



**Confidential Adult Intake Information**

Date \_\_\_\_\_

**ADULT INFORMATION**

Name: \_\_\_\_\_ Age \_\_\_\_ DOB \_\_\_\_\_ SS # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Home phone ( ) \_\_\_\_\_ Business ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

Where do you prefer to receive calls? \_\_\_\_ Home \_\_\_\_ Work \_\_\_\_ Cell

Can we leave a message at this number? \_\_\_\_ Yes \_\_\_\_ No

Marital Status: \_\_\_\_ Single \_\_\_\_ Married \_\_\_\_ Separated \_\_\_\_ Divorced \_\_\_\_ Widowed

Length of Marriage: Current: \_\_\_\_ years Number & Length of other marriages: \_\_\_\_\_

Employer \_\_\_\_\_; Employer Phone \_\_\_\_\_

**ETHNICITY (Optional)**

\_\_\_\_ White, \_\_\_\_ Black or African American, \_\_\_\_ Asian, \_\_\_\_ Hispanic or Latino

\_\_\_\_ American Indian or Alaska Native, \_\_\_\_ Native Hawaiian or Other Pacific Islander,

\_\_\_\_ Other:

**FAITH PREFERENCE:**

\_\_\_\_ Christian/Protestant \_\_\_\_ Catholic \_\_\_\_ Jewish \_\_\_\_ Muslim \_\_\_\_ Hindu \_\_\_\_ other

Congregation Affiliation: \_\_\_\_\_

**HIGHEST LEVEL OF EDUCATION COMPLETED:**

\_\_\_\_ High School \_\_\_\_ Bachelor's \_\_\_\_ Master's \_\_\_\_ Doctorate

What led you to seek counseling? \_\_\_\_\_

How long has the issue persisted? \_\_\_\_ 0-6 months \_\_\_\_ 6-12 months \_\_\_\_ more than 1 year



What do you hope to gain from counseling? \_\_\_\_\_

Have you received previous counseling? Y N If yes, please list when and with whom:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please list current medications: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

**EMERGENCY CONTACT**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

**How did you hear about Refined Strength Counseling?**

\_\_\_\_ EAP

\_\_\_\_ Psychology Today Online Listing

\_\_\_\_ Internet / Google Search

\_\_\_\_ Doctor Doctor's Name: \_\_\_\_\_

\_\_\_\_ Church / Pastor: Name: \_\_\_\_\_

\_\_\_\_ Other: \_\_\_\_\_

**COUNSELING SERVICES**

After the initial evaluation, you and your counselor will decide if he/she is the best person to provide the services which you need in order to meet your treatment objectives. If you choose to continue, your counselor will work with you to determine your treatment plan. Counseling is a process in which the client and counselor work together to help solve problems, explore feelings

and work towards goals. In order for this to be most successful, you will need to work on goals or assignments between sessions.

Please note that it is impossible to guarantee any specific results regarding your counseling goals; however, together we will work to achieve the best possible results for you. Respect, cooperation, and professionalism will characterize this therapeutic relationship at all times. Some clients may need only a few sessions to achieve their goals; whereas, others may choose to come for an extended period of time.

As a client, you are in complete control and may end the counseling relationship at any point.

## **CONFIDENTIALITY**

**In general, the confidentiality of all communications between a client and the counselor is protected by law, and information cannot be released without your written permission.**

However there are some exceptions:

You sign a release directing disclosure of information to another professional or to someone else of your choosing.

If you choose to file insurance, your insurance company may have access to your records. Insurance companies usually require a specific clinical diagnosis, determined by the therapist, when claims are filed for mental health services. This diagnosis most likely will become a permanent part of your record. We cannot guarantee that our services will be covered by your policy or insurance company.

A court of law by a subpoena may under certain circumstances require the counselor to testify and/or release client files. It is our policy NOT to be involved in legal issues. If you have knowledge that your case is or may lead to a legal issue, we will make an appropriate professional referral. However, if a counselor receives a subpoena involving you, you will be responsible to pay \$150.00 per hour for the time and expense spent in responding to the subpoena.

**In accordance with the highest of ethical standards and with accordance to state and federal law, if a client intends to take harmful or dangerous action against another human being or against himself/herself, a counselor has a duty to warn:**

1. Appropriate state or local agencies
2. The person who is likely to suffer the result of harmful behavior,
3. The family of the person who is likely to suffer the result of the harmful behavior,
4. The family of the client who intends to harm himself/herself,

In cases of **suspected or known** past or current abuse/neglect against a **minor child or elderly person**, the counselor has a responsibility to notify appropriate authorities (such as Child Protective Services).

Your counselor may consult with another professional on your case. Every attempt will be made to ensure that your identity will remain anonymous. The professional who is consulted is held to the same limits of confidentiality outlined here.

- **Please discuss with your counselor any questions or concerns you may have regarding the limits to confidentiality.**

## **FINANCIAL POLICY**

- The fee for a 45-minute session is \$110.00.
- FULL Payment is required at the time services are rendered and is the responsibility of the client or guarantor.
- Please discuss the possibility of alternative fee arrangements if the cost would prevent you from coming.
- **Refined Strength Counseling (RSC)** does not currently participate in managed care agreements with insurance companies. We will provide you with a **RSC invoice for you to submit to your provider** for reimbursement to you. The full payment is due at the time of service even if you are going to file with a third party.
- Please initial here \_\_\_\_\_ to state that you agree with the terms of our financial policies.

**APPOINTMENTS**

Counseling sessions are 45-50 minutes. For counseling to be effective several things are required among which are commitment to the process through faithfully attending appointments; completing "homework assignments" between sessions; establishing clearly defined goals (the counselor will help do this in the first session);

- Please be on time for your appointment and have all necessary paperwork completed
- All cancellations must be made at least 24 hours prior to your scheduled appointment time.
- Cancellations with less than 24 hours' notice will be charged one half of your counselor's normal fee.

**CONSENT FOR COUNSELING**

I have read and understand the policies and procedures of Refined Strength Counseling regarding the Counseling Services, Financial Policy, Appointments, and Confidentiality. All adult members of your family who are involved in this counseling need to sign below, indicating understanding of these policies and procedures.

Client Signatures: \_\_\_\_\_ Date: \_\_\_\_\_

Client Signatures: \_\_\_\_\_ Date: \_\_\_\_\_

Client Signatures: \_\_\_\_\_ Date: \_\_\_\_\_

Counselor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_