



245 Barclay Circle, Suite 300, Rochester Hills, MI 48307
248-648-1105 • FoundationForFamilies.org

NEW DAY FOUNDATION FOR FAMILIES EMOTIONAL SUPPORT PROGRAM

Mental Health Professional Communication Form

Name of Client

Date of Birth

Thank you for partnering with New Day Foundation for Families to provide emotional support services to families impacted by cancer. Please use this form for communication with New Day in accordance with the "New Day Foundation for Families Emotional Support Program - Patient Release of Information" document.

Therapy start date: _____

No-Show/Late cancelation appointment date(s): _____

Date case is closed: _____

Select one applicable "case is closed" option:

- Completed 8 total sessions*
- Participant to continue therapy as a private client*
- Participant/Therapist relationship terminated*
- Participant not responsive*

Therapy session dates (total maximum of 8 sessions):

Pro Bono Sessions (if applicable):

New Day Funded Sessions (up to 8):

Signature of Mental Health Professional

Date