purpose of this records request:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Follow-up Medical Care | <input type="checkbox"/> Treatment Planning | <input type="checkbox"/> Transferral of services |
| <input type="checkbox"/> Other: _____           | <input type="checkbox"/> Personal Use       |  |

Please indicate below, where you are requesting the records be sent.

Name:

Provider/Facility:

Address:

Telephone:

Fax:

Client Release of Information:

I, \_\_\_\_\_ authorize Bacon Street Youth and Family Services to release the indicated records to the specified provider or facility.

Client Signature	Date	Parent/Guardian Signature	Witness
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▪ *Please allow up to two weeks for completion of this medical records request.*