ADULT PERSONAL DATA

Name: _____ Date:_____

Street Address _____City:_____Zip:_____

Home Phone: _____Work Phone:_____Cell Phone:_____

Age:_____Date of Birth: _____Email:_____

Married:____Partnered:_____Single:____Separated:____Divorced:____Widowed:____

How long (To All That Apply Above):_____

Ethnicity:_____

Spirituality/Religion:_____

Occupation: _____

Referred by:_____

Are you currently in counseling with another therapist? Y/N _____

If so, Name and Contact Info:_____

Prior counseling, Name(s) and Date(s):_____

_____

Current medications (Include over the counter medications)/reason prescribed or taking:_____

_____

Major reason(s) for seeking help at this time?

_____

_____

_____

How long have you had these problems or symptoms?_____

How often do they occur?_____

What have you tried, and what was the result of these efforts?_____

_____

_____

What are your goals for therapy?_____

_____

_____

_____

Do you have any serious or chronic medical conditions?_____

If yes, please describe:

_____

_____

_____

Have you had any serious accidents/head injuries/seizure activity?_____

_____

Drug and Alcohol Use:

Do you consume alcohol?____If so, how much per week?_____Age started drinking?_____
Do you use other drugs?_____ What kind?_____ How much?_____
Do you feel you have a problem with alcohol?_____ Other drugs?_____
Any previous drug/alcohol/ treatment (inpatient/outpatient)?_____
If yes, dates and locations:_____
Has your drinking/drug use caused any problems with family or relationships?_____
With your job?_____
Is it difficult for you to stop or control the amount you take?_____
Have you ever been arrested for driving under the influence or for any other drug related offense?_____
Have you ever used tobacco products?_____ What kind?_____ How much?_____
How many cups of caffeinated beverages do you drink per day (coffee, tea, soda, energy drinks)?_____
Have you had any legal problems or previous imprisonment?_____If yes, explain:_____

_____

_____

Family Data:

Spouse/Partner

Name:_____DOB:_____Age:_____M/F_____

Lives with you?_____Ethnicity:_____Spirituality:_____

Is there anything else important to note?

____

____

Child:___________________________DOB:_____________Age:_________M/F______________

Lives with you?____________Ethnicity:__________________Spirituality:__________________

Is there anything else important to note?____

____

Child:___________________________DOB:_____________Age:_________M/F______________

Lives with you?____________Ethnicity:__________________Spirituality:__________________

Is there anything else important to note?____

____

Child:___________________________DOB:_____________Age:_________M/F______________

Lives with you?____________Ethnicity:__________________Spirituality:__________________

Is there anything else important to note?____

____

Child:___________________________DOB:_____________Age:_________M/F______________

Lives with you?____________Ethnicity:__________________Spirituality:__________________

Is there anything else important to note?____

____

Child:___________________________DOB:_____________Age:_________M/F______________

Lives with you?____________Ethnicity:__________________Spirituality:__________________

Is there anything else important to note?____

____

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.

There are important exceptions to the confidentiality of the counseling relationship. I am required by law to reveal certain information under the following circumstances:

a) Disclosure of serious intent to do harm to self or others;
b) Disclosure of child abuse or my suspicion of child abuse, elder abuse, or dependent adult abuse;
c) If a court of law orders release of specific information.

HIPAA & CONFIDENTIALITY

Most counselors are willing to maintain contact via text, e-mail, or other electronic means. Although we cannot be certain that this information will not be intercepted, we will do our part to protect your confidentiality.

_____Please initial here if you understand the risks of communicating with your counselor by electronic means, and still wish to do so. Your initials indicate you understand the risk, and consent to the communication with your counselor electronically.

CANCELATIONS AND MISSED APPOINTMENTS

Cancellations must be made 24 hours in advance. A credit card number will be taken at your first session. Late cancellations will be charged at the regular fee to your credit card. If you have a true emergency you will not be charged.

PAYMENT

Payment is expected at each session. You are responsible for payment of services rendered either by debit card, credit card, check or cash.

SESSIONS

The length of a usual appointment is 50 minutes, except for the initial session, which may take up to an hour.

TELEPHONE, TEXT AND E-MAIL POLICY

Please reserve discussing problems that arise between sessions for the next scheduled appointment time. I encourage you to use resources you have and to reach out to your support system. If telephone calls are necessary for a client emergency, please schedule a time for a telephone consultation, which will be charged at our regular rate in 15 minute segments.

If you have any questions please ask before signing below. Your signature indicates that you have read my policies and agree to enter therapy under these conditions.

Signature:_____Date:_____

CREDIT CARD AGREEMENT

Please note: new clients are required to keep a valid credit card number on file. Please complete the following information and provide your credit card to the therapist at your initial session.

CC Type: MC Visa Amex Other _____

Name as shown on card _____

CC Number _____

Expiration Date _____

3-digit security code on back of the card _____

THIS CARD MAY BE CHARGED FOR:

____ Regular session fees (at your request, as a convenience to you)

____ Fees for cancellation without 24 hours notice

____ Delinquent session fees (fees more than 30 days overdue)

AGREEMENT

"I _____ (print name) have read and understand the terms of providing my credit card information to Andreas Kraus. I understand that my credit card may be charged for the reasons indicated above. Any questions I have about this practice have been answered."

_____ (Signature) _____ (Date)