



PRIMARY CARE PHYSICIAN

The Christian Health Care Counseling Center strives to provide the best possible care and communication for its consumers. In order to do so, sometimes it is imperative that we speak with another physician regarding your continuing care.

If you would like us to inform another physician that you are attending treatment at the Counseling Center, please fill out the information below. Please note that by checking yes, you will need to fill out a Release of Information form upon arrival at your appointment.

Yes _____ No _____

Print Patient Name _____

Signature _____

BELOW IS FOR OFFICE USE ONLY

Dear _____,

_____, MD/THERAPIST is scheduled to see your patient at the Christian Health Care Counseling Center on _____ for an evaluation. This consumer has filled out a consent form for us to speak with you if deemed necessary. If you would like to follow up with the MD/THERAPIST for further information regarding this consumer, we can be reached at 201-848-5800.

Sincerely,
Christian Health Care Counseling Center
301 Sicomac Avenue, Wyckoff, NJ 07481