

Client Information

Name _____ Birthday _____

Address _____

Phone numbers: (home) _____ (cell) _____

(ok to call? Y N)

(ok to call? Y N)

email address: _____ (ok to email? Y N) Male ☐ Female ☐

Marital Status: Single Married Separated Divorced Children's names/ages: _____

Occupation: _____

Employer: _____

Highest level of education: _____ Religious preference: _____

Person to contact in case of emergency: _____ Relationship: _____

Home phone : _____ Work phone: _____

Medical information

Physician's Name _____ Phone number _____

Relevant health history: (hospitalizations, surgeries, major illnesses or conditions) _____

List any medications you are currently taking: _____

Information related to counseling

Who may I thank for your referral? _____

Have you ever consulted a counselor before? Yes No With whom? _____

Are you currently in counseling elsewhere? Yes No With whom? _____

Outcome and/or Diagnosis : _____

Have you ever considered suicide? Yes No Have you ever attempted suicide? Yes No

For what general areas of your life are you seeking assistance? (ex – work, grief, relationships, abuse, etc)

Area 1: _____

Area 2: _____

Area 3: _____

For each area listed above, what changes/improvements would be signs of progress?

Area 1: _____

Area 2: _____

Area 3: _____



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Practice Policies

These policy statements have been developed for the client. They are written in accordance with current legal and professional ethical standards. Please let me know if you have any questions. Awareness of your client rights is an integral part of developing a good, solid working relationship.

Benefits and Risks of Therapy

Research has shown that therapy is beneficial for a wide variety of problems. The majority of people who receive counseling make significant improvements. However, it should be understood that some people do not report themselves as significantly improved at the end of treatment and a small percent report that they feel worse after receiving treatment. Therefore, as with any treatment, whether it is psychological or medical, therapy should only be entered with proper consideration. You always have the right to enquire and choose treatment modalities.

Confidentiality

Therapists have an ethical and moral obligation to keep information revealed in sessions confidential. The release of information regarding services is controlled by the client. In an emergency situation when there is imminent danger to the client or another person, the counselor may breach confidentiality. In addition, the Tennessee Law requires that suspected child or elder abuse be reported to the Department of Human Services. Otherwise, Ashley will only release information regarding your treatment if she has your written permission.

Limitations to confidentiality only apply in the following circumstances, where disclosure is required by law:

1. if I present an imminent threat of harm to myself or to others,
2. when there is an indication of abuse of a child or dependent adult,
3. if I become gravely disabled, and
4. by court subpoena.

Fee Policy

The fee for a 50-minute therapy session is \$120.00. There will be a \$15.00 fee for returned checks. Payments are due by the end of the day of the session. Fees are subject to change with advance notice.

Clients will be charged for appointments not cancelled 48 hours prior to their scheduled appointment.

Electronic Communication

If for any reason you are in need of immediate help and cannot get in touch with Ashley, please call the mobile crisis hotline at 615-244-7444.

In some circumstances, phone counseling sessions are scheduled. All phone time (scheduled or unscheduled) is billed at \$30 per quarter hour, starting after 5 minutes. Insurance companies do not often reimburse phone sessions.

I have read, understand, and accept the policies stated above.

Client Signature

Date

Client Signature

Date