

Minor Client Information

Child's Name _____ Birthday _____ Grade Level _____

Child's Address _____

Child's phone numbers: (home) _____ (cell) _____
(ok to call? Y N) (ok to call? Y N)email address: _____ Male ☐ Female ☐

Siblings (names/ages): _____

Parental Marital Status: Single Married Separated Divorced Custodial arrangement: _____

Father's information

Father's Name: _____ Age: _____

Address: _____

Phone number : _____ okay to call? Y N

Occupation : _____ Employer: _____

Email : _____ Religious preference _____

Father's marital status: Married Engaged Divorced Separated Live with partner other: _____

Mother's information

Mother's Name: _____ Age: _____

Address: _____

Phone number : _____ okay to call? Y N

Occupation : _____ Employer: _____

Email : _____ Religious preference _____

Mother's marital status: Married Engaged Divorced Separated Live with partner other: _____

Child's medical information

Physician's Name _____ Phone number _____

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

List any medications your child is currently taking: _____

Please rate your child's health: Excellent Good Average Poor

Information related to counseling

Who may I thank for your referral? _____

Has your child ever consulted a counselor before? Yes No With whom? _____

Outcome and Diagnosis: _____

<input type="checkbox"/> Separation of Parents	<input type="checkbox"/> Remarriage of Parents	<input type="checkbox"/> Death of a close family member	<input type="checkbox"/> Personal illness
<input type="checkbox"/> Change in family member's health	<input type="checkbox"/> Addition to family	<input type="checkbox"/> Change in financial status of parents	<input type="checkbox"/> Sexual Abuse
<input type="checkbox"/> Death of a close friend	<input type="checkbox"/> Brother or Sister leaving home	<input type="checkbox"/> Outstanding Personal Achievement	<input type="checkbox"/> Change in school
<input type="checkbox"/> Parent beginning or ending work	<input type="checkbox"/> Starting or finishing school	<input type="checkbox"/> Change in living conditions	<input type="checkbox"/> Moving houses
<input type="checkbox"/> Change in parents work	<input type="checkbox"/> Change in recreational habits	<input type="checkbox"/> Change in church activities	<input type="checkbox"/> Social Changes
<input type="checkbox"/> Change in sleeping habits	<input type="checkbox"/> Change in eating habits	<input type="checkbox"/> Minor violation of the law	



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

Guardian's Signature if client is a minor

Date

Guardian's Signature if client is a minor

Date