



## BUSINESS OPERATIONS USE ONLY

Clinician to complete form: \_\_\_\_\_

Special instructions to clinician: \_\_\_\_\_

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Special instructions to Business Office staff: \_\_\_\_\_

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\_\_\_\_\_

Request received by: \_\_\_\_\_

If the form is being mailed/faxed to a third party, has an Authorization to Disclose (Release) Health Care Information form been completed?  Yes  No

If the Authorization to Disclose (Release) Health Care Information form is not required, has this Intake form been signed by the patient?  Yes  No