



General Health:

Help?

Anxious at times?

A little down at times?

Sleeping ok?

Currently receiving and/or previously received Counselling?

Other health problems?

Other relevant details?

Know anyone on the programme?

**CONSENT TO RELEASE INFORMATION:**

Has the client signed a consent to release information form authorising you/your agency to release all relevant information for assessment purposes? Yes      No

Are you otherwise constrained in any way in this regard? Yes      No

If Yes, please outline the nature of your constraint: \_\_\_\_\_

\_\_\_\_\_

Referral Agent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Release of Information

Date:

I \_\_\_\_\_ authorise \_\_\_\_\_ of \_\_\_\_\_

To discuss issues relevant to my progression with the named person/ agency below

Support area	Agency and Named Person
Treatment	
Education	
Progression	

I also provide permission for the agency in question to provide record to \_\_\_\_\_

For the purposes below:

I understand that this information is treated with the strictest confidentiality and in accordance with data protection act.

This release of information form lasts for six months from the date below and must be reviewed every six months.

Clients Signature: \_\_\_\_\_

Authorised Person: \_\_\_\_\_

Date: \_\_\_\_\_

Review date: \_\_\_\_\_