

**FAIRWEATHER LODGE  
RELEASE OF INFORMATION REQUEST**

Part of the application process is allowing the Fairweather Lodge Staff access to your psychiatric information. In order to be considered for an interview the staff need to obtain this information from your current psychiatrist and/or hospital. Please completely fill out this form and promptly turn into your psychiatrist in order further the application process. By signing this form you are allowing your doctor to release information about you and your medical/psychiatric history to the Fairweather Lodge Staff. This information will be held confidential.

I, \_\_\_\_\_, request that  
(Print Your Name)

\_\_\_\_\_ release the following information:  
(Print Name of Current Psychiatrist and/or Hospital)

Required Information for Application Processing	Preferred Additional Information
<input checked="" type="checkbox"/> Psychiatric Evaluation/Information	<input checked="" type="checkbox"/> Psychological Evaluation
<input checked="" type="checkbox"/> Diagnosis	<input checked="" type="checkbox"/> Social History
<input checked="" type="checkbox"/> Current Medication Prescriptions	<input checked="" type="checkbox"/> Medication History
	<input checked="" type="checkbox"/> Medical History
<input type="checkbox"/> Other _____	

to the Fairweather Lodge Program concerning my treatment and diagnosis

during the period of time from \_\_\_\_\_ to \_\_\_\_\_.  
(Date Treatment Began) (Date Treatment Ended)

Please send this information to:

Fairweather Lodge  
Program Manager or fax to  
P.O. Box 27039  
San Antonio, TX 78227  
(210) 208-5700

Attn: Danielle Stevens  
Program Manager  
210-645-7319

Name: _____	_____	Date: _____
(First)	(Last)	
Address: _____		_____
(Street)	(City)	(State) (Zip Code)
Phone: ( _____ ) _____ - _____		Social Security Number: _____ - _____ - _____
Signature: _____		