



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

\_\_\_\_\_  
Address

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 conjunction with the “New Day Foundation for Families Emotional Support Program - Patient Release of Information” document.

Therapy state date: \_\_\_\_\_

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

Number of additional sessions requested to be funded by New Day (up to 5): \_\_\_\_\_

Date case is closed: \_\_\_\_\_

*Select one applicable “case is closed” option:*

- No sessions beyond 3 pro bono session requested*
- Completed sessions funded by New Day in addition to pro bono sessions*
- Participant to continue therapy as a private client*
- Participant/Therapist relationship terminated*

**Therapy session dates:**

Pro Bono Sessions:

New Day Funded Sessions (up to 5):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Mental Health Professional

\_\_\_\_\_  
Date