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Michigan Department of Licensing & Regulatory Affairs License No. SA0500480

Name: _____ Case # _____
Address: _____ City: _____ Zip: _____
D.O.B: _____ Home # _____ Cell # _____
Referring Agency & Officer: _____
Send Results To: _____
(Please include email and/or fax number)
Report to testing site by: _____ (if blank within 48 hours) Duration of testing: _____

Please email to info@micounselinggroup.com or fax form to 5863935012

Instant Screens	Per Month	Per Week
1 Panel please circle: ETG, THC, COC, mAMP, OPI, BUP, BZO) \$10		
6 Panel (THC, COC, MOP, MET, BZO, OXY) \$15		
8 Panel includes ETG (ETG, BUP, BZO, COC, MAMP, MOP, OXY, THC) \$18		
12 Panel \$20		
Other: _____		

Prevention Classes	Cost Circle class
1 Day (4 Hours)	\$70 AOD Anger Management
8-12 Week Alcohol and Other Drugs(AOD)	\$40/Session
Domestic Violence up to 52 weeks, state usually has a min. 26 weeks	\$40/Session How Many: _____
Anger Management 8-52 weeks	\$40/Session How Many: _____
Counseling individual sessions:	How many: _____ Freq: _____
Assessment's (Anger, Substance Abuse, Mental Health)	\$300

*\$25 intake fee will be charged at first visit. This is a one-time fee *Photo ID must be provided at intake