RIDGEFIELD SENSORY CLINIC
PHYSICAL • OCCUPATIONAL • SENSORY

Ridgefield Sensory Clinic, LLC
79 Danbury Road, Suite A1
Ridgefield, CT 06877
203-894-5230
ridgefieldsensoryclinic@gmail.com
ridgefieldsensoryclinic.com

AUTHORIZATION TO GATHER INFORMATION

CLIENT NAME:_____

BIRTH DATE:_____

I hereby authorize Ridgefield Sensory Clinic to gather information concerning therapy evaluations and treatments of the above named client from the following people or agencies:

NAME:_____ DATE:_____

AGENCY:_____ PHONE:_____

ADDRESS:_____

NAME:_____ DATE:_____

AGENCY:_____ PHONE:_____

ADDRESS:_____

NAME:_____ DATE:_____

AGENCY:_____ PHONE:_____

ADDRESS:_____

This authorization may be revoked at any time upon written request. All information is considered confidential. This authorization remains in effect for one year from the date signed below.

SIGNATURE:_____ DATE:_____

PRINT NAME:_____

RELATIONSHIP TO CLIENT IF CLIENT IS A MINOR:_____