



(Please fill out completely and bring to first appointment)

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Male \_\_\_\_ Female \_\_\_\_

Home Telephone \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_ Referred by \_\_\_\_\_

If we needed to contact you: Preferred Phone  Text  Email  Alright to leave message? Yes  No

School: Highest grade completed \_\_\_\_\_ Degrees earned \_\_\_\_\_

Marital Status: Single  Married  Divorced  Separated  Dependent children: Number \_\_\_\_\_

If you were previously married please give one word explanation for separation \_\_\_\_\_

How many siblings? Brothers  Sisters

Your vocation: Present \_\_\_\_\_ Employer \_\_\_\_\_

Spouses vocation: \_\_\_\_\_ Employer \_\_\_\_\_

Do you use alcohol? Yes  No  If so, how many drinks per day? \_\_\_\_\_

Recreational drugs? If so, what \_\_\_\_\_ How often? \_\_\_\_\_

Have you seen a professional counselor before? Yes  No  Was there a diagnosis? \_\_\_\_\_

Is there a history of mental illness in your family? Yes  No  Explain \_\_\_\_\_

On a scale of 1 to 10 with 1 (no concern) and 10 (a lot of concern), how would you describe your concern for:

Diet  Exercise  Rest  Spirituality

Are you currently under a physician's care? Yes  No  Do you sometimes feel depressed? Yes  No

Current Medications: \_\_\_\_\_

Do you have cravings that are difficult for you to control? What? \_\_\_\_\_

Do you have trouble sleeping? Yes  No  Do you take medication for sleep? If yes, what? \_\_\_\_\_

On a scale of 1 to 10, 1 (abstinence) to 10 (very fulfilling), where would you rate your love life today?

Have you **ever** been physically beaten or sexually molested? If so, briefly, the circumstances \_\_\_\_\_

Did you live with both your biological parents? Yes  No  How would you describe your childhood and upbringing?

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Which of the following emotions have you or are you presently having difficulties controlling?

Frustration	___	Anger	___	Anxiety	___	Feeling unloved	___
Loneliness	___	Depression	___	Feelings of worthlessness	___	Bitterness	___
Hatred	___	Fear of death	___	Suicide	___	Fear of hurting someone	___

Do you feel like you can express your emotions? I can

Easily express them	___	express some but not all	___
Suppress my emotions	___	not say, it is not safe to express them	___
Others disregard how I feel	___	My feelings are too painful to deal with	___

Reason for seeking counsel \_\_\_\_\_

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### Disclosure. Read and sign below

**About your therapist:** Dr. Judith Heckenlaible-Habig is a Licensed Substance Abuse Counselor and Licensed Professional Associate Counselor in the State of Arizona. She has a Master of Science in Professional Counseling degree and a Master of Science in Addiction Counseling degree from Grand Canyon University as well as PhD Doctorate in The Philosophy of Clinical Christian Counseling from Cornerstone University. Dr. Judith interned at renowned The Meadows Recovery Center. Dr. Judith approaches counseling from an integrative theological orientation working collaboratively with clients to determine treatment goals and plans.

**Fees:** The fee is \$125 for Intake Assessments. Regular session fee is \$90 per 50 minute session for individuals and \$125 for couples or sessions with more than one individual. Fees will be remitted at the end of each session by cash, check, or credit card.

**Guarantee:** There is no guarantee in therapy. You may experience more emotional pain while working on deep issues. The therapeutic work is intended to increase insight and quality of life. All issues are met with the utmost care, respect, and honesty.

**Confidentiality:** All the work done in the consultation room and within the therapeutic relationship is confidential. Who you are, what you say and what you do will be held in the strictest confidence and the greatest respect with the only following exceptions mandated by federal and state regulations: (1) Intent to harm self or intent to harm others. If you state the intention to harm a reasonably identifiable victim or if you have a serious plan to harm or kill yourself, this must be reported to the local police. (2) Child abuse. If there is a report of any ongoing physical, emotional, sexual abuse or neglect of a child, it will be reported to Child Protective Services. (3) Dependent/Elder Abuse will be reported to Adult Protective Services (4) A signed letter of release of confidentiality. (5) A court of law may subpoena records.

**Social Media:** There is growing concern regarding confidentiality due to information consciously or unconsciously revealed on social media. This office will not use social technology to investigate or gain knowledge of any client. Dr. Judith does have accounts on Facebook, Twitter, and Instagram but only publishes general information about upcoming events or general encouragement. Also, Dr. Judith maintains a very public presence. You may find her at some event and very accessible. To protect your confidentiality, Dr. Judith cannot initiate public contact. If you wish to greet Dr. Judith in public, you will have to initiate the contact and Dr. Judith will happily recognize you. Finally, this office regularly sends reminders or messages by text or email. If you do not wish to be contacted this way, please inform Dr. Judith and check one of the following: Do not contact me by email or text.  Text me

**Note:** We may discuss our work together with another licensed therapist or colleague for supervision purposes. If this occurs, your identity will be disguised. Before any of these reports are made, you would be aware if at all possible.

**Termination:** You have the right to terminate therapy at any time. It is recommended that there be at least 6 sessions prior to terminate for closure. We may terminate you if payment is not made or you refuse to follow therapeutic recommendations such as remaining sober, filling prescriptions, etc. At that time, you will be given 3 recommendations for continued care.

**Accessibility:** If time or attention needs to be given between sessions, please leave a message on Voicemail and she will return your call within 24 hours. If there is a personal emergency, you may call her on her cellphone at **602.423.5458** and she will return your call ASAP. If a more **severe emergency arises, please call 911.**

**Policy:** A complete statement of Policy may be downloaded from our website [www.DrJudith.Info](http://www.DrJudith.Info) or [AssistCounseling.com](http://AssistCounseling.com).

I understand and agree to the provisions above.

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Printed Name

Signature

Date