



## Laura Sullivan Counseling

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### CLIENT INTAKE FORM

*I am honored you're here. This information helps create a supportive and personalized experience for your care.*

Full Name:	Date:
Address:	City/Zip:
Phone:	Email:
Date of Birth:	Marital Status:

If I call, can I identify myself as a counselors ?  Yes  No

How did you hear about me?

Emergency Contact Information:

Occupation: Partner's Occupation:

Highest Level of Education:  High School  Some College  College Degree  Post Graduate

Monthly Income: (Combined for Couples)

Current Medications:

Doctor's Name & Phone Number:

What concerns or challenges are you currently experiencing?

Have you previously participated in therapy?  Yes  No

What would you like to gain from your time in therapy?

Parents (Names / Living or Deceased):

Mother:

Father:

Siblings (Names and Ages)

Alcohol Use (frequency/amount):

Drug Use (frequency/amount):

Current Medications:

Religious / Spiritual Affiliation (if applicable):

A valid credit card may be kept on file for convenience.

Name on Card:

Card Number:

Expiration Date:

Security Code:

Billing Zip Code:

This card may be used for: ■ Session Fees ■ Late Cancellation / No-Show Fees ■ Outstanding Balance

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Signature

Date

# INFORMED CONSENT & POLICIES

## **Confidentiality:**

What is revealed in this setting is protected by professional and ethical standards. All material is confidential and not released without your written consent except information related to suspected child abuse, elder or dependent adult abuse, threatened homicide or suicide or if a court of law orders the release of specific information.

**Our Counselors:** Counseling is provided by individuals who are in training to become licensed Marriage and Family Therapists. They are supervised weekly by a licensed therapist. During these supervision meetings, your information may be discussed between counselors and with the supervisor in an effort to gain understanding and build skill and knowledge related to marriage and family therapy.

**Fees and Payment:** Your fee is based on a sliding fee scale according to your ability to pay. The fee is determined by your average monthly income. Payment of fees will be due at each session. Cash, check and debit/credit cards are accepted. There is a fifteen-dollar (\$15.00) service charge for all checks returned by the bank.

**Cancellations:** Cancellations must be made 24 hours in advance. If an appointment is cancelled or missed without 24 hours notice, you will be charged your usual session fee for that missed session.

## **Your Session:**

Your session is 50 minute hour. Hour and a 1/2 sessions are available for couples or EMDR processing.

## **Physical Examination:**

We strongly recommend that each client obtain a thorough physical exam prior to commencing therapy. This is especially important if you are suffering symptoms of anxiety or depression, headaches, and/or weight gain/loss. Symptoms may be biologically caused.

## **Telephone, Text and Email Policy:**

Generally we ask that clients reserve discussing problems that arise between sessions for the next scheduled appointment time. We encourage you to use resources you have and to reach out to your support system. Unless there is an emergency, our schedules do not permit us to talk on the phone, respond to lengthy texts or answer emails in between sessions. If you feel the need to text or email information beyond the routine scheduling of appointments, we will wait to discuss the content in our next scheduled session. If telephone calls are necessary for a client emergency, please schedule a time for a telephone consultation, which will be charged at our regular rates (In 15-minute segments). Please do not text anything other than appointment times as confidentiality cannot be guaranteed with texting or emailing.

## **Your Counseling Experience:**

Counseling is a unique and highly individualized experience. It is an opportunity to learn about your self, your relationships and the world around you. Most people seeking counseling are hoping for improvement in at least one area of their life and this is definitely possible through dedication and consistent counseling sessions. Although you may want immediate relief, it is common for symptoms to get worse before they get better. Remember that it took time for your problems to develop and it may also take time for you to begin to feel better.

Counseling involves change, which may feel threatening, not only to you, but also to those people close to you. The prospect of giving up old habits, no matter how destructive or painful, can often make you feel vulnerable. At the same time, counseling can aid you in discovering tools and techniques, which can be utilized to improve the quality of your life and relationships. As the person involved in this process, you have the right to ask your counselor questions about his/her professional experience, background and theoretical orientation.

## **Emergencies:**

Counseling services are available only during scheduled office hours. In a crisis, you may utilize the Sacramento County Mental Health Crisis Service 916-875-1000.

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Signature

Date