

Dr. Greta Zuck
Licensed Clinical Mental Health Counselor Supervisor
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Registered Play Therapist Supervisor

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Consultation Form

Please state your name and address: _____

Please state your contact information (home/work/cell/email) and the best way for me to reach you:

Please state why you are seeking consultation services and what you hope to achieve: _____

Please read my Professional Disclosure form which explains office policies and procedures. This can be downloaded under "Forms" on my website at www.drgretazuck.com.

Consultation fees are billed at \$150.00/hour. Insurance does not reimburse for consultation services. Should you wish to use your insurance to receive partial reimbursement, a psychiatric diagnosis must be relevant and billed. Please speak with me about this if necessary. Thank you.

Greta Zuck, PhD, LCMHCS, NCC, RPT-S

Date

Client

Date