

WELCOME!

Congratulations!

The hardest step with counseling is making the first appointment and you did it! Here are a few recommendations to keep your momentum so you can maximize your benefits from coaching or counseling:

Financial Concerns: If there are any financial issues or concerns we may be able to work with you on this.

Calendar: Always remember to have your calendar when you come to TLC and when you call to reschedule:

Save time: Having your calendar will save you time and keep you from needing to remember to call us back

Life gets busy: Often people forget to call back to reschedule or schedule a follow-up appointment

Consistency: Follow-up appointments are important in order to receive the maximum benefits from your first session!

Canceling or rescheduling: If you do not receive a reminder call please keep in mind the reminder is a courtesy but we need to leave it up to you to contact us at least two (2) business day prior to your appointment time if you need to reschedule

Expectations: Everyone has their own idea of what to expect from counseling varying from watching Dr. Phil or prior experiences. Please discuss your feelings if you feel your expectations are not being met. We can usually address this concern right away.

Closure: When things are going well often clients cancel their appointment before letting us know about their progress. We love to hear the good news so it's very



Directions:
For directions to our location, please download the maps at totallifecounseling.com/maps

Bring Forms:
Please remember to print out your new client registration forms and fill them out prior to your first session. Download the forms @ totallifecounseling.com/forms

Should you need further assistance or an emergency arises before we can meet, please feel free to call 407-248-0030

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TotalLifeCounseling.com



Patient Information Forms

Patient Name: _____

Date: _____

Parent/Guardian Information

Parent/ Guardian Name: _____ Relationship to Patient _____
 Address: _____ City _____ Zip _____
 Home Phone: _____ Business Phone: _____ Cell Phone: _____
 Email Address: _____ Place of Employment _____
 Occupation: _____
 Marital Status: Single Engaged Married How Long _____? Divorced How Long _____? Widowed
 How Long _____?
 Name of Person or Establishment who referred you _____
 In case of emergency contact: _____ Relationship _____
 Phone _____
 I would like to be added to Total Life Counseling Newsletter to receive free articles, tips and resources: Yes No
 I hereby give Total Life Counseling Center permission to provide counseling services for the patient
 mentioned above: Signature of parent or legal guardian:
 Signature: _____ Date: _____

Patient's DOB: _____ Age: _____ School _____ Grade: _____

Has patient received counseling from a Pastor, Psychiatrist, or other counselor? Yes or No

If yes, Who: _____ When: _____

What was the previous chief complaint or diagnosis: _____

Has anyone in your family been treated for a mental disorder? Yes or No

If yes, Who & What were they treated for? _____

Physician's Name: _____ Date of last physical exam: _____

Significant past medical conditions and years _____

Current medical conditions (include any known allergies or dietary concerns) _____

Medications/dosage patient is currently taking and for what reason: _____

Briefly describe major reasons for coming to counseling and what you hope to accomplish: _____

Severity of Problem: Crisis Severe Moderate Mild

I prefer to be texted emailed phone call none for appointment reminders.

I would like to be added to Total Life Counseling Newsletter to receive free articles, tips and resources: Yes No



Child/Adolescent Comprehensive Psychosocial Assessment						Staff Notes
Family Information:						_____
Family	Name	Age	Educ.	Occup.	At Home	_____
Dad						
Mom						
Stepdad						
Stepmom						
Bro/Sis						
" "						
" "						
Other						
Has your child ever lived with anyone else? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, who? _____						_____
Is your child adopted? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, how old was your child? _____						_____
A. Your Child's Development:						_____
Please list the approximate age at which your child:						_____
	Age		Problems			_____
Walked	_____		<input type="checkbox"/> Yes	<input type="checkbox"/> No		_____
Talked	_____		<input type="checkbox"/> Yes	<input type="checkbox"/> No		_____
Toilet Trained	_____		<input type="checkbox"/> Yes	<input type="checkbox"/> No		_____
Puberty/1 st Menstruation	_____	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No		_____
Sexually Active	_____	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No		_____
B. Family History:						_____
Has anyone in your immediate family ever had any of the following problems?						_____
1. Epilepsy or Diabetes?			<input type="checkbox"/> Yes	<input type="checkbox"/> No		_____
2. Significant Medical Problems?			<input type="checkbox"/> Yes	<input type="checkbox"/> No		_____
3. Mental Illness Requiring Hospitalization?			<input type="checkbox"/> Yes	<input type="checkbox"/> No		_____
4. Counseling For Emotional Problems?			<input type="checkbox"/> Yes	<input type="checkbox"/> No		_____
5. Current or past use of alcohol/drugs?			<input type="checkbox"/> Yes	<input type="checkbox"/> No		_____
6. Suicidal Behavior?			<input type="checkbox"/> Yes	<input type="checkbox"/> No		_____



Victimization History

Abuse:

Physical:

Sexual:

Mental:

Neglect:

Domestic Violence:

Past C.P.S. Involvement:

Potentially Abusive Behavior:

Substance	Onset	Current	Highest	Most Recent	Tolerance/Withdrawal
Alcohol					
Marijuana					
Cocaine					
Depressants					
Amphetamines					
Hallucinogens					
Opiates					
Inhalants					
K2, Bath salts, spice					
Other					
Tobacco					
Caffeine					



Authorization of Release Form

Our therapists may find it helpful to consult with your attorney, doctor, school, or applicable parties regarding treatment. In order to consult we need your authorization. If applicable, please complete on for each contact.

I, _____, hereby authorize Total Life Counseling Center, 1507 S. Hiawasse Road, Orlando, FL 32835 to:

_____ Release To _____ Release from _____ Exchange Written and/or Oral Communication

- _____ Psychiatric _____ Medical _____ Family
_____ Psychological _____ Counseling _____ Appointments/Payments

from the records of: _____ Name of Client _____ Date of Birth

To: _____

Phone #/Email: _____

- For the purpose of: [] Outpatient Counseling [] Coordination with schools
[] Coordination with MD/Psychologist/OT Therapist/Therapist
[] Coordination with other family members

I understand that under state and federal confidentiality provisions only the above specified information can be released to only the above specified person or agency. I also understand that I may revoke this release of information at any time, providing that I notify the authorized agency in writing to this effect, but that revocation has no effect on action previously taken.

This consent will expire on _____

Client, Parent, Guardian _____ Date

Witness _____ Date



Financial Policy

Payment Policy:

We are committed to providing you with the best possible care. Payment for services is due at the time of service. We accept cash, checks, Master Card, and Visa.

Our fees:

- Individual, Family and Marriage Sessions intake is ... per hour, follow up sessions are ... per hour, or if paid by cash or check ... per hour (\$5 per hour cash or check discount) effective September 1st, 2012.
Payment methods: Checks and cash must be received before the session if sent via mail. If payment has not been received, the session must be rescheduled.
Counselor Services: Treatment Summary Requests, Professional Letters, and Phone/Conference calls will be billed, if requested, at the individual therapeutic rate for a minimum of 30 minutes.
Administrative Services: Letters from the administrative office, insurance forms, authorization requests and/or calls to your insurance company will be billed at \$15 per 15 minutes (15 minute minimum).
Court Appearances and Depositions are double the therapeutic hourly rate. This would include travel expenses and time away for the office. Payment is to be made in advanced and any unused funds will be refunded.
Returned checks are subject to a \$42 fee.
A cancellation fee equivalent to the cost of the session is charged for appointments by credit/debit only that are no show or canceled without a 2-business day advance notice unless there is an emergency or illness.

Disclosure:

Please be aware if for any reason we do not receive payment, your information may be used during a debt collection.

For your convenience, and to secure future appointments, please enter credit card information below. I authorize TLC to place my credit card information on file to charge for any applicable/outstanding fees.

(Optional) CC# _____ Exp: _____ CVC: _____

Policy on Insurance Reimbursement:

If you have medical Insurance that provides coverage for mental health counseling, we want to help you receive your maximum allowable benefits.

We will be happy to help you process your insurance claim form for your reimbursement. A completed insurance form must accompany any such request at each visit. You are responsible for mailing it to the insurance company and tracking your reimbursement.

We will gladly discuss your proposed treatment and answer any questions relating to your insurance. You must realize, however, that:

- Your insurance is a contract between you, your employer and the insurance company. We are not a party to that contract.
Our fees are generally considered to fall within the acceptable range by most companies, called "Usual, Customary and Reasonable" (UCR). Some companies pay a percentage of the UCR for a given area. However, some companies reimburse based on an arbitrary "schedule" of fees, which bears no relationship to the current standard and cost of care in this area.
Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services they will not cover.
If your company requests a report from us in order to process your claim, we will need to receive our normal hourly fee from you for this service.
I am financially responsible for this treatment and for any portion of the fees not reimbursed or covered by my health insurance.

If you have any questions about our financial policy please do not hesitate to ask us. We are here to help you.

By signing below I agree to the terms listed above.

Signature _____ Date _____



Informed Consent & Release of Liability

Name: (please print): _____

I understand the following:

1. Counseling services are provided by practitioners who have earned a Master's Degree, or higher, in the field of counseling from an accredited graduate program and who have been licensed by the state of Florida as Mental Health Counselors, Registered Mental Health Counselor Interns (under the supervision of a License Mental Health Counselor Supervisor).
 - a. **Licensed Mental Health Counselors:** Jim West, Jamie Barrett, Dr. Jada Jackson, Matthew Martin, & Mayeling Angelastro
 - b. **Licensed Marriage & Family Therapist:** Dr. Leslie Hamilton & Lyriss Steuber
 - c. **Licensed Clinical Social Worker:** Dana West
 - d. **Registered Mental Health Counselor Intern:** Anna Vita, Teresa Kovach, Stephanie Booth, Marilyn Card, & Jesse Ewing
 - e. **School Psychologist:** Marilyn Card
 - f. **Graduate Student Intern:** Shawn Gordon
 - i. Graduate student who is earning a Master's Degree in the field of counseling from an accredited graduate program and who is supervised by Licensed Mental Health Counselors by the State of Florida.
2. Although I expect benefits from this treatment, such benefits or particular outcomes cannot be guaranteed.
3. Due to the counseling or therapy, I may experience emotional strains, feel worse during treatment, and make life changes that could be distressing.
4. This counselor is not providing an emergency service; therefore, at any time you become extremely emotionally distressed or are in danger of hurting yourself or someone else, please call 911 for assistance.
5. Regular attendance will produce maximum results, but I am free to discontinue treatment at any time. A final closure/summary session is highly recommended to get the greatest benefits.
6. I understand that my counseling records & conversations with the counselor are kept confidential, except where disclosure is required by law (i.e. abuse of a child, elderly or disable person; potential harm or threat to self or others and specific information subpoenaed by a court of law.)
7. I know of no reasons that I should not undertake this therapy and I agree to participate fully and voluntarily.

My signature below indicated that I grant informed consent for Total Life Counseling to provide counseling services to myself and or minor members of my family.

Signature: _____ Date: _____



Notice of Privacy Practices

This Notice Describes how medical information about you may be used and disclosed and how you can get access to this information about you may be used and disclosed and how you can get access to this information. Please review this document carefully.

<p>The Health Insurance Portability & Accountability Act of 1996 (HIPAA) requires all health care records and other individually identifiable health information (protected health information) used or disclosed to us in any form, whether electronically, on paper, or orally, be kept confidential. This federal law gives you, the patient, significant new rights to understand and control how your health information is used. HIPAA provides penalties for covered entities that misuse personal health information. As required by HIPAA, we have prepared this explanation of how we are required to maintain the privacy of your health information and how we may use and disclose your health information.</p> <p>Without specific written authorization, we are permitted to use and disclose your health care records for the purposes of treatment, payment, and health care operations.</p> <ul style="list-style-type: none"> • <i>Treatment</i> means providing, coordinating, or managing health care and related services by one or more health care providers. Examples of treatment would include psychotherapy, medication management, etc. • <i>Payment</i> means such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities, and utilization review. An example of this would be billing your insurance company for your services. • <i>Health Care Operations</i> include the business aspects of running our practice, such as conducting quality assessment and improvement activities, auditing functions, cost-management analysis, and customer service. An example would include a periodic assessment of our documentation protocols, etc. <p>In addition, your confidential information may be used to remind you of an appointment (by phone or mail) or provide you with information about treatment options or other health-related services. We will use and disclose your PROTECTED HEALTH INFORMATION when we are required to do so by federal, state or local law. We may disclose your PROTECTED HEALTH INFORMATION to public health authorities that are authorized by</p>	<p>law to collect information; to a health oversight agency for activities authorized by law included but not limited to: response to a court or administrative order, if you are involved in a lawsuit or similar proceeding; response to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested. We may release your PROTECTED HEALTH INFORMATION to a medical examiner or coroner to identify a deceased individual or to identify the cause of death. We may use and disclose your PROTECTED HEALTH INFORMATION when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.</p> <p>Any other uses and disclosures will be made only with your written authorization. You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization.</p> <p>You have certain rights in regards to your PROTECTED HEALTH INFORMATION, which you can exercise by presenting a written request to our Privacy Officer at the practice address listed below:</p> <ul style="list-style-type: none"> • The right to request restrictions on certain uses and disclosures of PROTECTED HEALTH INFORMATION, including those related to disclosures to family members, other relatives, close personal friends, or any other person identified by you. We are, however, not required to agree to a requested restriction. If we do agree to a restriction, we must abide by it unless you agree in writing to remove it. • The right to request to receive confidential communications of PROTECTED HEALTH INFORMATION from us by alternative means or at alternative locations. • The right to request an amendment to your PROTECTED HEALTH INFORMATION. 	<p>outside of treatment, payment and health care operations.</p> <ul style="list-style-type: none"> • The right to obtain a paper copy of this notice for us upon request. We are required by law to maintain the privacy of your PROTECTED HEALTH INFORMATION and to provide you with notice of our legal duties and privacy practices with respect to PROTECTED HEALTH INFORMATION. <p>We are required to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change the terms of our Notice of Privacy Practices and to make the new notice provisions effective for all PROTECTED HEALTH INFORMATION that we maintain. Revisions to our Notice of Privacy Practices will be posted on the effective date and you may request a written copy of the Revised Notice from this office.</p> <p>You have the right to file a formal, written complaint with us at the address below, or with the Department of Health & Human Services, Office of Civil Rights, in the event you feel your privacy rights have been violated. We will not retaliate against you for filing a complaint.</p> <p>For more information about our Privacy Practices, please contact: The Privacy Officer Total Life Counseling 1507 S. Hiawassee Road #101 Orlando, FL 32835 (407) 248-0030</p> <p>For more information about HIPAA or to file a complaint: The U.S. Department of Health & Human Services Office of Civil Rights 200 Independence Avenue, S.W. Washington, D.C. 20201 877.696.6775 (toll-free)</p>
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Individual, Family, Marriage & Group Counseling

P: 407-248-0030

F: 407-248-0226

Satellite Locations:

Winter Park, East Orlando, Clermont & Lake Mary

Acknowledgement of Receipt: Privacy Practice Notice

I, _____ have received a copy of Total Life Counseling Center Notice of Privacy Practices.

Street Address: _____

City: _____ State: _____ Zip: _____

Client
Signed: _____ Date: _____

Parent/Guardian
Signed: _____ Date: _____

Witnessed
Signed: _____ Date: _____



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DIRECTIONS

Greetings and thank you for contacting Total Life Counseling Center. We consider it a privilege to serve you and look forward to working with you. Below are instructions to our offices. You can also go to our website and click the Office Locations Link and click on the office you are attending. Then you can enter your address for directions.

Metro West Office @ Metro West Professional Plaza, 1507 S. Hiwassee Road Suite 101, Orlando FL 32835:

- From Kissimmee N. on Turnpike to EXIT 259, Take I-4 toward Tampa to the Kirkman Rd Exit 75B and take Kirkman 2.6 miles. Take Left on Metro West Blvd for 1 mile. Take Right on Hiwassee Road .3 miles and turn between the McDonalds on the right and our Building. Then immediately turn right again into the parking lot behind the building.
- From Tampa I-4 East to Orlando and take the Kirkman Rd Exit 75B and take Kirkman 2.6 miles. Take Left on Metro West Blvd for 1 mile. Take Right on Hiwassee Road .3 miles and turn between the McDonalds on the right and our Building. Then immediately turn right again into the parking lot behind the building.
- Downtown Orlando/East Orlando: Take the 408 West to Hiwassee Road. Take Left on Hiwassee Road for 2 miles. Cross Raleigh Street and our building is past the McDonalds on the left. However, our parking lot access is behind the McDonalds. So after Raleigh Turn into the Winn Dixie Shopping Plaza and turn right between McDonalds & the Winn Dixie to access our parking lot behind the Building.
- From Clermont/Ocoee/Winter Garden/Oakland/Montverde: Take the 408 East to Hiwassee Road. Take Right on Hiwassee Road for 2 miles. Cross Raleigh Street and our building is past the McDonalds on the left. However, our parking lot access is behind the McDonalds. So after Raleigh Turn into the Winn Dixie Shopping Plaza and turn right between McDonalds & the Winn Dixie to access our parking lot behind the Building.

Winter Park Office 1950 Lee Road Suite 115, Winter Park, FL 32789:

- From Kissimmee: Get on FL-528 W/FL-528 Toll W in Orange County from N John Young Pkwy. Take I-4 E to FL-423 N/Lee Rd/U.S 17 Truck/U.S 92 Truck in Fairview Shores. Take exit 88 from I-4 E. Use the right 2 lanes to turn right onto FL-423 N/Lee Rd/U.S 17 Truck/U.S 92 Truck (signs for Eatonville/Winter Park). Destination will be on right.
- From Tampa: Get on I-275 N from N Florida Ave. Follow I-4 E to FL-423 N/Lee Rd/U.S 17 Truck/U.S 92 Truck in Fairview Shores. Take exit 88 from I-4 E. Use the right 2 lanes to turn right onto FL-423 N/Lee Rd/U.S 17 Truck/U.S 92 Truck (signs for Eatonville/Winter Park) Destination will be on the right.
- Downtown Orlando/East Orlando: Take I-4 East toward Orlando/Downtown to Lee Road in Winter Park. Take Right on Lee Road EXIT 88. Use the right 2 lanes to turn right onto FL-423 N/Lee Rd/U.S 17 Truck/U.S 92 Truck (signs for Eatonville/Winter Park) Destination will be on the right.
- From Daytona/Sanford/Lake Mary/Altamonte Spgs/Longwood: Take I-4 W toward Winter Park to Lee Road Exit 88. Take Left on Lee Road Use the right 2 lanes to turn right onto FL-423 N/Lee Rd/U.S 17 Truck/U.S 92 Truck (signs for Eatonville/Winter Park) Destination will be on the right.

East Orlando Office – 1850 N Alafaya Trail #1A Orlando, FL 32826

- From 408: Heading east, take the Alafaya trail exit. Head South on Alafaya Trail (SR 434) by taking a left. Cross E Colonial and it will be on the left hand side across from the race track/Bubbalous.

Clermont Office-(Corner of Pearl St and Hwy 27) 100 N US Hwy 27 Unit B Minneola, FL 34715

- From Winter Garden/Ocoee/Oakland: Take Colonial/Hwy 50 West through Clermont. Head North on 27 building next to Jacks barbecue (yellow building with green awning next to Jacks Barbecue in the rear). From Downtown Clermont Minneola or Groveland: Head North on 27 building next to Jacks barbecue. Yellow building with green awning next to Jacks Barbecue in the rear Park in rear of building. Wait in the reception area until you are called. We are in the same building as the TV Repair next to Jack's Barbeque.

Lake Mary: 1325 South International Pkwy Suite 2221 Lake Mary, FL 32746

- From I-4 East: Take exit 98 toward Lake Mary/Heathrow. Turn slight left onto W Lake Mary Blvd. Turn left onto S International Pky. Pass through 1 roundabout.
- From I-4 West: Take exit 98 toward Lake Mary/Heathrow. Turn right onto W Lake Mary Blvd. Take the 1st left onto S International Pky. Pass through 1 roundabout.
- Follow the roundabout until the Lake Mary Professional Complex (continue in roundabout past Oakmont Community sign). The Lake Mary Professional Complex parking lot is next to the Hyatt Place just before Walgreens. The Walgreens. The office is located in building #1325 near the center of the complex. You may take the elevator or stairs to the second floor. The office number is 2221. You will see our TLC sign on a few of the windows, but the door reads Scott Martin Financial (we share their office). You may come into the yellow waiting room and have a seat and your counselor will come get you at your appointment time. If you have challenges finding the office please call the TLC main number at 407-248-0030.

1507 S. Hiwassee Rd Ste. 101, Orlando FL 32835
Satellite Offices: Winter Park, East Orlando, Clermont & Lake Mary

Children/Teen Referral

Holistic Doctors

Dr. Jeff Haskel, PhD.
Energetic Life
(407) 647-2220

Dr. Kirt Kalidas, MD- Holistic
The Center for Natural & Integrative
Medicine
(407) 355-9246

Dr. Scott Vanlue, MD – Holistic
Everything Well
(407) 862-5637

Paul Sorchy,
Clermont Chiropractic
(352) 394-7577

Dr. Lee, Acupuncture & Holistic
Medicine (Clermont, FL)
(352) 243-1311

Family Physician & Dietician

Dr. Marissa Magsino
Metro West Internal Medicine
(407) 292-6778

Alilin Family Medicine
(407) 657-2111

Dr. Rick Baxley
(407) 246-7001

Alice Baker, RD, LDN – Dietician
Joyful Nutrition
(407) 340-8251

Dr. Jennifer Bourst
Unity Family Chiropratic Center
(407) 460-0985

Occupational Therapist

Learn to Learn
(407) 275-5550

Achieve Pediatric Therapy
(407) 277-5400

ORLANDO

Diane N. Holmes – Attorney
N. Diane Holmes, PA, Family Law
(407) 843-1744

Tom Marks- Attorney
The Marks Law Firm – Family Law
(407) 872-3161

Joy Ragan – Attorney
The Marks Law Firm – Family Law
(407) 872-3161

Rebecca Palmer - Attorney
Weiss Grunor & Barclay
115 E Marks St. Orlando
(407) 843-3990

Anthony Diaz – Attorney – Mediation &
Collaborative Law
Law Office of Anthony J. Diaz
(407) 774- 4949

Andrea Rosser- Pate – Attorney –
Mediation, Parent Coordination,
Guardian Ad Litem
Pates Law Group, P.A
(407) 896-1166

Dr. Leslie Hamilton, PhD, LMFT –
Family Mediator & Collaborative
Neutral
Total Life Counseling Center
(407) 248-0030

Aubrey Harry Ducker, Jr.
Attorney and Counselor at Law
407-645-3297

Resources for Special Needs Children

Aliccia Braccia School Psychologist
(407) 718-4430

Bright Feats - Orlando Resources
(407) 620-9355

Achieve Pediatric Therapy, Heather
Gray
(407) 668-4923 (Dr. Phillips) or
(407) 277-5400 (East Orlando)

Family Attorney

LAKE MARY

Elaine Silver
Collaborative Divorce lawyer
407-268-6830

CLERMONT

Boyette Cummins & Nailos –
Attorney
BCN Law Firm
(352) 394-2103

J.J. Dahl - Dahl Family Law Group
(352) 243-4100

Pamela J. Helton – Attorney
The Law Offices of Pamela Helton, PA
(352) 243-9991

Pediatricians

Dr. Barry Yarckin
West Orange Pediatrics
(407) 290-9355

Dr. Cardona
Windermere Pediatrics
(407) 297-0080

Dr. Cornelia Franz
(407) 857-8860

Dr. Usmani, Dr. Patel
Clermont Pediatrics
(352) 394-7125

Dr. Jill Watson
(352) 536-9336

Dr. Janette Rivera
(352) 536-9336



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TotalLifeCounseling.com

Psychiatrist

Dr. Heidi Napolitano, MD
The Happy Mind Company
(407) 704-1461 – Southwest Orlando

Dr. Morales
Child Psychiatrist – Oviedo
(407) 365-0440

Dr. Syed Quadri
(407) 270-7702

Dr. Herndon Harding
(407) 671-0057 – Winter Park

Dr. Alvarez- Jacobs
Esperanza Behavioral Health
(407) 226-3733

Dr. Dhungana
Serenity Health
(352) 241-9282

Residential Addictions

Central Florida Behavioral Hospital
(407) 370-0111

Center for Drug Free Living
(407) 245-0014

La Amistad Behavioral Health (Maitland)
(407) 647-0660

The Grove
(407) 327-1765

Seminole Mental Health
(407) 831-2411

Darryl Strawberry Recovery Center
(855) 973-7333

Psychologist

William Steven, PhD –
Educational and Forensic Psychologist
Central Florida Psychological Consultants
609 West Montrose, Clermont, Florida
34711
(352) 365-2243

Dr. Charlene Messenger –
Educational Psychologist
(407) 895-0540

Alicia Braccia, MA, CAS, ABSNPFI –
School & Educational
Center for Health Learning & Achievement
(407) 718-4430

Clarice L. Honeywell, M.S., NCSP –
School/Educational
The Psychology & Counseling Group
(407) 523- 1213

Dr. Patrick Gorman, DPSY,
PSYD – Neuro – Developmental
(407) 644-7792

Denton Kurtz, School Psychologist
(407) 629-9003

Dr. Joanne Cook, EdD – Psychologist
1316 Palmetto Avenue, Winter Park, FL
32789
(407) 740-5259

Inpatient Health Services for Children

Central Florida Behavioral
(407) 370-0111

University Behavioral Center
(407) 281-7000

La Amistad
(407) 647-0660

Lifestream
2020 Tally Rd – Leesburg, FL
(866) 355-9394 or (352) 315-7800

Eating Disorder IOP

Blue Horizons, partnered with Remuda
Ranch
(407) 719-6294

Eudine Harry MD
Center for Medical Weight Loss of
Orlando
(407) 480-3339

Wekiva Springs Center (Jacksonville)
(904) 296-3533

Rega Mental Health Center (Coral
Springs)
(954) 346-8300

Renew Center of Florida (Boca Raton)
(954) 907-3446



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Family Physician & Dietician

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Metro West Internal Medicine
(407) 292-6778

Allilin Family Medicine
(407) 657-2111

Dr. Rick Baxley
(407) 246- 7001

Alice Baker, RD, LDN –
Dietician
Joyful Nutrition
(407) 340-8251

Dr. Cara L. Jakob
Total Healthcare & Wellness
Centers
(352) 394-4237

Timmel Michael M.D.
Physicians Associates
(407) 905-6000

Family Law

ORLANDO

Tom Marks – Attorney
The Marks Law Firm- Family Law
(407) 872-3161

Rebecca Palmer – Attorney
The Orlando Family Law Firm
(407) 377-6699

Diane N. Holmes – Attorney
N. Diane Holmes, PA, Family Law
(407) 843-1744

Anthony Diaz – Attorney – Mediation
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(407) 774-4949

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Guardian AD Litem
Pates Law Group, PA
(407) 896-1166

Darlene Antonio, PhD – Parent
Coordinator
Dr. Antonio
(407) 475-1025

Dr. Leslie Hamilton, PhD, LMFT –
Family Mediator & Collaborative Law
Neutral
Total Life Counseling
(407) 248-0030

Deborah Day, Psy.D – Parent
Coordination & Social Investigator
Psychological Affiliates

CLERMONT

Boyette Cummins & Nailos–
Attorney
BCN Law Firm
(352) 394-2103

J.J. Dahl - Dahl Family Law
Group (352) 243-4100

William Reed – Family Law
& Criminal Attorney
The Law Offices of William
Reed
(352) 394-1178

Aubrey Ducker – Attorney
Aubrey Ducker Law
(407) 645-3297

LAKE MARY

Elaine Silver – Lawyer &
Family Mediator
Silver Divorce
(407) 712-6787



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Psychologist

Dr. Charlene Messenger – Educational
Psychologist
(407) 895-0540

Dr. William Saunders, PhD – Central Florida
Psychological Associates
(352) 365-2243

Alicia Braccia, MA, CAS, ABSNPFI –
School &
Educational
Center for Health Learning & Achievement
(407) 718-4430

Clarice L. Honeywell, M.S., NCSP –
School/Educational
The Psychology & Counseling Group
(407) 523-1213

Dr. Patrick Gorman, dpsy, PSYD –
Neuro-Developmental
(407) 644-7792

Alex Sanchez, LLC-Biofeedback Therapist
(321) 289-6708
1612 Town Plaza Court
Winter Springs, FL 32708

Wanda Eppes
(407) 677-4001

Marilyn Card
1507 S Hiawasse Rd Suite 101 Orlando, FL
32835
407-248-0030

Vitamin Store

Vitamin Shoppe
Chamberlin's Natural Foods
(407) 352-2130

Clermont Herb Shoppe & Day
Spa
(352) 243-3588

Occupational Therapist

Learn to Learn
(407) 277-5550

Achieve Pediatric Therapy
(407) 277-5400

Inpatient for Adults

Central Florida Behavioral
Orange & Osceola County
(407) 370-0111

Lifestream Behavioral
(866) 355-9394

La Amistad
Seminole & Orange County
(407) 647-0660

Seminole Community Mental Health
Seminole County
(407) 831-2411

Lakeside
Orange County
(407) 291-6335

American Addictions Center
Ryan Aldrin
407-450-0947

Advanced Recovery Center
Kevin Reese
844-291-3568

Psychiatrist

Dr. Heidi Napolitano, MD
The Happy Mind Company
(407) 704-1461 – Southwest Orlando

Dr. Syed Quadri, MD
(407)-270-7702 – South Orlando

Dr. Dhungana
Serenity Health
(352) 241-9282

Dr. Rex Birkmire, MD
Birkmire Behavioral Health
(407) 977-7943

Dr. Herndon Harding
(407) 671-0057 – Winter Park

Dr. Morales
Child Psychiatrist – Oviedo
(407) 365-0440



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