



**Willow Tree Psychology and Wellbeing**  
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## Consent to Release Information – Adult

Title: (please circle)    Dr    Mr    Mrs    Ms    Master    Miss    Other \_\_\_\_\_  
Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
Sex: Male / Female / Intersex / Other \_\_\_\_\_ D.O.B: \_\_\_\_\_ Age: \_\_\_\_\_

I consent to information from the agencies listed below to be obtained by the Willow Tree Psychology and Wellbeing Psychologist / Mental Health Social Worker (**Name:** \_\_\_\_\_), that is considered necessary and relevant to the psychological assessment and management. Examples of such information may include medical reports, psychological assessments, and any other relevant allied health, or reports from other professionals. This information will be used by the psychologist to determine appropriate treatment management options.

### Agencies

1. \_\_\_\_\_ 2. \_\_\_\_\_  
3. \_\_\_\_\_ 4. \_\_\_\_\_

I consent to the Willow Tree Psychology and Wellbeing Psychologist / Mental Health Social Worker (**Name:** \_\_\_\_\_) releasing information to relevant professionals/agencies such as doctors, GP's, paediatricians or other allied health professionals for the purpose of providing appropriate management and care.

### Agencies

1. \_\_\_\_\_ 2. \_\_\_\_\_  
3. \_\_\_\_\_ 4. \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Date