

Clinician Collaboration Agreement

Supreme Healing Psychological Services
825 Diligence Drive Suite 227 Newport News, VA 23606
Phone: 757-933-5386 Fax: 757-210-4197

Please complete all information in Section A. By completing this form, you are authorizing the release of your medical/mental health information between Supreme Healing Psychological Services and any provider/practice as named below.

SECTION A :

Patient Name: _____ Date of Birth: _____

Parent/Guardian Name (If applicable): _____

Relationship to Patient: _____

Primary Care Physician: _____ Therapist: _____

Practice Name: _____

Address: _____

Phone/Fax: _____

SECTION B :

Diagnosis: _____

Current Medications: _____

Additional Information/Suggestions for Care/Identified Needs:

SIGNATURE:

Name: _____ Relationship to Patient: _____

Signature: _____ Date: _____

Provider Signature: _____ Date: _____

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