The Fort Christian Psychiatric Center/ Shaw Wendi Fortuchang, M.D., P.C.
Shaw Wendi Fortuchang, MD, FAPA
110 North Park Drive, Fayetteville, Georgia 30214
770-376-6726 (office) 770-376-6727 (fax)

General Consent Form

I, _____, consent to allow representatives of The Fort Christian Psychiatric Center / Shaw Wendi Fortuchang, M.D., P.C., to speak with the following individual(s) regarding my psychiatric treatment:

Contact #1:

Name_____ Relationship to patient_____ Number_____

Contact #2:

Name_____ Relationship to patient_____ Number_____

Contact #3:

Name_____ Relationship to patient_____ Number_____

Contact #4

Name_____ Relationship to patient_____ Number_____

Consent will remain in effect, indefinitely, unless otherwise indicated by you in writing.

Patient's Printed Name: _____

Patient's Signature: _____

Today's Date: **Month:** **Day:** **Year:**

Witness: _____ Date: _____

Be joyful in hope, patient in affliction, faithful in prayer. Romans 12:12