MIRACLE Counseling

RESOLUTION FORM 2024

Success comes from within you,
it is your responsibility.
That's the beauty of it!

MIRACLE Counseling

Resolution Form

Note Taker:		Signature:
Date:	Start Time:	End Time:

Resolution Involvement

First name:	First name:
Last name:	Last name:
Role:	Role:
Signature:	Signature:

First name:	First name:
Last name:	Last name:
Role:	Role:
Signature:	Signature:

Grievance Details

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Grievance Form

Patient Details

Name:					
DOB:		Languages:			
Address:					
Phone #		Cell		Email:	

Grievance Details

If you are making a complaint on behalf of someone else, please complete the Release of Information form.

Client's Full Name: Relation to Client:

Signature: Date:

Staff Signature: Date:

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Referral Form

Patient Details

Name:					
DOB:		Languages:			
Address:					
Phone #:		Cell		Email	

Referral Details #1

Name:					
Organization:					
Purpose:					
Address:					
Phone #:		Fax #:		Email:	

Referral Details #2

Name:					
Organization:					
Purpose:					
Address:					
Phone #:		Fax #:		Email:	

I have received a copy of this form.

I have provided the referral to support the client's continued betterment.

Client's Full Name: _____ Relation to Client: _____

Signature: _____ Date: _____

Staff Signature: _____ Date: _____

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Denial Notice

Date:

To whom this may concern:

Client's name: has missed three appointments at Miracle Counseling after consenting to the no-show policy, detailed in the informed consent that was signed at intake. This policy requires all of our clients to make proper arrangements for timely attendance of their scheduled sessions. Furthermore, appointment slots are competitive and therapeutic adherence is necessary for obtainment of treatment goals.

The client mentioned above missed appointments on the following dates and times:

Clinician		
Date:	Date:	Date:
Time:	Time:	Time:

Conditions for restoring this client's ability to further schedule appointments are a 6-month hold. A copy of this notice will be placed in the client's record.

The patient (guardian) has the right to an informal meeting with the following administrator:

Client's Full Name: Relation to Client:

Signature: Date:

Staff Signature: Date:

Clear fields Save PDF Print PDF Email PDF