



REQUEST FOR ATTENDANCE / SUPPORT LETTER

Date: ___ / ___ / ___

Time: _____

Urgent: [] Yes [] No

CLIENT'S DETAILS

Family Name: _____ Given Name: _____

Date of Birth: _____ Gender: [] Male [] Female

ADDRESSEE'S DETAILS

[] "TO WHOM IT MAY CONCERN" (no formal addressee)

[] Addressed to:

Name: _____ Delegation/Position: _____

Organisation: _____

Address: _____ Suburb: _____ Postcode: _____

CONSENT

[] Client [] Parent/Guardian

I, _____, authorise STARTTS to release health information relating to the above-named client to above listed addressee.

Signature: _____ Date: _____

If Interpreter Used:

Interpreter Name: _____

Signature: _____ Date: _____

INFORMATION REQUESTED

[] Client pick-up [] Direct release to addressee

[] Attendance Letter – Only dates of attendance are provided

[] Support Letter – Further clinical assessment information is provided

Please detail purpose of support letter:

OFFICE USE ONLY

CLIENT MRN: _____

COMPLETED:

Name: _____ Designation: _____ Date: _____

[] Staff declined completing letter Reason: _____

RELEASED:

Signature: _____ Name: _____

Designation: _____ Date sent: _____ Time: _____