



WHITE OAK Counseling and Recovery

4695 N M37 Hwy, Suite A, Middleville, MI 49333

phone: 269-205-2402 ♦ fax: 269-205-2728

e-mail: info@wocounseling-recovery.com ♦ website: wocounseling-recovery.com

Diagnosis: _____

Patient Name: _____ DOB: ____/____/____

Contact Phone: (____) _____ - _____

Request for Individual Therapy

Evaluation and/or Treatment

Prescribed Duration/Intensity (if applicable): _____ weeks for _____ weeks/sessions

Concerns: _____

Request for Couples Therapy

Evaluation and/or Treatment

Prescribed Duration/Intensity (if applicable): _____ weeks for _____ weeks/sessions

Concerns: _____

Request for Family & Group Therapy

Evaluation and/or Treatment

Prescribed Duration/Intensity (if applicable): _____ weeks for _____ weeks/sessions

Concerns: _____

Request for Spaced Retrieval Therapy

Evaluation and/or Treatment

Prescribed Duration/Intensity (if applicable): _____ weeks for _____ weeks/sessions

Concerns: _____

Request for EMDR Therapy

Evaluation and/or Treatment

Prescribed Duration/Intensity (if applicable): _____ weeks for _____ weeks/sessions

Concerns: _____

Physician's/Provider's Printed Name

from _____
Name of Facility

Physician's/Provider's Signature

_____/_____/_____
Date