

Individual Intake

Date	Referred By		
Name	/ / Birth date	Age	- - SS#
Street Address	City	Zip	
Mailing Address (if different)	City	Zip	
() Home Phone			

If I contact you at home, may I say who I am? Yes No

Employer	Employer Address
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If needed, may I contact you at work? Yes No () Work Phone

Marital Status: Married Single Divorced Widowed Separated

Spouse's Name (if applicable)	/ / Birthdate	Age	- - SS#
Spouse's Employer	Spouse's Employer Address		

Children's Names (include step) & Relationships

Name	/ / Birthdate	Age	- - SS#	Comments re: relationship
Name	/ / Birthdate	Age	- - SS#	Comments re: relationship
Name	/ / Birthdate	Age	- - SS#	Comments re: relationship
Name	/ / Birthdate	Age	- - SS#	Comments re: relationship
Name	/ / Birthdate	Age	- - SS#	Comments re: relationship
Name	/ / Birthdate	Age	- - SS#	Comments re: relationship

Marital History:

Additional Comments on Children or Marital History:

Church affiliation (if any) City Pastor

Are you currently under medical treatment? Yes No If yes, name of doctor:

Any medication currently taking? Yes No If yes, please list:

Please describe any current or chronic diagnosed medical conditions:

Are you currently involved in any legal matters, including custody disputes or insurance settlements? If so, describe:

Previous counseling experiences:

Counselor/Location	Dates/Length of counseling	Issues addressed
Counselor/Location	Dates/Length of counseling	Issues addressed
Counselor/Location	Dates/Length of counseling	Issues addressed
Counselor/Location	Dates/Length of counseling	Issues addressed

Reason for currently seeking counseling: (describe presenting problem, including length & precipitation event, if applicable)

Goals for counseling:

Please circle any appropriate answers:

Current or previous alcohol or drug abuse	Eating Disorder	Family/spouse current or previous alcohol/drug abuse		
Anger difficulty	History of sexual abuse	History of physical abuse	Changes in sleep	Changes in level of energy
Financial stress	Marital distress	Parenting difficulties	Recent loss of a loved one	
Job difficulties	Anxiety difficulties			

Have you ever had suicidal thoughts? If yes, please explain:

Give a brief history of relationships with:

Father

Mother

Siblings

Children

Friends

Are there any additional comments you would like to tell me about yourself?

Fees, Insurance and Confidentiality

THE STANDARD FEE for a psychotherapy session is \$95.00 per fifty-minute session. For those who do not have the resources to pay this fee, a sliding scale will be provided. Group therapy sessions have rates that vary with the type of group. Phone sessions will be billed at your normal psychotherapy rate. Mediation and court appearances will be billed at the rate of \$150.00 per hour, regardless of your established fee for psychotherapy. Letters will be billed at your psychotherapy fee for hour(s) spent in preparation. Court reports, psychological evaluation reports, and legal reports will be billed at the rate of \$95.00 per hour spent in preparation, regardless of your established fee for psychotherapy, with a minimum charge of at least \$250.00.

FEE PAYMENTS are presented ahead of the session, unless prior arrangements are made with the therapist. Also, there are additional charges for psychological testing and for copying of records.

REGARDING INSURANCE: For those individuals with HMO's, the CO-payment will be made before the start of each session. For all other insurance plans, payment will be made in full before each appointment and a submittal form will be given to you so you may bill your insurance company for reimbursement, unless other arrangements are made.

YOUR APPOINTMENT TIME reserves a psychotherapist's time for you. Missed sessions will be billed at your full fee unless the appointment has been canceled 24 hours in advance of the scheduled time. A missed session will not be rescheduled automatically. You must call to reinstate appointments, or mention during canceling that you wish another appointment.

OUR PURPOSE is to provide excellence of service to each of our clients. Still, the success of therapy does not just depend on the skill of the therapist. Many other factors, such as the client's openness to working with difficult material, help to determine the outcome of therapy. If you have any questions regarding your progress in therapy at any point during therapy, please communicate this with your therapist.

CONFIDENTIALITY is a basic policy. Information and records regarding clients are kept confidential unless a signed, written consent form is obtained to release records. The court and legislature have determined that confidentiality cannot override the obligation of a therapist to report child abuse, elder abuse, or threats to harm oneself or others.

I UNDERSTAND AND AGREE TO THE ABOVE. MY FEE IS _____. IT IS MY RESPONSIBILITY TO NOTIFY SELAH COUNSELING SERVICES AT LEAST 24 HOURS PRIOR TO MISSING A SCHEDULED APPOINTMENT. I AGREE TO PAY THE FULL FEE FOR EACH MISSED SESSION I CANCEL WITHOUT GIVING PROPER NOTICE.

SIGNED

DATE

SLIDING SCALE FEE PAYMENT SCHEDULE

For those individuals and couples who are unable to afford the full hourly fee of \$95.00 and/or do not have the resources to pay such a fee, we offer a sliding scale. Your fee will be established during your initial intake session with your therapist if our administrator has not already done so prior to your initial session. Client payment is based on total gross income for both husband and wife added together.

Husband's Gross Yearly Income: \$ _____

Wife's Gross Yearly Income: \$ _____

TOTAL YEARLY INCOME: \$ _____

AMOUNT CLIENT PAYS BASED ON NET INCOME

\$60,000 and above =	\$95.00/hr
\$55,000 - \$59,999 =	\$90.00/hr
\$50,000 - \$54,999 =	\$85.00/hr
\$45,000 - \$49,999 =	\$80.00/hr
\$40,000 - \$44,999 =	\$75.00/hr
\$35,000 - \$39,999 =	\$70.00/hr
\$30,000 - \$34,999 =	\$65.00/hr
\$25,000 - \$29,999 =	\$60.00/hr
\$20,000 - \$24,999 =	\$55.00/hr
\$19,999 and below =	\$50.00/hr

If these fees need to be discussed, let's discuss them. Our chief concern is that you get the help that you need. We will do our best to work with you.

Agreed Upon Rate \$ _____

To the best of my knowledge the foregoing is true and I agree to be responsible for payment of the fee, less any amount covered by insurance.

Signature: _____ Date: _____