



NISHA PILLAY

OCCUPATIONAL THERAPY

Bsc (OT) WITS

Sensory Intelligence® Practitioner; NDT and F.C.E. Trained

P r . N o . : 0 4 9 0 6 5 2

RELEASE FORM

In order to provide the best possible and holistic treatment, it is important that the therapist has as much information as possible about the client. This includes the medical and developmental history and difficulties experienced by the client as well as the results of any medical, psychological, or other professional tests performed. To obtain reports on such tests and to forward any information (to the client's doctor, school, other therapists or professionals), the client's permission in writing is required. It is assured that this is purely for the client's best interests and that all information regarding the client and his/her family will be treated with strict confidentiality.

I _____, hereby authorize the release of any information pertaining to _____ (name of client/ or myself), to the therapist and that the therapist may in turn release this information to relevant professionals concerning the client, if and when redeemed necessary.

I also declare that information provided is to the best of my knowledge, accurate and true.

Name: _____ in the capacity of client/ parent/ legal guardian/spouse

Signature: _____ Date: _____