

Client Intake Questionnaire

Full Name: _____ Date: _____

Address: _____

Telephone Numbers: Home: _____ Okay to call: Yes ___ No ___

Work: _____ Okay to call: Yes ___ No ___

Cell: _____ Okay to call: Yes ___ No ___

Email: _____ Okay to contact you by email? Yes ___ No ___

Gender: ___ DoB: _____ Age: ___ Social Security # _____

Marital Status: Single ___ Married ___ Divorced ___ Cohabiting ___ Other ___

Employer/Occupation: _____

Highest educational level: HS ___ Some College ___ Bachelor's Degree ___

Master's Degree ___ Doctorate ___ Area(s) of study: _____

Religious Preference: _____

Emergency contact: _____ Relationship: _____

Address: _____ Phone: _____

Marital History (if never married, skip this section)

Marriage Date: _____ Ending Date (if applicable): _____

Name of Spouse: _____

Children & Ages: _____

Please list the names & ages of all people currently living in your home.

Name	Age/Birth Date	Relationship

Who has custody of the minor children living in your home? _____

Medical History

Overall rating of physical health: Excellent Good Fair Poor

Date of last physical exam: _____

Name of Physician: _____ Phone: _____

Current Medical Conditions: _____

History of Medical Conditions: _____

Hospitalizations: _____

Please list name, dosage & length of time you have been taking any medications for physical conditions: _____

History of Chemical Dependency Treatment

Treatment Issue/Type of Treatment: _____

Dates: _____ Treatment Provider: _____

Mental Health History

Are you currently under the care of a psychiatrist? Yes ____ No ____

Name of psychiatrist: _____ Phone: _____

Please list name, dosage & length of time you have been taking any psychotropic medications: _____

Have you ever consulted a professional counselor before? Yes ____ No ____

Name of therapist: _____ Phone: _____

Dates: _____

Are you currently in therapy elsewhere? Yes ____ No ____

Is there mental illness in your family history? Yes ____ No ____

If yes, please describe _____

Sonja Fulmer Counseling - Practice Policies

FEE POLICY: The fee for counseling services is set at \$140 per 50 minute session
I request that cancellation be made 24 hours in advance; otherwise, you will be financially responsible for the session.

Other services such as court appearances, inpatient visits, or significant telephone counseling, etc. are based on the session rate in addition to transportation expenses.
Payment for service is expected at the time of each service. Your health insurance may provide reimbursement for professional psychological services. I encourage you to consult your policy for specifics with regard to “out-of-network providers”. Please note that clients who choose to file insurance are still expected to pay the full fee for services at each visit.

CONFIDENTIALITY: The State of Tennessee provides that client information is confidential and will not be shared without your written consent unless required by the following three statutes:

- Any suspected child or elder abuse is required to be reported to the appropriate governmental authorities.
- If there is reason to believe that the client is in imminent danger to him/herself or to any other individuals, I am required by law to report this to the appropriated authorities as well as to warn any individuals who may be threatened.
- When a client is involved in legal proceedings, client records may be subpoenaed.

PROFESSIONAL SERVICES: I am available for counseling appointments at selected times throughout the weekday.

You may leave a voice mail message at my office number (615-373-7175) at anytime and I will receive the message at my earliest convenience. If you are unable to reach me and you have an emergency, please call **911** or go to your local emergency room.

BENEFITS AND RISKS OF COUNSELING: Persons contemplating counseling should realize that they may make significant changes in their lives. People often modify their emotions, attitudes, and behaviors. They may also make changes in their marriages or significant relationships, such as with parents, friends, children, relatives, etc. They may change employment or other aspects of their lives. While I will assist the client in effecting change, I cannot guarantee a specific outcome. Clients are ultimately responsible for their own growth.

CREDENTIALS: I hold an M.A. degree in Counseling from Trevecca University and am licensed in Tennessee as a Professional Counselor with Mental Health Service Provider designation.

Do you have any questions about fees, confidentiality or other matters? Yes ___ No ___

Do you agree to the conditions and provisions of the Practice Policies? Yes ___ No ___

Signature: _____ Date: _____

Signature: _____ Date: _____