Maryville, TN 37803
Phone: 940-300-9933
Freshperspectivescounseling.com counseling@fpcounseling.com

Client Name: ______________________________________ Date of Birth _____________ Age: _________

___ Male ___ Female ___ Married ___ Single ___ Child ___ Other

Mailing Address ____

_______________________________________ __________________ _________________________
City State Zip

May we mail correspondence to your mailing address? _______ Yes ________ No

Home Phone ______________________________ Cell Phone ____

Work Phone_____________________________ E-mail Address ______________________________________

Place of Employment ______________________May we call your place of employment? _______ Yes ________ No

Who referred you? ____

Who may we contact in case of emergency? __________________ Emergency phone number _____________________

Insurance coverage is limited to DENSO employees only. Otherwise my session fee is $115.00. I accept checks, cash and credit cards. For individuals and families unable to pay the fee at each session, please discuss your difficulty with me prior to the session. Due to scheduling demands, I require a 24-hour notice to cancel a session. Otherwise you may be charged for the session. I understand there can be emergencies that will prevent you from giving appropriate notice. In these cases, I may not require payment. Initials: _______________

Client's Informed Consent
I understand that during counseling, issues may be discussed that could be upsetting in nature and this may be necessary to help me resolve my problems. I understand records and information collected about me will be held or released in accordance with state laws regarding confidentiality of such records and information. I understand state and local laws require my therapist report all cases in which there exists a danger to others or myself. I understand there may be other circumstances in which the law requires my therapist to disclose confidential information. I understand if I have a managed care insurance plan that offers reimbursement to Fresh Perspectives Counseling, I must indicate this at the time I complete my initial paperwork, and call my insurance company to authorize sessions to cover therapy. If I have traditional insurance, I understand it is my responsibility to file for reimbursement. Fresh Perspectives Counseling will supply a receipt that will have the necessary information needed to process the claim. I agree to pay my counseling fees as arranged or at the beginning of each counseling session. Should a third party other than insurance agree to pay for my sessions, I agree to allow Fresh Perspectives Counseling to release billing information to the third party.

I have read and understand the above conditions of my treatment and agree to their content.

____ _________________
Signature of patient, parent, or guardian Date