

# Life Coach 2u Agency

## Client Intake Form

\_\_\_\_\_  
(Client Signature)

Please answer the following questions to the best of your ability. These questions are intended to help your clinician with your therapy process. All information is completely confidential.

### Background Information:

1. Are you currently receiving psychological services, professional counseling, psychiatric services, or any other mental health services?  Yes  No

A. Prior treatment:
B. Symptoms:
C. Diagnosis:
D. Hospitalization:
E. Suicide attempts:
F. Self-Injuries behaviors:

### Reason for change:


2. Have you had any mental health services in the past?  Yes  No

A. Symptoms:
B. Onset Date:
C. Frequency and duration:

### Reason for change:

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3. In the last 30 days how often have you been bothered by any of the following problems ?

1. Not at all    2. Several Days    3. More than half the days    4. Nearly every day
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Select the number which correspond with your feelings to each question below:

a. Little interest or pleasure in doing things ?
b. Feeling down, depressed, or hopeless ?
c. Trouble falling or staying asleep, or sleeping too much ?
d. Feeling tired or having little energy ?
e. Poor appetite or overeating ?
f. Feeling bad about yourself, or that you are a failure ?
G. Do you feel like you let your family or friends down ?
H. Do you have trouble concentrating ?
I. Moving or speaking slowly that other people could have noticed ?
J. Thoughts of hurting yourself or someone else ?
K. Thoughts you would be better off deceased ?

#### ABBREVIATED CONTRACT SUMMARY

- If you decide to terminate treatment, Life Coach 2u Agency reserves the right of having a few closing sessions with your child to properly end the treatment relationship.
- Your child’s therapist will inform you if your child does not attend the treatment sessions.
- At the end of treatment, your therapist is able to provide you with a summary that includes a general description of goals, progress made, and potential areas that may require intervention in the future.
- If necessary to protect the life of your child or another person, Life Coach 2u Agency has the ethical responsibility to disclose information to you without your child’s consent. You agree that your child’s therapist’s role is limited to providing treatment and that you “WILL NOT” involve them in any legal dispute, especially a dispute concerning custody or custody arrangements (visitations, etc.).

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➤ You also agree to instruct your attorneys to “NOT” subpoena Life Coach 2u Agency or any of our representatives or to refer in any court filing to anything said or done. If there is a court appointed evaluator or Guardian Ad Litem and if appropriate releases are signed and a court order is provided, Bonner, Thomas, Forte’ will provide general information about the child which “WILL NOT” include recommendations concerning custody or custody arrangements.

➤ If, for any reason, Life Coach 2u Agency or your child’s therapist is required to appear in court, the party responsible for the participation agrees to pay a \$500 fee to being court preparation and agrees to pay the current rate of \$200.00 per hour for time spent traveling, preparing reports, testifying, attendance and any other case-related cost. These expenses are not refundable.

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Parent/Guardian Date

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Parent/Guardian Date

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Witness Date

Consent to Treatment:

I authorize and request that Life Coach 2u Agency provide psycho-therapeutic services determined to be clinically appropriate for myself, the client. By signing below, I certify that I have read and understand the terms stated in the Treatment Consent Form, Notice of Privacy Practice Summary and Insurance Assignment, Release & Authorization Form. I fully understand the scope of the services, session structure, fees, cancellation/no-show policies, payment policy, insurance reimbursement, confidentiality. I agree to abide by the terms stated throughout the course of our therapeutic relationship.

Consent to Treatment of Minors: I authorize and request that Life Coach 2u Agency provide counseling, group and individual counseling psycho-therapeutic services determined to be clinically appropriate for my child. I understand that the primary goal of these services is to help my child be at his/her most successful emotionally, socially and academically. I hereby

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represent that I have the legal authority to obtain medical treatment and counseling for the minor child for whom I am requesting treatment. I am a biological parent or legal guardian. If group home or foster family settings, I am designated to authorize treatment. If divorced, I am the primary custodial parent and can secure treatment without the authorization of the other parent.

Limits of Relationship and Confidentiality: I understand that communications between a client and clinician are confidential and protected by law. I also understand that exceptions include when a client is a danger to themselves or to others, or when there is a reasonable suspicion of sexual or physical abuse, child or elder abuse. Then, by the California State Law, Life Coach 2u Agency is obligated to report this information to the California Department of Children and Family Services or if a court of law orders the information; or when information is shared with your insurance company to process your claims. Please be advised – if a client is 12 years or older, their records are sealed and confidential and cannot be released to anyone without their written consent.

Signature(s):

\_\_\_\_\_

Date \_\_\_\_\_

#### CONSENT for TREATMENT of CHILDREN and ADOLESCENTS

(under the age of 12 years old.)

I/We consent that \_\_\_\_\_ may be treated  
as a client(s) by the therapist assigned at Life Coach 2u Agency.

Parent/Guardian

Signature(s): \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian

Signature(s): \_\_\_\_\_

Date: \_\_\_\_\_