A Cardinal's Journey
P: (320)-468-8191
F: (320)-238-7659
E: aatchley@acardinalsjourney.com
W: www.acardinalsjourney.com

RELEASE OF INFORMATION LIST

Client Name: _____ DOB: _____

Case Manager: _____ County: _____
Email Address: _____ Phone: _____

Primary Care Physician: _____ Clinic: _____
Phone Number: _____

Please state what type of provider each individual is (i.e. Psychiatrist, Therapist, Skills Provider, OT/Speech, IEP Case Manager, School Contact, etc.).

Provider Type: _____ Name: _____
Company: _____ Phone: _____

Provider Type: _____ Name: _____
Company: _____ Phone: _____

Provider Type: _____ Name: _____
Company: _____ Phone: _____

Provider Type: _____ Name: _____
Company: _____ Phone: _____

Provider Type: _____ Name: _____
Company: _____ Phone: _____

Provider Type: _____ Name: _____
Company: _____ Phone: _____

Provider Type: _____ Name: _____
Company: _____ Phone: _____

Provider Type: _____ Name: _____
Company: _____ Phone: _____

Name of Person Filling Out This Form: _____
Email: _____ Phone: _____
Date: _____

Please fax or email this form in order to schedule your first appointment.