

NEW HORIZONS COUNSELING, LLC

100 PENNSYLVANIA AVENUE, IRWIN, PA 15642-3552

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

[Redacted]

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 CALL -TELEPHONIC

X _____
[Redacted]
SIGNATURE OF CLIENT DATE JOAN MCCULLOUGH-CRISSMAN, MA, LPC Date
(Use a thick pen or marker)

9.24