



585 Mountain Shadow Ln., Maryville, TN 37803

Phone: 940-300-9933

Freshperspectivescounseling.com counseling@fpcounseling.com

Name: _____ Date of Birth _____ Age: _____
(First) (Last) (Initial)

Mailing Address _____

City State Zip

May I mail correspondence to your mailing address? _____ Yes _____ No

Cell Phone _____

Work Phone _____ E-mail Address _____

Place of Employment _____ May I call your place of employment? _____ Yes _____ No

Who referred you? _____

Who may I contact in case of emergency? _____ Emergency phone number _____

My session fee is \$115.00. I accept checks, cash and credit cards. Due to scheduling demands, I require a 24-hour notice to cancel a session. Otherwise, you may be charged for the session. I understand there can be emergencies that will prevent you from giving appropriate notice. In these cases, I may not require payment.

Client's Informed Consent

I understand that during counseling, issues may be discussed that could be upsetting in nature and this may be necessary to help me resolve my problems. I understand records and information collected about me will be held or released in accordance with state laws regarding confidentiality of such records and information. I understand state and local laws require my therapist to report all cases in which there exists a danger to others or myself. I understand there may be other circumstances in which the law requires my therapist to disclose confidential information. Fresh Perspectives Counseling will supply a receipt providing necessary information for insurance claims, but I understand it is my responsibility to file any claims. I agree to pay my counseling fees as arranged or at the beginning of each counseling session. Should a third party other than insurance agree to pay for my sessions, I agree to allow Fresh Perspectives Counseling to release billing information to the third party.

I have read and understand the above conditions of my treatment and agree to their content.

Signature of patient, parent, or guardian

Date