



DANE COUNTY DEPARTMENT OF HUMAN SERVICES
ADULT COMMUNITY SERVICES DIVISION
AND
WAISMAN CENTER COMMUNITY TIES



CONSENT TO RELEASE CONFIDENTIAL INFORMATION
(Physician Form)

All matters related to child and family records are considered privileged and confidential and are treated as such by the employees of the Dane County Department of Human Services, Adult Community Services Division and Waisman Center Community TIES.

Information regarding such matters cannot be given without the consent of the parent or legal guardian.

Dane County Department of Human Services, Adult Community Services Division and Waisman Center Community TIES is hereby granted permission to obtain from:

Physician's Name

Full Address

Name of Individual
Seeking Service

Date of Birth

Purpose or need of release: To document primary diagnosis and current functioning level.

-----FOR PHYSICIAN USE ONLY-----

Primary Diagnosis: _____

Secondary Diagnosis: _____

Please give a brief description of how _____ functions in the following areas:
individual seeking service

Self care (eating, grooming, safety): _____

Communication: _____

Learning (contingency awareness, problem solving): _____

Mobility: _____

Self direction and independence (recreation, protective behaviors, expressing emotions, controlling behaviors): _____

Return to Parent(s) or mail to :

Waisman Center Community TIES Program
University of Wisconsin-Madison
122 E. Olin Avenue, Suite #100
Madison, WI 53713

ATTN: _____