

**Client Information**

Name(s) \_\_\_\_\_ Age(s) \_\_\_\_\_

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

How long have you lived at this address? \_\_\_\_\_

**Contact Information**

*When you are contacted, we want to ensure your confidentiality and privacy. Please indicate whether or not a detailed message may be left.*

Primary Phone: \_\_\_\_\_ Message: Yes No Secondary Phone: \_\_\_\_\_ Message: Yes No

Text: \_\_\_\_\_ Message: Yes No Work Phone: \_\_\_\_\_ Message: Yes No

Primary Email: \_\_\_\_\_ Message: Yes No

Occupation: \_\_\_\_\_

Relationship Status: Single Engaged Married Separated Divorced Remarried Cohabiting

Spouse: \_\_\_\_\_ Spouse Occupation: \_\_\_\_\_

List members of your family and/or all others living in your home:

Name	Gender	Age	Living with you?	Relationship to you

**Health Information**

List any major health problems for which you currently receive treatment:

\_\_\_\_\_

\_\_\_\_\_

List all medications you are now taking:

\_\_\_\_\_

---

---

Have you received psychiatric or psychological treatment or counseling before? Yes No

If yes, please give name(s) of provider(s), location(s) and treatment dates:

---

---

Please circle all that apply to you:

- |                       |                          |                      |
|-----------------------|--------------------------|----------------------|
| Nervousness           | Self Worth               | Stress               |
| Depression            | Financial Concerns       | Problems at Work     |
| Loss/Grief            | Parenting Problems       | Anxiety/Fears        |
| Sleep Problems        | Sexual Compulsivity      | Health Concerns      |
| Drug/Alcohol Use      | Recent Weight Loss/Gains | Separation           |
| Loneliness            | Trouble Concentrating    | Friendships Concerns |
| Anger                 | Suicidal Thoughts        | Eating Disorders     |
| Relationship Problems | Headaches                | Faith Concerns       |
| Pornography Use       | Chronic Pain             | Abuse                |
- Other: \_\_\_\_\_

Anything else you would like me to know: \_\_\_\_\_

---

---

---

---

### **Location**

Sacred Ground Counseling is located at 719 Lischey Ave Nashville, TN 37207.

### **Scheduling**

Appointments are generally made on a weekly basis. While I try to establish regular times for my clients, appointments are not automatically held open from week to week. It is your responsibility to reschedule with your therapist at the end of a session.

### **Confidentiality**

There is a legal privilege in protecting the confidentiality of the information that you share with your therapist and exceptions to that protection. There are some situations when your therapist is permitted or required by law to disclose information without your consent or authorization. These situations are unusual in psychotherapy. If one of these situations arises, this therapist will make every effort to fully discuss it with you before taking any action and this therapist will try to limit the disclosure to what is necessary. These exceptions include: you give me permission to share confidential information; if you are to harm yourself or others, your therapist may be obligated to seek appropriate help for you, or to contact family members or others who can help provide protection or notify other appropriate authorities; if your therapist knows or suspects that a child, elderly person, or disabled person has been abused or neglected, the law requires that a report be filed with the appropriate government agency; and legal proceedings.

### **Missed Appointments/Cancellations**

Please understand that your appointment time is reserved for you. If you do not give advanced notice of cancellation, it prohibits other clients from meeting during that time. Therefore, I ask that you give twenty-four hours advanced notice of cancellation to avoid being billed for that session. Charges will be waived for an emergency situation or special circumstance, at the full discretion of the therapist.

### **Payments**

I offer two session options; a **fifty-minute session for \$100** or an **eighty-minute session for \$150**. Unless other arrangements have been made, please note that payment is due in full at the completion of each session and you may submit payment with a credit/debit card, check or cash. Checks are to be made payable to "Sacred Ground Counseling."

### **Insurance/Third Party Billing**

I DO NOT file insurance claims. I am NOT paneled by any insurers. If your insurance provider or another third party will be covering the cost of your counseling, then you need to make arrangements with them to reimburse you directly. You are responsible for obtaining and filling out any appropriate paperwork and submitting it to the insurance company. I am willing to fill out any part of the form that is necessary.

### **Communication**

You may leave a brief voice message regarding appointments and scheduling on my voicemail mail or you may contact me via e-mail. Messages are checked on a regular basis and will be returned in a timely manner. Please limit your messages to appointments and scheduling. If you are in an emergency and cannot reach me, please call one of the following numbers for help; General Emergencies, 911; or Crisis Hotline: 615-244-7444

Signature of Responsible Person(s): \_\_\_\_\_ Date: \_\_\_\_\_