Beyond the Brain Therapies, Inc./dba
Counseling and Mediation Solutions

The Brick House
407 West Broadway
Forest Lake, MN 55025

Direct: 651- 408-3174 debranelson@beyondthebraintherapies.com **Fax: 651- 464-2289**

Communication and Collaboration Form

Today's Date: _____

Collaborating Health Professional _____

Client Name: _____ Birthdate _____

Contact: _____ Phone _____

Today's Date: _____

Collaborating Health Professional _____

Client Name: _____ Birthdate _____

Contact: _____ Phone _____

Treatment Goal: Depression ☐ Anxiety ☐ Anger ☐ Medical Illness ☐
Stress Management ☐ Addiction ☐ Trauma ☐ Fear ☐ Other _____
Client Attended Session and reported
_____
_____

Medications or Supplementation Needs Discussing Yes ☐ No ☐

Reported the following :

Improvements ☐ Decline in Mental Health ☐ Decline in Medical Health ☐

Suicidal ☐ Homicidal ☐ Self Injurious ☐ Type of Harm_____

Symptoms of Concern:
_____
_____

This form is my permission to allow my Health Practitioner to collaborate and communicate with _____ on my behalf for the purpose of assisting in medical and mental health care. This permission expires in 24 months from the date below.

X_____

Client Digital Signature

X

Practitioner Digital Signature