

Documentation Checklist:

In -Office Record

Client's Name: _____ Date of Birth: _____

Caregivers Name: _____

I have read and agree to the policies and procedures outlined in the welcome letter from the clinic, and the absence policy and the fee schedule.

Signed: _____ Date: _____

I have provided the clinic with the following REQUIRED documentation for my file:

_____ Consent for Evaluation and Treatment

_____ Contact Form

_____ Video Consent and Release Form

I have provided the clinic with the following OPTIONAL documentation for my file:

_____ Release of Information

_____ Request for information

_____ Media Release Form

_____ Opt Out Form for Sharing Contact Info (Communication Skills Class Only)

Please indicate any additional documentation or informational materials that have been given to the client or the caregiver here, and have the client or caregiver initial each item.
