



MEDICAL RELEASE FORM
(This form is to be filled out by your doctor)

Your patient has requested the service of a speech language pathologist and/or audiologist. The patient will be receiving these services at the SLP Clinic at Widener University. We appreciate your informing us about your patient's general health and immunization status. Thank you.

Patient's Name: _____ Date: _____

If the patient is a child, is his/her immunization up to date? Yes No

Please describe any medical conditions that may affect the patient's ability to participate in a speech, language, and hearing evaluation or therapy?

Is there a history of seizures or other sudden changes in consciousness that we should be aware of?

Is the patient taking any medications regularly? If so, what for and are there side effects we should be aware of?

Please describe any pertinent medical conditions or findings:

M.D. _____

Address: _____

Phone: _____