DAYTON PSYCHIATRIC ASSOCIATES

627 Edwin C. Moses Blvd. 3rd Fl. Suite G, Dayton, Ohio-45417
Phone # (937) 424-1000 Fax # (937) 424-1002

DATE: ______________________NAME:__________________________________ DOB : ____________

FAMILY/PRIMARY CARE PHYSICIAN

Name: _____________________________

Address: ____________________________

____

Telephone #_________________________

Fax # ______________________________

THERAPIST

Name: ______________________________

Address: _____________________________

____

Telephone# __________________________

Fax # ________________________________

I hereby authorize / decline Dayton psychiatric Associates to receive and give information regarding my condition/treatment to achieve the important goal of increasing the safety and effectiveness of my treatment.

This authorization will be effective for 12 months from the date above and I understand that I have the right to revoke this authorization by submitting a written notification to the address above except to the extent that the information has already been released in reliance of this form. The information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and may no longer be protected by federal or state law.

PATIENT OR GUARDIAN SIGNATURE ________________________________ DATE _______________________

FOR PHYSICIAN USE ONLY:

I had the pleasure of seeing your patient. The presenting problem was _______________________________

____

I have diagnosed ____ _________ and

recommended ____.

At the present time his/her condition is:

___ Resolved
___ Improved
___ Still somewhat symptomatic
___ Unimproved
___ Worsened
___ Stable on medication

Please be kind to inform our office immediately if:

- Patient is terminated from treatment
- Appears severely decompensated
- Noted to have side effects from medication
- Is at risk to himself or others. i.e. suicidal
- Patient is hospitalized

Please do not hesitate to call me should you have any questions that may be helpful in the management of patient's care.

Sincerely,

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We highly appreciated your cooperation and assistance for this patient.

Amita R. Patel, M.D. Amarjeet S. Birdi, M.D. Martha Ann Cordasco, LISW
Shawn Breeding, P.A. Jeanne Sommer, Ph.D.

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