



**MedCenter
Work Recovery, LLC**

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BEHAVIORAL HEALTH CONSULTATION

Patient Name: _____ Date: _____

Diagnosis: _____

EVALUATION SERVICES:

- PSYCHOLOGICAL EVALUATION
- BEHAVIORAL PAIN EVALUATION
- PRE-SURGICAL EVALUATION
- MULTI-DISCIPLINARY EVALUATION
(Includes Psych and Functional Evaluations)

TREATMENT SERVICES:

- INDIVIDUAL COUNSELING
- GROUP COUNSELING
- BEHAVIORAL EDUCATION / INSTRUCTION
- COGNITIVE BEHAVIORAL THERAPY
- MULTI-DISCIPLINARY FUNCTIONAL RESTORATION PROGRAM**
(Includes a Multi-disciplinary Evaluation as noted above in Evaluation Services)

Instructions/Precautions/Goals: _____

***I attest these orders are medically necessary by my affixed signature:**



Signature: _____

Please Print Physician's Name: _____

Please sign and fax to (210) 692-7002 ~ Thank you!