



1403 Greenbrier Parkway, Suite #225
Chesapeake, Virginia 23320
P: (757) 758-3042 F: (757) 601-8254
www.rootsandwingsconnections.com

Clinical Document Request Form

Please complete this form to request clinical documents. Allow up to 10 business days for processing, dependent upon availability in the schedule to complete request. Additional fees may apply.

Client Information

Full Name: _____

Email Address: _____

Address: _____

Clinician's Name: _____

Document Requested

(Please check all that apply)

Clinical Documents

Treatment Summary

Discharge Summary

Treatment Plan

Health Records

Other: _____

Letters

Absence Letter from School or Work

Advocate Letter

Emotional Support Animal (ESA) Letter

Other: _____

Details of Request

Reason for Request: _____

Specific Information to be Included (*For ESA Letters, please include dog or cat or other, animal's breed, weight, name, and age*): _____



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Recipient Information (if applicable):

Name: _____

Address: _____

Email: _____

Fax Number: _____

Delivery Method

(Please check your preferred delivery method)

Pick Up in Person

Mail

Email (to the email address provided above)

Fax (to the fax number provided above)

Authorization

I authorize Roots and Wings Connections to release the requested clinical documents as specified above. I understand that additional fees may apply and I will be notified of these fees prior to document release.

Client Signature: _____

Date: _____