



MindTree Holistic Counseling & Wellness Center LLC (MHCWC)

5440 SW Westgate Dr, #210 Portland OR 97221

www.MindTreeHolisticCounseling.com * 503-766-4895

Physician/Healthcare Professional Referral Form

Thank you for your interest in MHCWC. We are a team of independent practitioners focusing on the integration of mind, and body contributing to the physical health & mental well-being. To create a customized *Holistic Wellness Plan* for your referral, please indicate () the list of services that you would like us to consider in our treatment.

<p style="text-align: center;">Mental Health</p> <p><input type="checkbox"/> Play Therapy</p> <p><input type="checkbox"/> Trauma Psychotherapy</p> <p><input type="checkbox"/> Family Therapy</p> <p><input type="checkbox"/> Individual Counseling (<input type="checkbox"/> Adult / <input type="checkbox"/> Child)</p> <p><input type="checkbox"/> Perinatal / Post-Partum Therapy</p> <p><input type="checkbox"/> Couples Counseling</p> <p><input type="checkbox"/> Sex Therapy</p> <p><input type="checkbox"/> Mindfulness Based Stress Reduction (MSBR)</p>	<p style="text-align: center;">Studio Classes</p> <p><input type="checkbox"/> Yoga & Mindfulness for Children</p> <p><input type="checkbox"/> Infant Massage & Parent Support</p> <p><input type="checkbox"/> Baby Yoga / Pre-School Yoga / Teen Yoga</p> <p><input type="checkbox"/> Parent Child Yoga</p> <p><input type="checkbox"/> EDGU – Spinal Maintenance</p> <p><input type="checkbox"/> Rosen Method Movement</p>
<p style="text-align: center;">Nutrition & Wellness</p> <p><input type="checkbox"/> Nutrition Counseling</p> <p><input type="checkbox"/> Ayurvedic Psychology</p> <p><input type="checkbox"/> Ayurvedic Nutrition & Lifestyle Coaching</p> <p><input type="checkbox"/> Lactation Services</p>	<p style="text-align: center;">Bodywork</p> <p><input type="checkbox"/> Rosen Method Bodywork</p> <p><input type="checkbox"/> Reiki for Children & Women with Anxiety</p> <p><input type="checkbox"/> Reiki for Cancer Patients / Trauma</p> <p><input type="checkbox"/> Access Bars</p> <p><input type="checkbox"/> Cosmo Energy / Hypnotherapy</p>

Referring Doctor/Practitioner/Office _____ Phone: _____

Fax all relevant documents to our **fax line at: 503-716-4699. Attention: Clinical Director – Harini Sukumaran**

Patient/Client Details:

First Name _____ Last Name _____

Mailing address: _____ City _____ State _____ Zip _____

Age _____ Date of Birth _____ Gender _____

Home phone _____ Cell phone _____

Email address _____

Reason for Referral: _____

One of our practitioners will contact your referral within 2 business days.

If you referral has any questions about this process please call our Clinical Director Harini Sukumaran, MHCWC at 503-766-4895 or email harini@mindtreeholisticcounseling.com