

Medical Release Letter

Date: _____

To The Physician of _____

_____ has registered for one of our programs, the format of which may present situations that initiate deep personal process. This program is designed for healthy individuals. An individual for whom it is inappropriate to explore stressful emotional situations should not enroll in the program. To support the well-being of each participant, we require that each participant confirm to us that he/she has not been hospitalized for a mental disorder within the past 5 years, or has not taken any psychotropic medications (which include anti-anxiety agents, anti-manic agents, antidepressants, psychostimulants, anti-panic medications and anti-psychotics), seizure disorder medications, or prescription sedatives within proscribed periods prior to taking this program. In the case of psychotropics classified as anti-psychotic, the proscribed period shall be two years. In the case of other psychotropics, seizure disorder medications, or prescription sedatives, the proscribed period shall be six months.

_____ has informed us that he/she is currently taking or has taken, within the proscribed period, psychotropic medications, seizure disorder medications, or prescription sedatives. He/she has represented to us that such medication was prescribed solely for a physical condition and not for any type of mental or emotional disorder. We cannot process his/her application to participate in our program unless you complete and return the attached form.

Thank you for your courtesy and cooperation.

Sincerely,

Your name and title here

To: Your Name
Your Title

From:
Physician's Name _____
Office Address _____

Telephone _____

Patient's Name _____

Medications (Current or within the past two years):

This is to confirm that the condition for which _____ is being treated is wholly physical in nature and that the medications prescribed are for the alleviation of this physical condition. In my opinion, the above named patient has not suffered any mental or emotional disorder in the last two years. It is also my opinion that he/she has the physical and emotional health to permit the exploration of stressful situations.

Physician's Signature

Date