



**Manhattanville College Student Health and Counseling  
Meeting Request Form**

Date of request: \_\_\_\_\_

Name of clinician/practice/agency: \_\_\_\_\_

Office Address: \_\_\_\_\_

\_\_\_\_\_

Office Accessible by Public Transportation? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, how? \_\_\_\_\_

Professional Credentials: \_\_\_\_\_

Treatment specialization(s): \_\_\_\_\_

Diagnostic exclusions (if any): \_\_\_\_\_

Accepted Insurance Plans: \_\_\_\_\_

Fee range: \_\_\_\_\_ Sliding scale? \_\_\_\_\_

Important notes: \_\_\_\_\_

\_\_\_\_\_

Thank you for your interest in our program.

Please email completed form to [SHAC@mvil.edu](mailto:SHAC@mvil.edu) or fax (914) 798-2701 for review. Should your clinical services match the needs of our student body, we will contact you to schedule a meeting.