

Please print this form, read the information thoroughly and respond to the following questions fully. Please bring the completed document to your first session. How did you hear about Dr. Patterson? _____

Our fee for Individual, Couples, and Family Counseling services is \$70.00 per 50-minute session. We currently accept cash, check, or PAYPAL (at DocBrian.com) for services, but we do not accept insurance or credit cards for payment. Our self-pay policy provides for lower service rates, treatment flexibility, and a heightened level of confidentiality. **Payment is due at the start of the session. Sessions canceled less than 8 hours before the scheduled time will be billed at the full rate.** Please Initial _____

I have read the above statement, the HIPPA information, and the Consent to Treat information. I had sufficient time to be sure that I considered it carefully, asked any questions that I needed to, and understand it. I understand the limits to confidentiality required by law. I consent to receive therapeutic services from Dr. Patterson. I understand my rights and responsibilities as a client, and my therapist's responsibilities to me. I agree to undertake therapy with Dr. Patterson. I know I can end therapy at any time I wish and that I can refuse any requests or suggestions made by Dr. Patterson. Please Initial _____

*** If you send Dr. Patterson a text message, please include your name in the text. Please complete the document.**

CLIENT ONE

Client Name _____
Gender _____ Age: _____ DOB: _____
Profession _____
Telephone _____ E-mail _____
Address _____
Please Circle: Single ~ Dating ~ Married (How long?: _____)
~ Divorced ~ Living Together ~ Widowed ~ Separated.
Spouse/Sig.other Name: _____

Describe the circumstances that led you to counseling:

Children's name, age, and gender:

CURRENT CONCERNS (Mark Relevant Items).

- Depressed Mood – Sad
- Anxiety
- Panic Attacks
- Anger – Aggression
- Marital Problems
- Divorce/Separation
- Infidelity
- Bereavement – Death of a Loved One
- Parenting Problems
- Faith Issues
- Legal Issues _____
- Overwhelmed
- Addiction
- Confusion
- Trauma and/or Abuse
- Mood Swings
- Hyperactivity - Inattention
- Other _____

CLIENT TWO

Client Name _____
Gender _____ Age: _____ DOB: _____
Profession _____
Telephone _____ E-mail _____
Address _____
Please Circle: Single ~ Dating ~ Married (How long?: _____)
~ Divorced ~ Living Together ~ Widowed ~ Separated.
Spouse/Sig.other Name: _____

Describe the circumstances that led you to counseling:

Children's name, age, and gender:

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