

Beverly Jewell, M.A., LPCC, #326
Licensed Professional Clinical Counselor
AASECT Certified Sex Therapist

655 N. Palm Canyon, Ste 201
Palm Springs, CA 92262

760-699-7027 phone
bev@essentialfocus.com

Client Information:

Name _____ Date _____
Address _____ Email _____
_____ Cell # _____
City/State _____ DOB: _____

Employer Information:

Employer _____ Occupation _____
City/State _____ How long? _____

References:

Referred to me by _____
Name/Phone # of contact person for emergencies only

Previous Counseling:

Name of previous therapist? _____ How long? _____
Reason for leaving? _____
Purpose for seeking counseling now / on-going issues _____

Biggest challenges/stressors _____
Goals / Outcomes you would like to achieve _____

Medical Information:

List any serious illness/surgeries _____

List any changes in your ability to sleep _____

List any changes in your appetite/weight _____

List any changes in sexual desire/ability _____

On any hormone replacement? _____

How often do you drink alcohol? _____ Any DUI's? _____

How many cups of coffee/tea/soda do you drink a day? _____

List prescription medications and for what condition _____

Have you ever suffered from Depression? _____ When? _____

Anxiety/ Panic Attacks? _____ How often? _____

Triggers you're aware of: _____

Ever been victim of a crime? _____ How long ago? _____

Family History:

Are your parents living? _____

Any mental illness in your family? _____

Any substance abuse / addictions? _____

Your Education & Work History:

Education completed / degree earned? _____

Specialty / Additional training: _____

Marital / Relationship History:

Currently in a relationship? _____ If so, how long? _____

List previous significant partners and how long together _____

Names / Ages of your children if any:

Office Policies:

For counseling to work, it must be stable. Below are things you need to know and what is expected so you get the most out of your sessions.

Appointments: Sessions are 50 minutes long so be sure to bring up the most important issues at the beginning, for the best use of your time. I recommend using a journal for notes/thoughts/insights and completed homework assignments between sessions.

Cancellations: I charge the full fee for sessions not cancelled within 24 hrs. If something happens on my end and I need to reschedule our appointment, I will also give you a 24-hr. notice unless it's a client related emergency that can't be avoided.

Fees: My fee is \$135 for 50 mins, and I run the credit card on file after each session. If your credit card changes, please let me know to avoid a lapse.

Phone calls/texts: You may leave a message for me at any time and I will get back to you as soon as I'm able during office hours M-Th, 9am-6pm and Friday 12noon-4pm. If you are in crisis and can't reach me, please call 911.

Texting: Only to be used to confirm appointments and not include personal, confidential information that is more appropriately shared in a session.

TeleHealth Sessions: Despite reasonable efforts, there may be times that the virtual platform has technical failures and the call accidentally dropped. If this happens, the call will be reconnected as quickly as possible.

Confidentiality: All information discussed in session is confidential, with a few exceptions:

- If you sign a release for me to share limited information with another medical professional to coordinate treatment
- If I give you a Super Bill to seek reimbursement from your insurance company, which includes a diagnosis and other personal information
- If you are in danger of hurting yourself or someone else and I need to contact authorities to prevent that from happening
- If there is suspected child abuse/neglect or elder abuse/neglect
- If I become aware that pornographic images of minors are electronically downloaded and/or disseminated

**I have read and understand the above office policies. If I need clarification, I will ask for it during our first session. If this is a couples session, I acknowledge I have read and received the BBS letter outlining requirements of counselors to treat couples.*

Name: _____ Date: _____

Signature of partner if applicable _____

Beverly Jewell, LPCC

ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS DOCUMENT

I, _____, have received a copy of this Offices
Notice of Privacy Practices.

Client's Printed Name: _____

Signature: _____

Date: _____

FOR OFFICE USE ONLY

This office attempted to obtain written acknowledgement of receipt of the
NOTICE of Privacy Practices, however, we were unable to obtain it because:

_____ The Client refused to sign

_____ Communication barriers prohibited obtaining the
acknowledgement.

Other:

**Essential Focus Consulting
655 N. Palm Canyon, Ste 201
Palm Springs, CA 92262**

**Beverly Jewell, LPCC
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bev@essentialfocus.com**

Credit Card Authorization Form

I, _____ authorize Beverly Jewell, of Essential Focus Consulting, to charge my credit card for payment of counseling fees (by phone, in person or telehealth). This includes late cancelations with less than a 24 hr. notice or "no-show" of scheduled appointments. This charge will equal the agreed upon hourly rate.

Name as it appears on card

Type of Card

Card Number

Security Code

Street address statement goes to

Expiration Date

City, State, Zip

Phone

Print Name

Date

Signature