Service Intake Form

New Directions Counseling Services * DocBrian.com 614-832-3355

Please print this form, read the information thoroughly and respond to the following questions fully
Please bring the completed document to your first session.

Our fee for Individual, Couples, and Family Counseling services is $60.00 per 50-minute session. We currently accept cash, check, or money order for services, but we do not accept insurance or credit cards for payment. Our self-pay policy provides for lower service rates, treatment flexibility, and a heightened level of confidentiality. Payment is due at the start of the session. Sessions canceled less than 16 hours before the scheduled time will be billed at the full rate. When visiting our offices please leave the parking places directly in front of the entrance free for the podiatry patients.

- I have read the above statement, the HIPPA information, and the Consent to Treat information. I had sufficient time to be sure that I considered it carefully, asked any questions that I needed to, and understand it. I understand the limits to confidentiality required by law.
- I consent to receive therapeutic services from Dr. Brian Patterson and New Directions Counseling Services.
- I understand my rights and responsibilities as a client, and my therapist's responsibilities to me.
- I agree to undertake therapy with Dr. Brian Patterson. I know I can end therapy at any time I wish and that I can refuse any requests or suggestions made by Dr. Patterson.

Signed: ____ Date: _________

Witness: ____ Date: _________

***

How did you hear about New Directions Counseling Services? ____

If anyone is at risk for immediate harm contact 911 or Netcare Access [Crisis Hotline] at 614-276-2273 - www.netcareaccess.org

Individual making contact with New Directions Counseling Services

1] Name: ____ Gender: ___________ Age: _____ DOB: ____________
Telephone _____________________________ E-mail ____
Address ____

Please Circle One: Single * Married * Divorced * Living Together * Widowed * Married but separated Pending Divorce
Other: ____
Occupation: ____

Who are you seeking Counseling Service for?

- ☐ Self
- ☐ Self & Spouse/Significant Other
- ☐ Adolescent Child
- ☐ Adult Child
- ☐ Other – Explain: ____

1. If your adolescent or adult child is the primary reason you are seeking therapy, please provide the following information about them.

2. If the therapy is for you, please provide the following information about yourself.

3. If marital counseling is being sought, each of you are asked to fill out the documents.

Describe why counseling is being sought: ____
____
____
____

IS A FAMILY MEMBER AT RISK FOR SUICIDE OR ANY OTHER FORM OF SELF-HARM? PLEASE DESCRIBE:
____
____

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Significant Other - Name: ____________________________________ Gender: _____ Age: _____ DOB: ___________
Occupation: ____
Phone & E-mail: ____

Other Family Members				
	Names	Age	Gender	Note
1				
2				
3				
4				
5				
6				

Counseling or Substance Abuse Treatment History ☐ None Reported		
Agency/Counselor Names	Dates of Service	Reason for Treatment

Any Additional Pertinent Information: ____
____
____

Current Mental Health Medication Information (prescription/OTC/herbal) ☐ None Reported
____
____
____

Past Mental Health Medication Information (prescription/OTC/herbal) ☐ None Reported
____
____
____

Check the applicable item				
☐ ADHD	☐ Defiance – Stubborn	☐ Impulsiveness	☐ Phobias	☐ Suicide Attempt
☐ Anger Issue	☐ Depression	☐ Mood Swings	☐ Sexual Dysfunctions	☐ Trauma
☐ Anxiety	☐ Hallucinations	☐ Obsessive Compulsion	☐ Social Anxiety	☐ Other:

Explain____
____

Family History of Mental Health Issues and/or Substance Abuse

Mother's Family: ____
____
____
____

Father's Family: ____
____
____
____

Strengths/Capabilities ____
____
____
____

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Weaknesses/Shortcomings____
____
____
____

Friendship/Social/Peer Support Relationships ____
____
____
____

Meaningful Activities (community involvement, volunteer activities, leisure/recreation, other interests) _______________
____
____
____

Religion/Spirituality ____
____

Any other pertinent factors or information: ____
____
____

Education – Highest grade completed ____________________________
Comment on school performance and level of achievement ____
____
____

Abuse History

☐ No History of Abuse/Violence
☐ Physical Abuse
☐ Domestic Violence/Abuse
☐ Community Violence
☐ Physical Neglect
☐ Emotional Abuse
☐Elder Abuse
☐ Sexual Abuse/Molestation
☐ SELF-HARM

Comments: ____
____

Legal History: ☐ None Reported Or Describe History ____
____
____
____

Alcohol/Drug History

	Name of Substance	Age 1st Used	Date Last Used	Typical Frequency of Use in last 12 months	Typical Amount Used in last 12 months
1					
2					
3					
4					
5					
6					
7					
8					

Behavioral Addictions – Please check the item that applies

☐ Pornographic Material ☐ Sex ☐ Disordered Eating ☐ Internet
☐ Gambling ☐ Technology ☐ Shopping ☐ Hoarding
☐ Video Games ☐ Cutting ☐ Stealing ☐ Television

Other: ____
____

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Please describe briefly

1. Nutritional/Eating Pattern Changes/Disorders ___

2. Depressed Mood/Sad ___

3. Bereavement Issues ___

4. Anxiety ___

5. Traumatic Stress ___

6. Anger/Aggression ___

7. Oppositional Behaviors ___

8. Inattention ___

9. Impulsivity ___

10. Mood Swings/Hyperactivity ___

11. Sleep Problems ___

12. Other ___

Any Additional Relevant Information: ___