



## Healthstead Psychiatry LLC School/work Excuse Form

### Demographic Information

Name  Date of Birth

Gender  Address

City  Zip Code  State

Phone Number  Email

### Employment/School Excuse Request

#### Reason for Request

School

Work

Other ( Please Specify)

**Duration of Excuse:** From  To

Other

To Whom it May Concern ( Name/ Title)

Addressed To (Employer/ School Name)

#### Additional Comments/Instructions

Patient's signature  Date

Please note: Completion of this form does not guarantee approval of the requested excuse. Excuse requests are subject to review and approval by Healthstead Psychiatry LLC. Thank you for your cooperation.