The Path of Life Counseling

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National Certified Counselor
Licensed Professional Counselor

Individual Intake Form

Name: _____Date:_____ Date of birth:_____ SS No.:_____

Spouse/Partner's Name: _____

Address: _____

Telephone - Home:_____ Work:_____ Cell:_____ Other:_____

Email: _____ Sex: M / F Age: _____

1. Marital Relationship Status:
   - ❑ Single (never married)
   - ❑ Significant Other
   - ❑ Cohabitating, (living together)
   - ❑ First Marriage
   - ❑ Separated - How long? _____
   - ❑ Divorced
   - ❑ Widowed
   - ❑ Remarried (after divorce)
   - ❑ Remarried (after spouse's death)

2. Current Employment:
   - ❑ Full Time
   - ❑ Part-time
   - ❑ Homemaker
   - ❑ Unemployed
   - ❑ Full-time student
   - ❑ Part-time student
   - ❑ Retired

3. Employer_____

4. Children (include biological, adopted, foster, step, etc.); place a star (*) beside all the children who presently reside in your home:

Name:	Sex:	Age:	Date of Birth:	Type (bio., step, etc.):	Custody?	
_____	____	____	_____	_____	Yes	No
_____	____	____	_____	_____	Yes	No
_____	____	____	_____	_____	Yes	No
_____	____	____	_____	_____	Yes	No

5. Education:
   - ❑ Grade school or junior high
   - ❑ Attending/attended high school
   - ❑ High school graduate
   - ❑ Attending/attended college
   - ❑ College graduate
   - ❑ Attending/attended graduate school
   - ❑ Technical school degree
   - ❑ Graduate degree (Masters)
   - ❑ Graduate degree (Doctoral)

6. Are you presently under a physician's care? ❑ Yes ❑ No

   If yes, for what? _____

   List any current medications and dosage schedule: _____

   _____

   Name and address of physician(s): _____

   _____

7. Please check any of the reasons listed below for which you are seeking counseling/therapy:
   - ❑ Depression
   - ❑ Alcohol or other drug abuse
   - ❑ Marital difficulties
   - ❑ Communication difficulties
   - ❑ Anxiety
   - ❑ Improve sexual relations
   - ❑ Child adjustment/parent conflict
   - ❑ Divorce counseling
   - ❑ Sexual orientation questions
   - ❑ Difficulty with loss or death
   - ❑ Thinking of harming self or others
   - ❑ School learning difficulties
   - ❑ Family counseling
   - ❑ Abuse (physical/sexual)
   - ❑ School adjustment problems
   - ❑ Individual Counseling
   - ❑ Premarital counseling
   - ❑ Other _____

8. As you, think about the primary reason that brings you here, how would you rate its frequency and your overall level of concern at this point in time (note: a problem may occur rarely but be of serious concern, or occur frequently but be of little concern)?

Concern	Frequency
❑ No concern	❑ No occurrence
❑ Little concern	❑ Occurs rarely
❑ Moderate concern	❑ Occurs sometimes
❑ Serious concern	❑ Occurs frequently
❑ Very serious concern	❑ Occurs nearly always

9. Have you received prior counseling related to these or other problems? ❑ Yes ❑ No

If yes, was it: ❑ Outpatient ❑ Inpatient

When:_____ Where: _____

By whom: _____ Length of treatment:_____

Problem(s) treated: _____

Outcome:

❑ Very Successful ❑ Somewhat Successful ❑ Stayed the Same ❑ Much Worse ❑ Somewhat Worse

Other: ❑ Outpatient ❑ Inpatient

When:_____ Where: _____

By whom: _____ Length of treatment:_____

Problem(s) treated: _____

Outcome:

❑ Very Successful ❑ Somewhat Successful ❑ Stayed the Same ❑ Much Worse ❑ Somewhat Worse

10. Were you referred to this office? ❑ Yes ❑ No

If yes, by whom:_____

May I send a note thanking the person who referred you? ❑ Yes ❑ No

11. Person to contact in case of emergency:

Name: _____

Address:_____

Phone: Home _____ Work_____ Cell_____

Relationship to self: _____

I agree that all the above stated information is correct.

_____ _____

Signature Date

Informed Consent

Part I. Your Rights as a Client(s)

1. You have the right to ask questions about any procedures used during therapy; if you wish, I will explain my approach and methods to you. If I see a child under the age of consent (which varies for different states/jurisdictions), all parents have a right to information shared in the session. Parents should be aware that exercising this right may be detrimental to the therapeutic process, and so may wish to allow confidentiality between child and therapist.

2. You have the right to decide not to receive therapeutic assistance from me; if you wish, I will provide you with the names of other qualified professionals whose services you might prefer. You must be informed that costs vary from therapist to therapist and the cost may be higher than, equal to, or less than my own usual fee.

3. You have the right to end therapy at any time without any moral or legal obligations other than those incurred for therapy already performed. I ask that you contact me by telephone if you make such a decision without consulting with me.

4. You have a right to review your professional records in your file at any time.

5. If you request, any part of your record in the professional files can be released to any person or agency you designate. I will tell you at the time whether or not I think releasing the information in question to that person or agency might be harmful to you in any way.

6. I am required by law to reveal information obtained during therapy to other persons or agencies without your permission in certain situations. These situations are as follows: (a) If you threaten grave or bodily harm or death to another person or yourself, I am required by law to take whatever actions seem necessary to protect people from harm. (b) If a court of law issues a legitimate court order (signed by a judge), I am required by law to provide the information specifically described in that order. (c) If you reveal information related to child abuse, child neglect, or elder abuse, I am required by law to report this to the appropriate authority(ies). (d) If you are in therapy by court order, the results of the treatment ordered must be revealed to the court.

7. You have the right to know about the possible negative ramifications of using insurance for payment of therapy. Possible ramifications include: denial of insurability when applying for medical and disability insurance due to DSM-IV-TR diagnosis (mental illness diagnosis, which is usually required for reimbursement under medical insurance); company (mis)control of information when claims are processed; loss of confidentiality due to the large number of persons handling claims; loss of employment, and repercussions of diagnosis in situations which require truthfulness about “mental illness”, including driver’s license applications, concealed weapon permits, and job applications. If you are seeking payment through an insurance company, I will be required to reveal confidential information to it (each insurer is different), but will not do so without your written permission.

Part II. The Therapeutic Process

Therapy will seek to meet goals established by all persons involved, usually revolving around a specific presenting problem. A major benefit, that may be gained from participating in therapy includes a better ability to handle or cope with marital, family, and other interpersonal relationships. Another benefit is a greater understanding of family, couple and/or personal goals and values; which may lead to greater maturity, happiness and increased relational harmony. Other benefits relate to the probable outcomes resulting from resolving specific concerns brought to therapy.

In working to achieve these potential benefits, however, therapy will require that you make firm efforts to change and may involve experiencing significant discomfort. Working therapeutically to resolve unpleasant events and relationship patterns can arouse intense feelings. Seeking to resolve problems can similarly lead to discomfort as well as relationship changes which may not have been originally intended.

Part 111. Fees, Appointments, and Length of Therapy

1. I agree to enter into therapy with_____. I agree to pay $_____ for each session.
   (a) Payment is due at the end of each session. No balance will be carried.
   (b) Insurance receipts will be provided upon request.

2. There may be a charge for other services, including consultation with other professionals, preparation of reports or correspondence, any necessary court appearances, phone calls lasting over 10 minutes, and missed appointments. Phone call charges will be incurred as follows: 10 minute call - no charge; 10- 15 minute call - $15; 15-20 minute call - $20; all calls 20 minutes and above are billed according to the total amount of time for the call. For example, a 45 minute call would be charged $45.

3. When diagnostic testing is appropriate and can be rendered, the costs for testing are in addition to the usual therapy fee. The cost for testing varies depending on the test. Some psychological assessment needs may be referred to another mental health professional who will determine his or her own fee.

4. 1 understand that the therapist with whom I enter therapy has the right to seek legal recourse to recover any unpaid balance. In pursuing these measures, the therapist will only disclose biographical information and the amount owed, in order to protect confidentiality as much as possible.

5 Clients will be charged $20 for any returned checks. Additionally, any charges incurred due to returned checks will be the responsibility of the client.

6. Sessions are 50 minutes in length, unless you make other arrangements with your therapist. Child therapy sessions are 45 minutes in length.

7. Twenty-four hour cancellation policy: We require that you notify your therapist within twenty-four hours prior to a session you wish to cancel. If twenty-four hour notification of cancellation is not given, you will be billed and expected to pay for the missed therapy appointment at the agreed upon rate. If you have an emergency, please notify your therapist as soon as possible.

8. If you are late for a session, the time of your session may be shortened. However, you will be required to pay for a full session.

9. For individuals who have not called and are late to an appointment, your therapist will wait for up to 15 minutes and then assume you are not coming. The regular fee will still be expected for the time the therapist reserved for you. If an emergency occurs, we can discuss the exception.

10. 1 understand that I may leave therapy at any time and that I have no moral or legal obligations. I am contracting only to pay for completed therapy sessions.

<u>Consent to Treatment</u>

I affirm that prior to becoming a client of_____, she/he gave me sufficient information to understand the nature of therapy, including the possible risks and benefits of therapy and the nature of confidentiality. I consent to participate in evaluation and treatment and I understand that I may refuse services at any thine. I am also aware that the therapist will periodically consult with clinical supervisors, as required, on client issues. My signature below affirms my informed and voluntary consent to receive therapy. With the understanding of the above information and conditions, I agree to participate in therapy.

Client(s): _____ Date: _____

_____ _____

Therapist: _____ Date: _____

Professional Disclosure and Treatment Information

The following document answers some of the commonly asked questions about my private practice.

Philosophy and Approach to Therapy

My philosophy of therapy is holistic, meaning that I believe that people are made up of many parts - body, soul (mind, emotions, will) and spirit. I believe that God created all these parts for wholeness, which comes from a relationship of love with God, others, and oneself. Brokenness can occur if any of these relationships are out of balance, causing pain, which signals the need for help, forgiveness, and healing.

My approach to therapy is from a systemic perspective. I believe that people live in relationship systems and each person in the relationship is important to the balance of the whole. When relationships become out of balance, it is a result of many different factors and patterns which can be examined in therapy sessions. I place a strong emphasis on healthy communication and problem solving. In my work, I counsel families, couples, individuals and children.

Professional Boundaries

I will not recognize the existence of the therapy relationship outside the therapy session unless the client initiates such acknowledgment. The therapeutic relationship is a professional relationship and therefore will not be a social or business relationship at any time. Such a relationship, in my view, would be detrimental to our purposes of therapy.

In a professional relationship, such as ours, sexual intimacy between therapist and client is never appropriate. If sexual intimacy occurs, it should be reported to the licensing board of_____.

How Long Will I See You?

The answer to this question largely depends on you and your goals for therapy. I commend people who have the courage to seek assistance when they believe that their lives are not where they would like for them to be. To me, seeking help is a sign of health. I believe that everyone deserves to have positive relationships with themselves and those around them. To achieve this goal, we will work together to determine the goals of therapy. Depending upon the nature of these goals, we will discuss realistically how short-term or long-term the therapy will last. For some, this may be a few sessions. For others, it may be several months or even years. However long it is, you will be part of the decision making process.

How Do I Contact You?

I am not available at various intervals during the week. If you need to contact me, you may leave a message at (601) 940-8862. My goal is to return your call as soon as possible. However, my therapy practice is not set up to respond to emergencies, and I may not be able to return your call for several hours. If you need immediate help, please contact one of the following local services:

Your Local Emergency Room

Your Personal Physician

Contact Crisis Hotline 601 713-HELP (601 713-4357)

As a client, you have a right to:

- ❏ Ask questions about the therapy process
- ❏ Stop therapy at any time without any obligations other than the costs incurred
- ❏ Confidentiality of information (within the limits previously outlined)