

Phone: 615.772.7979 Email: ashley@rootedcounseling.com

Minor Client Information

Child's phone numbers: (home)	Child's Name	Birthday	Grade Lev	vel
(ok to call? Y N) email address:	Child's Address			
Siblings (names/ages):	Child's phone numbers: (home) (ok to ca	ll? Y N)	ell)(ok to call? Y	N)
Parental Marital Status: Single Married Separated Divorced Custodial arrangement: Father's information	email address:		Male \square	Female \square
Father's information Father's Name:	Siblings (names/ages):			
Father's Name:	Parental Marital Status: Single Married	Separated Divorced Custo	odial arrangement:	
Address: Phone number: Occupation: Email: Email: Religious preference Father's marital status: Married Engaged Divorced Separated Live with partner other: Mother's information Mother's Name: Address: Phone number: Occupation: Employer: Email: Religious preference Mother's marital status: Married Engaged Divorced Separated Live with partner other: 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?		Father's information		
Phone number:	Father's Name:		_ Age:	
Occupation: Employer:	Address:			
Email:				
Father's marital status: Married Engaged Divorced Separated Live with partner other: Mother's information	Occupation:	Employer:		
Mother's Information Mother's Name:	Email :	Religion	us preference	
Mother's Name:	Father's marital status: Married Engaged D	Divorced Separated Live with par	rtner other:	
Address:		Mother's information		
Phone number:	Mother's Name:		_ Age:	
Coccupation:	Address:			
Email:	Phone number:		okay to call?	Y N
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?	Occupation:	Employer:		
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?	Email :	Religion	us preference	
Physician's Name Phone number	Mother's marital status: Married Engaged I	Divorced Separated Live with par	rtner other:	
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?	9	Child's medical information	<u> </u>	
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?	Physician's Name	Phone nur	mber	
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Has your child ever consulted a counselor before? Yes No With whom?	,		O	
Has your child ever consulted a counselor before? Yes No With whom?				
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Is your child currently in counseling elsewhere?		re?	Yes	No	With whom?			
Has your child ever considered suicide? Yes		Yes	No	Has y	our child ever attempted suicide	e? Yes	No	
				If so,	when?			
Does your child have an addicti	ion?	Yes	No	Uncer	tain	(Explain on reverse side)		
Have they had any previous trav	uma?	Yes	No	Uncer	tain	(Explain on reverse side)		
Has your child ever been arreste	ed?	Yes	No	(Explain on rev		everse side)		
What concern has caused you to	o bring	g your (child in fo	or cou	nseling	at this time?		
What has been done about your	r conce	ern up	to this po	oint?				
Has anyone in the family experi	lenced	simila	r problem	s?				
	1	. 1	/:			11.1		
For each concern explained abo	ove, wł	nat cha	nges/1mp	roven	nents wi	ll be signs of progress?		
What are your child's greatest st	tropoth	os and	orootost x	zoalz a o	Cacaa			
what are your child's greatest si	uengu	is and	giealest w	/еакие	ssesr			
How would your child describe	the nr	oblem	5					
110w would your clind describe	the pr	Obiem	•					
Please check anything your child	d has e	experie	nced in th	ne last	12 mon	iths: Death of Parent	Divorce of	f Parents
, 0,		•	Parents				Personal il	lness
☐ Change in family member's health ☐	Additi	on to fa	mily		□ Char	nge in financial status of parents	Sexual Ab	use
☐ Death of a close friend	Broth	er or Sis	ster leaving	home	□ Outs	standing Personal Achievement	Change in	school
☐ Parent beginning or ending work ☐	Startin	g or fini	ishing schoo	ol	☐ Char	nge in living conditions	Moving ho	ouses
□Change in parents work	⊐Chang	e in recr	eational hal	bits	□Chan	ge in church activities	Social Cha	nges
□Change in sleeping habits	⊐Chang	e in eati	ng habits		□Mino	or violation of the law		



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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
Guardian's Signature if client is a minor	Date
Guardian's Signature if client is a minor	Date