KANSAS MEDICAL SOCIETY
Established 1859

professionals' HEALTH PROGRAM
a Kansas Medical Society initiative

CHANGE OF PCP/TREATING/MONITORING/PSYCHIATRIST PROFESSIONAL FORM

Name: _____ **DOB:** _____

Previous Primary Care Physician: _____

New Primary Care Physician: _____

City: _____ State: _____ Zip: _____ Phone: _____

Previous Treating Professional: _____

New Treating Professional: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____Email: _____

Previous Monitoring/Supervisory Professional: _____

Previous Monitoring/Supervisory Professional: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____Email: _____

Previous Psychiatrist Medicine Management Physician: _____

New Psychiatrist Medicine Management Physician: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____Email: _____

I authorize the KMS-PHP to release and obtain information from the above individuals.

_____ _____

Participants Signature Date

_____

KMS-PHP staff