Counselor or Office Change Request Form

\*Note: Changing may result in delayed appointments

\* Current Branch location

[ ]  Duluth, Minnesota

[ ]  Hinckley, Minnesota

[ ]  Lafayette, Indiana

[ ]  Teleservices Minnesota

[ ]  Teleservices Indiana

\* Current Counselor’s Name

Please list any other services you receive from Plum Behavioral Health:

Reason for request. Please check all that apply and describe reason(s) below.

 Conflict over ethnic, cultural, gender, or spiritual issues.

 Disagreement in theoretical approach to the treatment process.

 Inability to establish a therapeutic alliance/relationship.

 A poor match of clinical expertise.

 A lack of progress in treatment.

[ ]  Moving out of the service area and into another service location.

\* Please explain your reason for requesting a change. Please be as detailed as possible to help us determine if a change is warranted and if there is another counselor who can meet your needs

\* Have you attempted to speak with your current counselor about this? If yes, what was the result?

Is there something your counselor or the service location could do differently that would be helpful?

\* What is your availability to see a counselor? (Best days/times for you)

If you are currently an in-person client at a branch location, are you willing and able to see a counselor face to face online, through E-services?

Choose an item.