



375 Totten Pond Road, Suite 400 •Waltham, MA 02451 •whfc.org

RELEASE OF COUNSELING INFORMATION

(Please print or type)

This form must be completed by therapists who have treated any member of your household (including children) in the last five years.* Make as many copies as needed and mail to relevant professionals. Submit a copy of each form with your application materials so we will know to whom you have mailed a release.

To be completed by patient/client:

Adoptive Parent(s) Name(s) _____

Patient Name _____ Date of Birth _____

Address _____

I hereby authorize Wide Horizons For Children, Inc., to release or obtain from

Therapist _____

Address _____

Telephone _____ , **any and all relevant information.**

Consent given by (please sign) _____

To be completed by therapist:

Dates of treatment: From _____ To _____

Presenting Problem: _____

Diagnosis (include Axis I-V): _____

Medications: _____

Prognosis: _____

Hospitalizations/Treatment Centers (list dates): _____

Check if there has been a history of any of the following:

- Child Abuse Alcohol Abuse Depression Poor Impulse Control Suicidal Ideation/Attempts
- Drug Abuse Marital Conflict Sexual Abuse Physical Abuse Other

If no longer in treatment, was ending treatment a mutual decision? Yes No

If no, please explain: _____

Would the patient's current mental health condition prevent him/her from being a capable parent? Yes No

If yes, please explain: _____

Please use the back of this page, or attach a page to expand on your comments and concerns regarding the adoptive placement of a child.

Signature of Therapist _____ Date _____

Print Name _____

Address _____ Phone _____

Please return to: Wide Horizons For Children, 375 Totten Pond Road, Suite 400, Waltham, MA 02451