

NEW HORIZONS COUNSELING, LLC

4578 William Penn Highway, Murrysville, PA 15668

ENCOUNTER, TREATMENT PLAN, AUDIO CONSENT FORM

1. Fill in Yellow Areas
2. X SIGN **ONE SIGNATURE AND DATE PER VISIT**
3. email back to: jcrissman@newhorizons4you.com
4. Do not text back

Client: _____ I.D. #: _____

Print Name

Diagnosis: _____ Date of Service: _____ Type of Service: IN OFFICE O.P./TELEHEALTH

Billing Code: _____ Time of Service: _____ a.m./p.m. Units: _____

ACCEPT TREATMENT PLAN DECLINE TREATMENT PLAN AGREE TO AUDIO CALL -TELEPHONIC

X _____

SIGNATURE OF CLIENT

DATE

JOAN MCCULLOUGH-CRISSMAN, MA, LPC Date

(Use a thick pen or marker)

