

Jennifer "Jiffy" Dahlgren

LPC/MHSP

Client Information

Name _____ Date _____

Age _____ Date of Birth _____ SS# _____

Address _____

City _____ State _____ Zip _____

Cell # _____ OK to Call/Leave Message _____

Work # _____ OK to Call/Leave Message _____

Email Address _____

This email address is for session reminders and sending billing invoices.

Clients realize the limits of confidentiality using email and give permission for this type of correspondence.

Emergency Contact Person _____

Phone (Cell) _____ (W) _____

Relationship to you _____

Occupation _____

Employer _____ Years there _____

Single or Married - How long? _____ Previous marriages _____

Referred by _____

Have you ever been in counseling before? _____ If so, please provide information below:

Name of Counselor/Facility	Dates	Reason Treated
_____	_____	_____
_____	_____	_____
_____	_____	_____

Was counseling helpful? Why or why not?

List everyone living in your house and their ages

Religious/Spiritual Practice _____

Hobbies/Interests

What made you decide to seek out counseling and come to this appointment?

What do you hope to achieve from counseling?

List any medication you are currently taking. Included length of time taken and dosage.

Prescribing Physician _____

List any past or present events that you feel would be helpful for me to know (abuse, traumatic events, illness):

Are you experiencing any of the following? (circle)

- | | | | | |
|---------------------|---------------------|---------------------|------------------|----------------|
| Depression | Crying Spells | Loss of Energy | Loss of Appetite | |
| Fears or Phobias | Anxiety | Loneliness | Can't Sleep | Sleep too much |
| Anger Outburst | Thoughts of Suicide | Decreased Sex Drive | Suspicious | |
| Nervousness | Hallucinations | Confusion | Violent Behavior | Oversensitive |
| Increased Sex Drive | Fear of Being Alone | Work Problems | Headaches | Jealousy |

Trouble getting along with others or feeling like others take advantage of you ___ Yes ___ No

Please briefly speak to the issues that you circled _____

Print and bring completed form to your first session

Counseling Policies
Therapist/Client Contract Client's Rights and Responsibilities

These policy statements have been developed in order for there to be a clear understanding about what the therapeutic relationship is like between therapist and client. They are written in accordance with current legal and ethical standards. Please read the following and your signature at the bottom of the page means that you have a clear understanding of each one. If there are any questions, let's talk about them so that we can have a good, solid working relationship.

BENEFITS and RISKS of THERAPY Research has shown that therapy is beneficial for a wide variety of problems. The majority of people who receive counseling make significant improvements. However, it should be understood that some people do not report themselves as significantly improved at the end of treatment and a small percent report themselves as worse after receiving treatment. Therefore, as with any treatment, whether it is psychological or medical, therapy should only be entered with proper consideration. You always have the right to inquire and to choose treatment modalities.

CONFIDENTIALITY Therapist has an ethical and moral obligation to keep information revealed in session confidential. There are several exceptions to this rule. In an emergency when there is eminent danger to the client or another person, the counselor may breach the confidentiality, and Tennessee Law requires that suspected child, elder abuse, or domestic violence be reported to the Department of Human Services. Otherwise, information will only be released with written permission unless client is under the age of 18.

FEES and APPOINTMENTS Therapy sessions are a 50-minute hour unless otherwise scheduled. The charge for the home-based therapy hour is \$150. The charge for the office-based therapy hour is \$125. Scheduled phone sessions are also available to current clients. Payment is due when services are rendered. **Clients are responsible for the session fee for missed appointments that are not cancelled at least 24 hours in advance.**

PHONE CALLS and EMAILS Most all communication is done through email since longer phone calls incur charges. Response to email and voice mail is usually done daily or within a 24-hour period. If there is an emergency, call the crisis hotline at 244-7444 or go to the nearest emergency room.

I have read and agree to accept the above stated policies.

Name

Date