



CONFIRMATION OF CLINICAL DIAGNOSIS

(Psychological, Developmental or Psychiatric Condition)

IMPORTANT INFORMATION

- This form shall be used to confirm the statement of having a psychological, developmental or psychiatric condition by a parent/guardian/student.
- When accomplished, this form shall be handled with strict confidentiality.

This is to confirm the information stated by _____ that
(Carer/Service User)

our client, _____, currently taking up _____,
(Service User's Name) *(Program/Strand/Department)*

with _____, has been diagnosed with _____,
(ID Number) *(Clinical Diagnosis)*

by a mental health professional wherein the Center for Guidance and Counselling (CGC) has,

- Received a copy of the most recent clinical diagnosis from the attending doctor.
- Received a copy of the old clinical diagnosis from the attending doctor and has requested for a more recent diagnosis.
- Did not receive a copy of any clinical diagnosis and is requesting for a recent clinical diagnosis with recommendation(s) on how to help client in a school setting.

Signed:

(Attending CGC Personnel)

(Date)

PARENT/GUARDIAN/CARER/STUDENT ATTESTATION

Please tick the appropriate box below for your attestation of the foregoing confirmation of stated information.

- Yes, we are confirming the information stated above to be true and correct to the best of our knowledge
- No, we are not confirming the information stated above due to the following reason(s):

- We would be able to give a recent clinical diagnosis, with recommendation(s)

Conforme:

(Service User's Printed Name and Signature)

(Date)

(Carer's Printed Name and Signature)

(Date)