Sandy O'Donnell, LPC/MHSP — Intake Form

Private Practice, Counseling and Consultation **Today's Date**: ___________

This confidential information is for use only by your counselor unless permitted by your signed release.

Personal Information:

Client's Name: ________________________________ Age: _____ DOB: _____

Parent's Name: ____________________________ Phone: ________ (*Home*) __________ (*Work*)

Address: __________________________ (*Street*) _______________ (*City*) ______ (*State*) ______ (*Zip Code*)

Parent's Occupation: ______________________ Parent's Employer: ________________

Family Status: Single____ Married_____ Separated ____Divorced ___ Widowed_____

Who has custody of child if child is the client? _________________________________

Has the client been diagnosed? _______________ Diagnosis? __________________

Is the client now having or has the client ever had suicidal thoughts? ______________

Is the client on any medications? ______ If so, please list: _____________________

____

____

Name of Primary Physician/Pediatrician: _____________________ Phone: __________

Address of Physician/Pediatrician: ____

Has the client ever seen a counselor(s) or been hospitalized for mental health/emotional reasons? ______ If so, Who, What facility or hospital: __________________________

____
Name Address City St. Zip Code

____
Name Address City St. Zip Code

____
Name Address City St. Zip

____

Complete if applicable:

Non-custodial Parent Name: _________________Phone: ___________ (*Work*) ___________ (*Home*)

____
Address *City* *State* *Zip Code*

***Children*:**

Name	*Age*	*Living w/you*	*Yours & Spouses*	*Yours*	*Spouses*

Sandy O'Donnell, LPC, MHSP

Practice Policies

In order to answer questions frequently asked by clients regarding fees, confidentiality, services, etc. I have developed these policy statements for your information. I value you as a client and encourage your questions and comments.

FEE POLICY:

The fee for counseling services is set at $105 per 50 minute session for individuals, and $120 for family sessions. ***I request that cancellation be made 24 hours in advance; otherwise, you will be financially responsible for the*** **session.** Other services such as court appearances, inpatient visits, or significant telephone counseling, etc. are based on the session rate in addition to transportation expenses.

Payment for service is expected at the time of each service. Your health insurance may provide reimbursement for professional psychological services. I encourage you to consult your policy for specifics with regard to "out-of-network providers". You will be provided with a receipt at the close of each session that is suitable for submission for reimbursement. **Please note that clients who choose to file insurance are still expected to pay the full fee for services at each visit.**

CONFIDENTIALITY:

The State of Tennessee provides that client information is confidential and will not be shared without your written consent or if required by the following three statutes:

- Any suspected child or elder abuse is required to be reported to the appropriate governmental authorities.
- If there is reason to believe that the client is in imminent danger to his/herself or to any other individuals, I am required by law to report this to the appropriated authorities as well as to warn any individuals who may be threatened.
- When a client is involved in legal proceedings, client records may be subpoenaed.

PROFESSIONAL SERVICES:

I am available for counseling appointments at selected times throughout the week and on week-ends. You may leave a voice mail message at my office number (615-598-8315) at anytime and I will receive the message at my earliest convenience. If you are unable to reach me and you have an emergency, please call the Crisis Line at 615-244-7444 or go to your local emergency room.

BENEFITS AND RISKS OF COUNSELING:

Persons contemplating counseling should realize that they may make significant changes in their lives. People often modify their emotions, attitudes, and behaviors. They may also make changes in their marriages or significant relationships, such as with parents, friends children, relatives, etc. They may change employment, begin to feel differently about themselves, and may change other aspects of their lives. While I will assist the client in effecting change, I cannot guarantee a specific outcome. Clients are ultimately responsible for their own growth.

CREDENTIALS:

I hold a B.S. degree from the University of Tennessee at Knoxville, and a M.A. degree in Counseling from Trevecca University and am a Licensed Professional Counselor with Mental Health Service Provider status (LPC/MHSP) in the state of Tennessee (#LPC1941). I am a professional member of the American Counseling Association (ACA).

Do you have any questions about fees, confidentiality, or other matters? Yes____ No____

Do you agree with the conditions and provisions of the Practice Policies? Yes____ No____

Signature of Responsible Party (ies): ____Date:___________