



Client Information Form

GENERAL INFORMATION

TODAY'S DATE _____

NAME _____

ADDRESS _____

Responsible Party (if different from above)

NAME _____

ADDRESS _____

REFERRAL SOURCE

How did you hear about us? _____

If you were referred to us by a specific person, do we have your permission to thank them? Yes No

Name of Referral source (if applicable): _____

	Preferred?	Leave Message?	
HOME PHONE: _____	<input type="checkbox"/> Y <input type="checkbox"/> N		CELL
PHONE: _____	<input type="checkbox"/> Y <input type="checkbox"/> N	WORK	
PHONE: _____	<input type="checkbox"/> Y <input type="checkbox"/> N	EMAIL	
ADDRESS: _____			DOB ____/____/____
_____/____/____	AGE _____	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
EMPLOYER _____			
JOB TITLE/POSITION _____			
HIGHEST EDUCATION LEVEL ATTAINED, WHERE _____			
MARITAL STATUS	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced
	<input type="checkbox"/> Separated	<input type="checkbox"/> Widowed	<input type="checkbox"/> Committed Relationship
RACIAL IDENTITY	<input type="checkbox"/> American Indian	<input type="checkbox"/> Asian	<input type="checkbox"/> African-American
	<input type="checkbox"/> Caucasian	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Middle Eastern

RELIGIOUS/DENOMINATIONAL Preference (if applicable): _____

MEMBER OF A CHURCH? Yes___ No___ If Yes, WHAT CHURCH _____

Name of Pastor, Minister, or member of the Clergy _____

EMERGENCY CONTACT

Name Contact # Relationship to you

SPOUSE # of Years Together: _____
NAME _____ DOB _____ AGE _____
HOME PHONE _____ CELL _____ WORK _____
EMPLOYER _____
JOB TITLE/POSITION _____
HIGHEST EDUCATION LEVEL ATTAINED _____
EMAIL _____

CHILDREN

Name	Sex	Age	Additional Pertinent Information (if any)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

HOUSEHOLD'S TOTAL INCOME

___ \$0-60,000 ___ \$60-79,999 ___ \$98-99,999 ___ \$100,000 or more

PRESENTING PROBLEM

What brings you to counseling at this time?

Have you (or your family members) ever been involved in counseling? Yes No
If yes, with whom? _____ When? _____
Reason(s): _____
Are you in treatment with another counselor at this time? Yes No
If yes, with whom? _____ Reason _____
Have you ever been admitted to an inpatient or outpatient treatment program? Yes No
If so, where? _____ Dates of treatment _____
Reason for treatment _____

MEDICAL CONTACT/HEALTH CONDITIONS

Name of Primary Physician _____
Phone _____
Date of Last Physical _____
Date of Last Visit _____
Known diagnoses (physical and/or Psychological) _____
Name of Psychiatrist (if applicable) _____ Phone _____

Please list all prescribed medications (Medication, Dosage, Frequency, & Name of Prescribing Physician)

Check which of the following you use, and please note the amount and frequency of each:

- Caffeine Coffee Sodas Other drinks Pills/Supplements
 Alcohol/Adult Beverages _____
 Tobacco _____

FUTURE APPOINTMENTS

Should we need to contact you regarding your future appointments, please indicate how we may do this if you are not available when we call. Initial all that apply.

- _____ Leave appointment time on answering machine/voicemail
_____ If no answering machine, leave appointment time with _____
_____ Leave a message with callback number requesting you contact Restore Ministries
_____ Email or Text appointment information

Informed Consent of Client

Confidentiality: All information disclosed within a counseling session is confidential and may not be revealed without your written permission, except for the purpose of supervision. If you choose to have Restore Ministries keep any other individual apprised of your progress in counseling, it will be necessary to complete a “Release of Information” form that will be kept on file. Without a properly executed release, everything about your visit will be held in strictest confidence with the exception of the following circumstances: when a client intends to take harmful, dangerous, or criminal action against themselves or another individual; when a client or their family is likely to suffer threats, or the results, or harmful behavior; or where there is a reasonable suspicion of the abuse of elderly persons or the children under the age of eighteen.

If you are a minor, it is the legal right of your parents to have access to the information that we discuss in our sessions. I will discuss with each minor client and their parent/guardian the expectations of exchange of information between parent/adolescent, therapist/adolescent, and therapist/parent for their particular situation. It may be imperative to my therapeutic relationship with an adolescent not to reveal the information disclosed to me in session to their parents/guardians. It is important that all parties involved in the therapeutic process are clear on our communication expectations.

If I should find myself in a social setting where you are present (e.g., grocery store, restaurant, social event), I will respect your privacy by not initiating contact or seeking to engage you in a conversation unless initiated by you. Should a colleague, friend, or family member accompany me, I will not introduce them to you.

Cancellation Policy: Your session is reserved for you. In the event that you will be unable to keep an appointment, please notify me NO LATER THAN 48 HOURS IN ADVANCE. In the absence of your notification, you will be charged for the missed session. Restore counselors request that all clients provide a credit card number to keep on file in the case of missed appointments without notification. This information is kept in a confidential file that is locked at all times. If you “no show” the cancellation charges will be charged to your card.

Referrals: I realize that I am not able to provide appropriate treatment for all of the conditions that clients may have. For this reason, you and /or I may believe that a referral is needed. In that case, I will provide you with some alternatives including programs and or people who may be able to assist you. You will be responsible for contacting and evaluating those referrals and/or alternatives.

In Case of an Emergency: Our office number is not an emergency number and Restore Ministries does not offer 24 hours crisis coverage. Therefore, the following procedure is to be followed if you experience a crisis:

Call 911 if you are in immediate danger; or go to the nearest emergency room. You can also call the Birmingham Crisis Center (205) 323-7777

Email, Text Messaging and Cell Phones: Email, cell phones, and text messaging can be helpful and efficient ways to communicate between sessions. However it is important for you to be aware that there is always a certain degree of risk or breach of privacy when communicating this way. You may communicate with me via email/text to schedule

or reschedule sessions. You may also email me between sessions – however please realize I will not address a new issue via email. I will wait until our next session to discuss anything sent in an email. Please note that any phone calls made between sessions that last more than 10 minutes will be charged at half of your hourly rate.

Payment: Restore Ministries is a non-profit organization (501c3) that receives contributions to scholarship our sliding fee scale. You may pay through cash, check (please make out your check to Restore Ministries), or credit card. A receipt will be provided upon request. If you are unable to contribute the amount indicated below, please bring that to our attention so we can work with you. Payment is due at the end of each session.

Sliding Scale for Services Provided

INCOME	\$0-\$65,000	\$66,000-\$85,000	\$86,000-\$105,000	\$106,000 or above
Payment	\$65	\$80	\$100	\$115

Waive Right to Subpoena: In order to protect and enhance our communication, you and the information you and/or your children provide to me during our sessions, I ask each client to waive their right to call me as a witness to court for any reason. The communication that you/your children provide during a session is considered privileged.

If you choose to subpoena me regardless of this statement please understand fees for depositions and court appearances are billed at \$100 per hour door to door.

My signature below acknowledges that I have read and been able to ask questions regarding the above information.

Signature of Counselee/Client _____ Date _____

HIPAA: Copies may be downloaded on www.restore-ministries.org. I further attest that Restore Ministries has provided me with a copy of the Notice of Privacy Practices.

Signature of client _____

Printed Name of client _____