



## Counsellor Form

Name: \_\_\_\_\_ Brief Bio: \_\_\_\_\_  
*(As you want it to appear on listing)*

Treatment Areas: \_\_\_\_\_ Treatment Approaches: \_\_\_\_\_

### Qualifications

Years in Practice: \_\_\_\_\_ School: \_\_\_\_\_

GOB License: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

Insurance: \_\_\_\_\_ Areas of Speciality: \_\_\_\_\_

Modality:  Individuals  Couples  Families  Couples  Children  Teens  Adults  Elderly

### Locations

Street: \_\_\_\_\_ District/City: \_\_\_\_\_

Special Note: \_\_\_\_\_

Street: \_\_\_\_\_ District/City: \_\_\_\_\_

Special Note: \_\_\_\_\_

### Finances

Avg. Cost (per session): \_\_\_\_\_ Estimated Cost (assessments): \_\_\_\_\_

Sliding Scale:  Yes  No Payment Methods: \_\_\_\_\_

Additional Credentials: \_\_\_\_\_ Other: \_\_\_\_\_

Website: \_\_\_\_\_ Social Media Links: \_\_\_\_\_

How to schedule an appointment: \_\_\_\_\_

**FEEL IT! DEAL IT! HEAL IT!**