**PLEASE GIVE THIS FORM TO ANY CARE PROVIDER (PSYCHOTHERAPIST OR PSYCHIATRIST) YOU WANT TO BE INCLUDED IN YOUR PSYCHOLOGICAL ASSESSMENT**

**Dear Care Provider,**

Thank you for collaborating with Riley Counseling LLC in the care and support of our mutual client. As part of our comprehensive assessment and treatment planning process, we recognize and deeply value the insights and expertise that you, as a care provider, bring to our client's healthcare journey.

In preparation for our upcoming intake session, we kindly request your assistance in providing a detailed overview of your experiences, observations, and professional considerations regarding our client. Your unique perspective is crucial in ensuring we have a holistic understanding of the client's needs and can tailor our approach to support them effectively.

**We specifically request the following information, to be emailed or faxed to us at your earliest convenience:**

1. **Diagnostic Considerations:** Any diagnoses you have considered, including those confirmed and those still under consideration.
2. **Rule-Outs:** Conditions or diagnoses you have determined to be unlikely or have excluded based on your assessment.
3. **Client Summary:** A brief summary of the client's history, presenting concerns, and any treatment interventions attempted or currently in place. Please include relevant behavioral observations and any changes in the client's condition over time.
4. **Therapeutic Approaches:** A summary of therapeutic styles/approaches that work and do not work for this client to better fine-tune recommendations and results for your ongoing treatment.
5. **Additional Documents:** Feel free to attach any other documents, reports, or notes that you believe would provide further insight into the client's health, behavior, or emotional well-being.

We understand that the information you provide is based on your ongoing relationship and history with the client, **offering insights invaluable to forming a comprehensive picture of the client's needs**. Please know that we consider this information as part of a broader assessment process, recognizing that psychological testing represents only a single snapshot of the client's current state.

**Your expertise and input are not only welcomed but considered integral to the collaborative process of supporting our client's health and well-being.** We appreciate your time and efforts in contributing to this important phase of the client's care.

**Contact Information for Submission:**

* drbreeriley@gmail.com
* Fax: 570-791-2324

Thank you once again for your partnership and dedication to our shared client. We look forward to receiving the requested information and to continuing our collaborative efforts.

Warm regards,



*Bree Riley, Psy.D.*

*Licensed Psychologist (PS019737)*

*drbreeriley@gmail.com*