

Centimano Counseling Consult Program

Application

Contact Name:

Contact E-mail*:

Contact Phone*:

Work Address:

**NOTE: It is required that all communication regarding consultation and scheduling is done via email or phone call. Texts will not receive a reply in effort to keep communication organized and efficient.*

Your professional credentials/licensure, current employment, and title:

Years practicing in your field:

Years working with the perinatal population:

List any other populations you work with:

List any classes, webinars, and/or trainings you have completed relating to the perinatal population. Include dates:

List and books you have read relating to the perinatal population:

What makes you a good clinician?

What are your greatest vulnerabilities as a clinician?

Is there anything else you'd like us to know (include—in brief—any reproductive and or perinatal challenges you have personally experienced and/or are currently experiencing-all information is confidential)?

Registration

Fee for 1 hour meeting with Meeka Centimano is \$175. Please initial if you agree to the following:

_____ I understand consultation is a commitment and will provide 1 business day for any cancellation. If this is not done, Centimano Counseling will charge for the reserved time

_____ Centimano Counseling reserves the right to discontinue consultation meetings if multiple sessions are missed and/or payment is not made

_____ I certify the information on this application is accurate

Payment Information

Credit Card Number:

Expiration Date:

Security Code:

Billing Zip Code for Card:

Signature _____ Date _____



Centimano Counseling

Perinatal Mental Health