SERVICE INTAKE FORM (SIF)

Dr. Laurence Brian Patterson LPCC-S, LICDC-CS, CISM ~ 614-832-3355 * DocBrian.com

Date of First Session _____

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

How did you hear about Dr. Patterson? _____

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.
Please Initial _____

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. Patterson. I understand my rights and responsibilities as a client, and my therapist's responsibilities to me. I agree to undertake therapy with Dr. 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. _____.

CLIENT ONE

Client Name_____
Gender _____ Age: _____ DOB: _____
Profession _____
Telephone _____
E-mail _____
Address _____

Please Circle One: Single ~ Dating ~ Married ~ Divorced ~ Living Together ~ Widowed ~ Married but separated

_____ *opt out of counseling records being kept*

1. Fully describe (including relevant dates and details) the circumstances that led you to counseling:

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2. What do you wish to gain from counseling?

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CLIENT TWO (*If Applicable*)

Client Name_____
Gender _____ Age: _____ DOB: _____
Profession _____
Telephone _____
E-mail _____
Address _____

Please Circle One: Single ~ Dating ~ Married ~ Divorced ~ Living Together ~ Widowed ~ Married but separated

_____ *opt out of counseling records being kept*

1. Fully describe (including relevant dates and details) the circumstances that led you to counseling:

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2. What do you wish to gain from counseling?

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CLIENT ONE

3. Current Substance Abuse Issues

4. Past Substance Abuse Issues

5. Please check all applicable boxes:

Behavioral Addictions
- ☐ Pornographic Material
- ☐ Sex Disordered Eating
- ☐ Disordered Eating
- ☐ Television
- ☐ Internet
- ☐ Gambling
- ☐ Technology
- ☐ Shopping
- ☐ Hoarding
- ☐ Video Games
- ☐ Cutting
- ☐ Stealing
- ☐ Other:

Abuse History
- ☐ No History of Abuse/Violence
- ☐ Physical Abuse
- ☐ Domestic Violence/Abuse
- ☐ Emotional Abuse
- ☐ Physical Neglect
- ☐ Sexual Abuse/Molestation
- ☐ Community Violence
- ☐ Elder Abuse
- ☐ Self-harm
- ☐ Other Comments:

6. Personal Strengths & Character Flaws

7. Support System (People you can rely on)

8. Mental Health, Substance Abuse, or Marital Health Treatment History. Please describe previous services received, in detail with dates

9. Mental Health Medications. Please describe previous and current mental health medications received

10. Client One Date_____
Signature _____

CLIENT TWO (*If Applicable*)

3. Current Substance Abuse Issues

4. Past Substance Abuse Issues

5. Please check all applicable boxes:

Behavioral Addictions
- ☐ Pornographic Material
- ☐ Sex Disordered Eating
- ☐ Disordered Eating
- ☐ Television
- ☐ Internet
- ☐ Gambling
- ☐ Technology
- ☐ Shopping
- ☐ Hoarding
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6. Personal Strengths & Character Flaws

7. Support System (People you can rely on)

8. Mental Health, Substance Abuse, or Marital Health Treatment History. Please describe previous services received, in detail with dates

9. Mental Health Medications. Please describe previous and current mental health medications received

10. Client Two Date_____
Signature _____