

# Counseling & Learning Centers

Client Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Working Diagnosis: \_\_\_\_\_

Questions/Concerns: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Therapy: 1 2 3 4 5 times per week  
for \_\_\_\_\_ weeks /  as needed

other: \_\_\_\_\_

Call Physician prior to  
administering services

Communicate the results via:

- Phone
- Written overview
- Raw test results
- Other: \_\_\_\_\_

Have Completed by:

- Today/ASAP  2-3 Days  1 week
- 2 weeks  By this date: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician's Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

## (Check all that will be applied)

### *Kids and Teens:*

- Life Coaching
- Psychological Counseling
- Social Skills Training
- Health & Fitness Training
- Other \_\_\_\_\_

### *Counseling/Coaching:*

- Individual/Family/Couple
- Career Assessment
- Personal Fitness Training
- Other \_\_\_\_\_

### *Education*

- Study Skills Training
- IEP/ Forensic Psychology
- School Placement
- Other \_\_\_\_\_

### *Testing:*

- Achievement
- Intelligence (GATE)
- ADD/ADHD/ODD
- Depression/Bipolar Disorder
- Autism/Asperger's/PDD
- Neurological
- Other \_\_\_\_\_

### *Cognitive Brain Training:*

- Pre School (Starting at age 4)
- Think Rx (Memory, Attention, Processing Speed)
- Read Rx (Auditory/Visual Processing Reading Comprehension)
- Math Rx (Logic/Reasoning and Math Fluency)
- Other \_\_\_\_\_

Other: (please explain) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **Well Street Psychological Group, Inc.**

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