



- Please fill out all four pages as completely as possible and **read and sign the last page**. You may write on the back as well. Bring the form to your first appointment.
- At the beginning of your first appointment, please have the intake form filled out, and have your check, cash or credit card information available for services.

Date: _____
Client: _____ Date of Birth: _____ Age: _____
Address: _____ City: _____ Zip: _____
Home Phone: _____ Cell: _____ Work: _____
E-Mail: _____

What phone number would you like me to use to contact you? _____

Marital Status: Single, Married, Separated Divorced, Widowed How long? _____

Have you been married before? Y N Explain: _____

If Single, are you dating? Y N If no, do you want to start dating someone? Y N

If yes, mark appropriate box: for fun, exclusive, multiple people, for marriage

Describe your relationship if in one: _____

Do you have children? Y N

Name _____ Age _____ At Home? _____

Name _____ Age _____ At Home? _____

Employer: _____ Employer Phone _____

Occupation: _____ Number of Years: _____

Do you enjoy your work? _____

Would you like to change your work? _____

Hobbies: _____

What brought you to counseling? _____

What are your goals for counseling and how long do you think it will take to meet them?

1. _____

2. _____

3. _____

4. _____

Please describe any health/medical problems you have: _____

Current treatment or medications you are taking? _____

Have you been hospitalized for substance abuse or any other psychiatric disorder?

Y N Explain: _____

Please list any treating Psychiatrist name & number _____

Date of last physical exam? ___/___/___ = Excellent Good Poor Bad

Symptoms - Check on the line provided

- | | | |
|--|---|---|
| <input type="checkbox"/> Jealousy | <input type="checkbox"/> Financial Issues | <input type="checkbox"/> Feelings of Guilt |
| <input type="checkbox"/> Abandonment | <input type="checkbox"/> Identity Crisis | <input type="checkbox"/> Anger/Rage |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Intimacy Problem | <input type="checkbox"/> Shame |
| <input type="checkbox"/> Parenting Problems | <input type="checkbox"/> Affair(s)-Emotional/Sexual | <input type="checkbox"/> Phobias |
| <input type="checkbox"/> Lack of Communication | <input type="checkbox"/> Compulsive Behaviors | <input type="checkbox"/> Anxiety |
| <input type="checkbox"/> Spiritual Issues | <input type="checkbox"/> Conflict Avoidant | <input type="checkbox"/> Alcohol/Drug Abuse |
| <input type="checkbox"/> Panic Attacks | <input type="checkbox"/> Sexual Problems | <input type="checkbox"/> Moody |
| <input type="checkbox"/> Uncontrollable Fears | <input type="checkbox"/> Suicidal Thoughts | <input type="checkbox"/> Nightmares |
| <input type="checkbox"/> Controlling Behaviors | <input type="checkbox"/> Eating Issues | <input type="checkbox"/> Low Self-Worth |
| <input type="checkbox"/> Parent/Child Conflict | <input type="checkbox"/> Phase of Life Problem | <input type="checkbox"/> Confusion |

Have you ever contemplated suicide or attempted it? _____ When? _____

Have you ever been violent with your partner, child or someone else or has someone been violent with you? Y N Explain: _____

Briefly describe any major crisis in your life: _____

Do any of the following apply to you or your family members including grandparents? If so list the relationship on the line with short description:

Issue	Names and relationship to client	Treatment
Alcohol abuse		
Drug abuse		
Suicide		
Physical abuse		
Eating disorder		
Sexual abuse		
Sexual addiction		
Emotional abuse		
Divorce		
Adoption		
Mental illness		
Chronic physical illness		

Describe any past or current addictions of either parent and relapses of alcohol, drugs, medications, food, sexual addiction, gambling, gaming, or other:

Dates of use to sobriety	Substance(s) Abused	Describe Abuse	Treatment Received

Have you ever been in counseling before? Y N Explain: _____

If yes, why did you terminate? _____

Who referred you? _____ May I thank them? Y N

Please list emergency contacts: Name: _____ (#): (____) _____

Name: _____ (#): (____) _____



CONSENT TO TREATMENT

- I consent to individual coaching or pastoral, spiritual and/or addictions counseling.
- Dependent on Client's beliefs, I understand Shifra's style of coaching and counseling may incorporate faith-based perspectives, values and truths to achieve optimum results.
- _____ **Initial if you agree to prayer** with Shifra and give permission to pray for you or leave blank if you do not want Shifra to pray with you.
- I understand Shifra is a board-certified life coach, and pastoral, spiritual and addictions counselor and that Shifra is not a psychologist, psychotherapist or physician, and as such, will not testify in any litigation. In the unlikely event of subpoena, Shifra will exercise her right to fully invoke the clergy/client confidentiality privilege for the sole purpose of protecting her position as clergy and the Sacred Trust of those she counsels.
- I understand if Shifra feels like your issues are beyond of the scope of her expertise, she will work with you in seeking an appropriate referral that will better meet your needs.

CONFIDENTIALITY

- I understand that everything discussed in counseling is confidential. The only exception to this is in the case of the client's endangerment, such as suicidality, endangerment of others, such as a genuine threat to severely harm another person, and in the case of child and/or elder abuse. I understand my counselor is obligated legally to report to authorities and or take protective measures should it become apparent there are any of these exceptions.

TREATMENT POLICIES

- I agree I am responsible for the full session payment per 55-minute session at the time of treatment payable by PayPal, Venmo, check or cash.
- I understand that my fee is **\$150** per session and all payments are due at the end of each session. I agree to pay my counselor after my session.
- I understand that the full payment is due at the time services are rendered and I will receive a receipt for services rendered if I request one.
- I understand if I am over 15 minutes late for an appointment, the session is considered a "no show" and **I will be charged for the full session.**
- If I have an emergency I will call 911 directly.
- If a check bounces, **I will be charged a \$25.00 service charge.** After two times, I need to pay in cash.

I have read and understand and agree to the "Consent to treatment", "Confidentiality" and "Treatment Policies".

(Print Client's Name)

(Client's Signature)

(Date)