

Informed Consent Form

I _____ (patient or family member) hereby grant
_____ (clinician) permission to evaluate and treat the following
person _____ (patient name) according to their clinical skills and
judgment.

Signature _____ Date _____

AchieveCT@gmail.com

www.AchieveCT.com

Date:

Release of Information Form

I _____ (patient or family member) hereby grant
_____ (Clinician) permission to communicate with the
following person or agency:

Name:

Contact Information:

regarding the following information and as part of their current treatment plan:

- Previous Medical History Current Medical Concern
- Previous Therapy Treatment Current Therapy Treatment
- Other

Signature _____ Date _____

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