

Angela G. Thompson PhD

LPC/MHSP, NCC, ACS

Client Information

Date _____

Name _____ Age _____ Date of Birth _____

Address _____ SS# _____

City _____ State _____ Zip _____

Cell # _____ OK to Call/Leave Message _____

Work # _____ OK to Call/Leave Message _____

Email Address _____

This email address is for session reminders and sending billing invoices.

Clients realize the limits of confidentiality using email and give permission for this type of correspondence.

Occupation _____ Employer _____ Years there _____

Single or Married - How long? _____ Previous marriages _____

Referred by _____

Have you ever been in counseling before? _____ If so, please provide information below

Name of Counselor/Facility	Dates	Reason treated
_____	_____	_____
_____	_____	_____

Was counseling helpful? Why or why not? _____

Emergency Contact Person _____ Phone (Cell) _____ (W) _____

Relationship to you _____

Print and bring completed form to your first session

List everyone living in your house and their ages

Religious/Spiritual Practice

What made you decide to seek out counseling and come to this appointment?

What do you hope to achieve from counseling?

List any medication you are currently taking. Included length of time taken and dosage.

Prescribing Physician

List any past or present events that you feel would be helpful for me to know. (abuse, traumatic events, illness)

Are you experiencing any of the following? (circle)

Depression	Anxiety	Loneliness	Sleep too much	Can't Sleep
Crying Spells	Nervousness	Anger Outburst	Violent Behavior	Jealous
Loss of Energy	Thoughts of Suicide	Suspicious	Increased Sex Drive	Oversensitive
Loss of Appetite	Fears or Phobias	Hallucination	Decreased Sex Drive	Confusion
Fear of Being Alone		Headache	Work Problems	

Trouble getting along with others or feeling like other take advantage of you _____Yes _____No

Please briefly speak to the issues that you circled.

Counseling Policies

Therapist/Client Contract

Client's Rights and Responsibilities

These policy statements have been developed in order for there to be a clear understanding about what the therapeutic relationship is like between therapist and client. They are written in accordance with current legal and ethical standards. Please read the following and initial that you have a clear understanding of each one. If there are any questions, let's talk about them so that we can have 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 themselves as 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 to choose treatment modalities.

CONFIDENTIALITY Therapist has an ethical and moral obligation to keep information revealed in session confidential. There are several exceptions to this rule. In an emergency when there is eminent danger to the client or another person, the counselor may breach the confidentiality, and Tennessee Law requires that suspected child, elder abuse, or domestic violence be reported to the Department of Human Services. Otherwise, information will only be released with written permission unless client is under the age of 18.

FEES and APPOINTMENTS Therapy sessions are a 50-minute hour unless otherwise scheduled. The charge for the therapy hour is \$250 for an individual session and \$300 for a couples session. Scheduled phone and/or zoom sessions are also available to current clients. Payment is due when services are rendered. **Clients are responsible for the session fee for missed appointments that are not cancelled at least 24 hours in advance.**

PHONE CALLS and EMAILS Most all communication is done through email since longer phone calls incur charges. Response to email and voice mail is usually done daily or within a 24-hour period. If there is an emergency, call the crisis hotline at 244-7444 or go to the nearest emergency room.

I have read and agree to accept the above stated policies.

Name

Date