



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: _____

Minor Client Information

(only to be completed for clients under 18 years of age)

Siblings (names/ages): _____

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

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 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: _____

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

Do you have an addiction? Yes No Uncertain (Explain on reverse side)

Have you had any previous trauma? Yes No Uncertain (Explain on reverse side)

What concern has caused you to seek counseling at this time?

What has been done about your concern up to this point?

Has anyone in your family experienced similar problems?

For each concern explained above, what changes/improvements will be signs of progress?



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 your counselor know if you have any questions or concerns. Awareness of your client rights is an integral part of developing a good, solid working relationship.

Benefits and Risks of Counseling

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 inquire 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, your counselor 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

FEE FOR SERVICE: \$_____ Client Initials: _____

All intakes are 75 minutes and cost \$150.00. The fee for a 50-minute therapy session varies depending on your therapist and will be discussed prior to your first session and written above. There will be a \$15.00 fee for returned checks. Rooted Counseling **does not** bill for sessions, and payments are due by the end of the day of the session.

Clients will be charged in full for appointments not cancelled 24 hours prior to their appointment.

Credit Card Policy

Rooted Counseling keeps a credit card on file for each client in order to ensure on-time payment and payments for late cancels or missed sessions. See page 5 of paperwork for more details.

Electronic Communication

If for any reason you are in need of immediate help and cannot get in touch with your therapist, 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 reimburse phone sessions.

Text Messaging

Rooted Counseling are discouraged from texting clients outside of normal business hours (9 am – 5 pm), and text messages are only to be used for scheduling reminders and questions. Any therapeutic processing should be reserved for sessions and/or phone consultation.

Social Media

Counselors at Rooted Counseling are prohibited from engaging in a personal virtual relationship with individuals with whom they have a current counseling relationship (e.g., through social and other media) – ACA Code of Ethics A.5.e.

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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



Credit Card Information:

Cancellation Policy

Clients will be charged for appointments not cancelled 24 hours prior to their appointment time.

- If you are choosing to turn in receipts for insurance reimbursement, the missed/cancelled sessions will not be counted as a treatment session, so you will not be reimbursed for the session
- All clients are required to keep a credit card on file to pay for those cancelled/missed sessions.
- Late cancellations, no shows, and or no calls will be charged in full (plus 3.5% convenience fee) for the treatment sessions missed on the day of the scheduled session.
- These sessions will be charged the day of the session using the credit card number provided below.

Credit Card Policy

In addition to payment in cash or check, clients may choose to keep a credit card on file to pay for sessions.

A 3.5% convenience fee will be added to the session fee for all credit card transactions.

Type of Credit Card:	Name on Card: _____
<input type="checkbox"/> Visa	Billing Zip Code: _____
<input type="checkbox"/> MasterCard	Email for receipts: _____
<input type="checkbox"/> AMEX	
Card Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Expiration Date: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	CCV code: _____

Would you like to use this credit card to pay for all sessions? YES NO

I authorize Rooted Counseling to make charges to my credit card for payment of counseling services when I do not provide cash or check for those sessions. I understand the cancellation policy and give Rooted Counseling Permission to charge any missed or cancelled session on the credit card listed above.

Signature

Date