



Attachment Institute of New England

Trauma Focused. Family Centered

Dear Doctor,

We wish to inform you that we will be beginning psychotherapy with your patient _____.
During the course of treatment it has been observed that patients may experience heightened physiological responses. If you are aware of any physiological reason that this patient may not engage in treatment, please offer a brief explanation in the space below. We thank you for your consideration. If you have any questions, please contact us.

The above named individual (please check one and sign below)

I have the following concerns:

I have no medical concerns regarding treatment at this time.

Signature of PCP: _____ Date: _____

Printed name: _____