

Crime Victims Compensation Board
500 Mero St., Frankfort, KY 40601
crimevictims@ky.gov
502-782-8255

MENTAL HEALTH COUNSELOR'S REPORT

Complete only if applying for mental therapy or where applicable for lost wages.

To be completed by COUNSELOR only. Treatment plan must be attached.

Victim/Claimant receiving treatment: _____

Date of crime: _____ Date(s) victim/claimant unable to work: _____ to _____

The trauma and treatment is a direct result of this crime () Yes () No

Presenting Complaint: _____

Diagnosis of Record:

Description of psychological trauma resulting from crime:

Health Insurance: _____
Company Name Phone Number/ Extension

Address City State Zip Code

****PLEASE ATTACH PATIENT TREATMENT PLAN****

Name of Physician/Therapist/Counselor: _____ Specialty: _____

Office Address: _____
Address City State Zip Code

Telephone: _____ State License Number: _____

Physician/Therapist/Counselor Signature

Date