

# Identifying Resources and References

© 1990-2005 Benjamin D. Garber, Ph.D.

**Caregivers:** In the course of conducting a family systems evaluation, Dr. Garber may determine that information from concerned others is relevant to the matters to be addressed before the court. Please indicate the contact information of all parties identified below.

Please alert the individuals and agencies that you identify here that Dr. Garber may call or write seeking information. Please feel free to use the letter attached at the end of this questionnaire as you see fit.

**By providing this information and signing each individual informed consent line, you are legally releasing Dr. Garber to contact each individual and agency identified here exclusively for the purpose of obtaining information relevant to the present evaluation.**

Please complete each page in full and return this original directly to Dr. Garber. Feel free to detach the last page to use as you see fit.

This form is being completed regarding: \_\_\_\_\_  
[child or children's name(s)]

Contacting You	Your Full Name:	
	Your home address:	
	Your home phone:	(            )
	Your cell phone:	(            )
	Name and address of your employer:	
	Your work phone:	(            )
	Your e-mail address:	_____ @ _____ . _____

# BENJAMIN D. GARBER, PH.D.

PRACTICE IN CLINICAL CHILD, CONSULTING AND FORENSIC PSYCHOLOGY

VOICE 603.879.9100  
FAX 603.879.9070

HARRIS POND OFFICE COMPLEX  
32 DANIEL WEBSTER HIGHWAY SUITE 17  
MERRIMACK, NEW HAMPSHIRE 03054

PAPABEN@HEALTHYPARENT.COM  
[WWW.HEALTHYPARENT.COM](http://WWW.HEALTHYPARENT.COM)

I, (please print your name:) \_\_\_\_\_ release Benjamin D. Garber, Ph.D., to obtain information regarding my child(ren):

Child's Full Name

Child's Date of Birth

Child's Full Name

Child's Date of Birth

Child's Full Name

Child's Date of Birth

From the following person(s) or agencies:

<b>Child's School</b>	Counselor's Full Name:	
	Teacher's Full Name:	
	School Name:	
	Mailing Address:	
	Mailing Address:	
	Phone Number:	(                      )

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\_\_\_\_\_  
Please sign your name

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Please indicate your relation to the child(ren)

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_____	_____
Child's Full Name	Child's Date of Birth
_____	_____
Child's Full Name	Child's Date of Birth
_____	_____
Child's Full Name	Child's Date of Birth

From the following person(s) or agencies:

<b>Child's Pediatrician</b>	Doctor's Full Name:	_____
	_____	_____
	Practice Name:	_____
	Mailing Address:	_____
	Mailing Address:	_____
	Phone Number:	(            )

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Child's Date of Birth

Child's Full Name

Child's Date of Birth

Child's Full Name

Child's Date of Birth

From the following person(s) or agencies:

<b>Child's Psychotherapist</b>	Psychotherapist's Full Name:	
	Group or Agency Name:	
	Mailing Address:	
	Mailing Address:	
	Phone Number:	(            )

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Child's Full Name	Child's Date of Birth
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Child's Full Name	Child's Date of Birth
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Child's Full Name	Child's Date of Birth
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From the following person(s) or agencies:

<b>Child's</b>	_____ Full Name:	
	_____ Full Name:	
	Agency Name:	
	Mailing Address:	
	Mailing Address:	
	Phone Number:	(                    )

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<b>Your Psychotherapist</b>	Psychotherapist's Full Name:	
	Group or Agency Name:	
	Mailing Address:	
	Mailing Address:	
	Phone Number:	(                      )

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I, (please print your name:) \_\_\_\_\_ release Benjamin D. Garber, Ph.D., to obtain information regarding myself from:

<b>Your Present Employer</b>	Employer's Full Name:	
	Alternate Contact Person:	
	Company Name:	
	Mailing Address:	
	Mailing Address:	
	Phone Number:	(            )
	Employed here beginning (month/year):	

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I, (please print your name:) \_\_\_\_\_ release  
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<b>Your Personal Reference</b>	Individual's Full Name:	
	Mailing Address:	
	Mailing Address:	
	Phone Number:	(            )
	Phone Number:	(            )
	Phone Number:	(            )

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Please sign your name

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Today's Date

R1

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<b>Your Personal Reference</b>	Individual's Full Name:	
	Mailing Address:	
	Mailing Address:	
	Phone Number:	(                    )
	Phone Number:	(                    )
	Phone Number:	(                    )

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R2

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<b>Your Personal Reference</b>	Individual's Full Name:	
	Mailing Address:	
	Mailing Address:	
	Phone Number:	(                    )
	Phone Number:	(                    )
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R3

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Dear \_\_\_\_\_,

I am writing to alert you that Dr. Benjamin Garber may soon call and ask to speak with you about my family. Dr. Garber is conducting a family systems evaluation with my consent. His job is to learn as much about our family as possible in order to help make decisions in the kids' best interests.

I will very much appreciate your time and effort speaking to Dr. Garber. Please feel free to share anything that you choose, as openly and honestly as possible. Feel free to contact him at the number above with any questions or concerns.

With gratitude for your assistance in helping the kids, I am,

Sincerely,

\_\_\_\_\_