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## COORDINATION OF CARE FORM

*to be sent to other healthcare providers treating a client*

Client Name: \_\_\_\_\_ Client Date of Birth: \_\_\_/\_\_\_/\_\_\_

Provider This is Being Sent To:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

\_\_\_\_\_

*I am sending this introduce myself, and to inform you that the client named above is currently a psychotherapy client of mine.*

Treatment start date: \_\_\_/\_\_\_/\_\_\_ Date of last appointment: \_\_\_/\_\_\_/\_\_\_

Expected next appointment: \_\_\_/\_\_\_/\_\_\_

Type of treatment: Individual \_\_\_\_\_ Couples \_\_\_\_\_ Family \_\_\_\_\_ Other: \_\_\_\_\_

Frequency of appointments at this time: \_\_\_\_\_

This client is being treated for the following issue(s):

Significant information I'd like you to know since it may impact the client's medical or emotional health, including substance use or brief description of mental or medical illnesses:

*The client has signed a release for us to exchange information, which I am forwarding to you with this (or have previously sent you). If you feel it might be helpful to communicate about this client's treatment, or you have concerns or information you feel would help me meet this client's needs, please feel free to contact me directly.*

Thanks!

\_\_\_\_\_  
Signature, Therapist

\_\_\_\_\_  
Date