Willow Tree Psychology and Wellbeing
Practice Address: 416 Magill Road
Kensington Gardens, South Australia, 5068
Postal Address: PO Box 2132
Magill North, South Australia, 5072
P: 8233 0828 **F:** 8180 1725
E: info@willowtreepsychology.com.au
W: www.willowtreepsychology.com.au

Consent to Release Information – Child / Adolescent

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/management of my child. Examples of such information may include medical reports, hearing and vision 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 of the client.

Agencies

1._____ 2. _____
3._____ 4. _____

_____ _____
Signature (Parent / Guardian) Signature (Child / Adolescent)

_____ _____
Name (Please Print) Name (Please Print)

_____ _____
Date Date