

COGNITIVE CONSULTANTS, LLC

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517-322-3050 & Fax 517-322-3055

2450 Delhi Commerce Dr., Suite 9B
Holt, MI 48842

Date: _____ Client To Call By: _____
Name: _____ DOB: _____
Address: _____ Phone #: _____
Charge(s): _____
Referring Agency: _____ Referring Person: _____
Telephone #: _____ Presiding Judge: _____

OFFICE (please pick one)

- Lansing
- Holt
- Ionia

Substance Abuse Services

- Assessment (also includes criminogenic risk screening)
- Education (4 sessions)
- Education (4 sessions) with recommendations (includes criminogenic risk screening)
- Outpatient (OP) Group
 - Include 1on1? (please circle if required)
- Intensive Outpatient (IOP): Sobriety Gp., 1on1, and pick 1
___ CBT Skills Gp ___ MRT Gp ___ Seeking Safety/Trauma Gp
- Moral Reconciliation Therapy (MRT) Group
- Seeking Safety Group
- Minor in Possession (4 sessions) with recommendations

Laboratory Drug and Alcohol Testing

- Random Drug Testing: *AT LEAST* _____ days per
_____ (up to 3 times per week).
 - 8-panel
 - 10-panel
 - 14-panel
 - ETG/ETS
 - Other: _____
- PBT's AT LEAST _____ days per _____.

Non-Substance Abuse Services

- Criminogenic Risk, Needs, and Responsivity (RNR) Assessment
- Criminogenic Risk Screening (brief report)
- OWI-Specific Risk Screening (brief report)
- Cognitive-Behavioral Intervention (4 sessions)
- Cognitive-Behavioral Intervention (16 sessions).
Individual sessions also? Yes or No
- Domestic Violence Assessment
- Domestic Violence Program (*Circle One*- 26-52
sessions, 52 sessions, or Intensive): includes DV MRT
Workbook and supplemental 1on1
- Economic Crime Intervention (4 sessions)
- Extended Economic Crime Program (4 groups and
at least 4 1on1 with MRT workbook)
- Anger Management (16 groups and 1on1 with MRT
workbook)
- Anger/Aggression Assessment

Dr. Turke Services

- Therapy- \$85/hour
- Psychological Consultation- \$200
- Psychological Evaluation, Risk Assessment Focused- \$350

RELEASE OF INFORMATION

I, _____, agree to communication between Cognitive Consultants and (referring person/agency) _____ . The specific information to be disclosed is attendance, participation, attitude, motivation, behaviors, alcohol and drug testing results, and any other information related to the client's participation in the program. The purpose for such disclosure is to coordinate services with the criminal justice system/referral source. The release of information is to protect the client's rights to confidentiality and will expire one year from today's date. The consent is subject to revocation at any time except to the extent that the program or person which is to make the disclosure has already acted in reliance on it. This release is in accordance with 42 CFR (part 2) of the federal guidelines protecting a client's right to confidentiality. Additionally, I agree a telephone message may be left by Cognitive Consultants at a telephone number I provide. If I am a drug or sobriety court participant, I understand and agree to the disclosure of clinical information in open court.

Client: _____ Date: _____ Witness: _____ Date: _____

NOTE: A \$25 "no show" fee will be charged for failing to appear for any appointment or cancelation within 24 hours. (revised 09-22-15)