



Client Intake Form

Name: _____

Date: _____

Gender: _____ Date of Birth: _____ Age: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

Referral Source: _____

Occupation: _____

Presenting Problem: _____

Marital Status: _____

Spouse or Partner: _____

Years: _____

Previous Marriages: _____

Children (Names and Ages): _____

Parents (Names, Location, Relationship): _____

Divorced? _____

Your Age at the Time: _____

Deceased? _____

Your Age at the Time: _____

Step Parents? _____

Siblings (Names, Ages, and Relationship): _____

Briefly Describe Your Childhood: _____

Current Spiritual/Religious Affiliations: _____

Medical Issues: _____

Medications: _____

Doctor: _____

Alcohol/Drug Use: _____

Suicide Attempts: _____

Violent Behavior: _____

Current or Pending Civil or Criminal Litigations, Lawsuits, Custody Disputes: _____

Family Medical History: _____

Family History of Mental Illness, Addictions, Violence: _____

Past/Present Psychotherapy: _____

Comments: _____

Briefly write your goals that you'd like to accomplish in therapy: _____

Office Policies:

- 1. All information disclosed within sessions is **confidential** and will not be revealed to anyone without your consent. **Exceptions:** reasonable suspicion of child, dependent or elder abuse; clients present danger to self or others.
- 2. **I do not accept any insurance.** I ask for payment before sessions begin. If necessary, I can provide an invoice for you to submit to your insurance company.
- 3. **I do not testify** in court proceedings, custody disputes, or provide psychotherapy records unless otherwise agreed upon.
- 4. **Cancellations must be made 24 hours *in advance*, or the session will be *forfeited without refund*.**

I understand and agree to the above policies

Sign: _____

Please sign if either of these is appropriate to your counseling situation.

Online services disclosure form:

We offer coaching and psycho-educational classes and groups through online platforms. (Therapy, however, to only Virginia residents.)

Counseling and coaching through skype, email, gotomeeting, and other online platforms carry some risk to confidentiality. While we make every effort to minimize that risk, we ask that you acknowledge that you are aware it exists. You can help keep our conversations more private, by making sure there is no one else in the room during our sessions.

All clients using online services: I have read agree to the above statements.

Sign: _____

Date: _____

Long distance coaching clients and members of online psycho-educational groups:
I agree, if I feel the need for therapy, I will contact someone in my immediate area to secure those services.

Sign: _____

Date: _____