

BALANCED LIFE COUNSELING LLC
950 West Monroe St. Ste. G100 / Jackson MI 49202
(517) 962-5022; FAX: (517) 962-5195

NOTIFICATION TO PRIMARY CARE PHYSICIAN

TO: _____

DATE: _____

ADDRESS: _____

RE: _____

D.O.B.: _____

This is to advise you that the above mentioned individual has commenced mental health therapy with us.

Additional comments: None

Sincerely,

Therapist/Date

Client/Date