

Free Flow Counseling- Jill Haire, LMHC, NCC, CAP
Client Information Form

Thank you for choosing me as your therapist. I look forward to meeting with you and finding out how I can support you in your growth process.

TODAY'S DATE: _____

NAME: _____

ADDRESS: _____

CELL #: _____ **HOME #:** _____ **WORK#:** _____

MAY I LEAVE A MESSAGE FOR YOU AT ALL NUMBERS? YES _____ **NO:** _____

DATE OF BIRTH: _____ **AGE:** _____

MARITAL OR RELATIONSHIP STATUS: _____ **EDUCATION LEVEL:** _____

PLACE OF EMPLOYMENT: _____

POSITION AT WORK: _____

IF IT IS OK TO CALL YOU AT WORK, PLEASE GIVE PHONE #: _____

HOW WERE YOU REFERRED TO JILL? _____

MAY I CONTACT THIS PERSON TO THANK THEM FOR REFERRING YOU? _____

PRIMARY CARE PHYSICIAN AND PSYCHIATRIST, IF YOU HAVE ONE: _____

WHEN WERE YOU LAST SEEN BY YOUR DOCTOR? _____

CURRENT MEDICATIONS: _____

HAVE YOU HAD COUNSELING AND/OR PSYCHIATRIC HOSPITALIZATIONS IN THE PAST? YES _____ **NO** _____

PLEASE LIST PAST COUNSELORS AND WHEN YOU SAW THEM: _____

CIRCLE ANY OF THE FOLLOWING WHICH CONCERN YOU:

ANXIETY DEPRESSION ANGER/TEMPER LEGAL MATTERS SELF CONTROL
MEMORY SLEEPLESSNESS CAREER FINANCES PARENTING SHYNESS
DECISION-MAKING EDUCATION MARRIAGE/RELATIONSHIP ENERGY
SMOKING STRESS NIGHTMARES WEIGHT FRIENDSHIPS CONCENTRATION
SUICIDAL THOUGHTS THOUGHTS OF HURTING OTHERS DRUG USE
ALCOHOL USE RELAXATION LONELINESS UNWANTED THOUGHTS
CHILDREN INFERIORITY FEARS PANIC ATTACKS UNHAPPINESS

HOW DO YOU TYPICALLY COPE WITH STRESS AND YOUR PROBLEMS?

WHAT ISSUES MOTIVATED YOU TO SEEK HELP?

COUNSELING AGREEMENT

I understand that I am responsible for all payments regarding my treatment with Jill Haire. Jill accepts cash, checks and several insurance claims. If Jill is not on my insurance panel, I will ask for a receipt if I want to file for reimbursement.

I authorize Jill Haire to file for reimbursement through my insurance group, _____.
My Co-Pay is _____.

***** IF I NEED TO CANCEL AN APPOINTMENT, I UNDERSTAND THAT IF I DO NOT GIVE AT LEAST 24 HOURS' NOTICE, I WILL BE CHARGED AT THE RATE OF \$65.00 AN HOUR.**

CLIENT SIGNATURE: _____

SIGNATURE OF STAFF: _____