

Dr. Greta Zuck
Licensed Clinical Mental Health Counselor Supervisor
National Board Certified Counselor
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.

Consultation fees are billed at \$160.00/hour. Please note that insurance does not reimburse for consultation services; thank you.

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

Date

Client

Date