

**Stacy Brothers, M.S., LPC-Supervisor
Intake Form for Adult Clients**

Today's Date: _____

Personal Information

Name: _____

Birth date: ___/___/___ Age: ___ Male Female

Address: _____ City: _____ State: ___ Zip: _____

What is the best way to reach you?

Phone Number (1)

Phone Number (2)

E-mail Address

Phone Number (1): _____ Cell Work Home

Phone Number (2): _____ Cell Work Home

E-mail Address: _____

Your emergency contact person

Name: _____ Relationship: _____

Phone Number (1): _____ Phone Number (2): _____

Religious Preference: _____ This *is* OR *is not* something I consider important for counseling

Currently employed? Yes No Occupation: _____ Employer: _____

Important Relationships

What is your current marital status? Single Married Divorced Separated Other: _____

(Check all that apply) Widowed Remarried (how many times? ___)

Please list information regarding your current or past significant-other relationships (if applicable):

Current Spouse: _____ Year begun: ___ Children? Yes No

Past Spouse (1): _____ Years begun/ended: ___/___ Children? Yes No

Past Spouse (2): _____ Years begun/ended: ___/___ Children? Yes No

Please list any children from these relationships and their ages:

Child (1): _____ Age: _____ Child (2): _____ Age: _____

Child (3): _____ Age: _____ Child (4): _____ Age: _____

Usual living arrangements in the past 2 years (check all that apply):

- With spouse and children With spouse alone With children alone
 With parents With other family With friends
 Alone No stable arrangements

Do you live with someone who has a current drug, alcohol, or sexual addiction? Yes No

Do you have a close, personal relationship with any of the following people (check all who apply)?

- Mother Father Siblings Spouse/Partner
 Children Friends Church family Co-workers

Have you had periods of significant problems with any of the above? Yes No

Who? _____

Health Information

Are you currently taking any prescribed medication? Yes No

List names and doses of all medication: _____

Who prescribes these medications? _____

Illegal drugs you have used: _____ (In last 60 days? Yes No)

Do you have any chronic medical problems? Yes No

Have you ever been treated for any psychological or emotional problems? Yes No

Is this your first time to see a counselor? Yes No

If not, list previous counselors: _____

Have you ever considered committing suicide or seriously harming yourself? Yes No

List any other important medical information: _____

Legal Information:

Have you been referred to counseling by the criminal justice system? Yes No

Are you currently on probation or parole? Yes No

My Concerns

What brings you into counseling today? _____

Please check any of the concerns listed below that apply to your life right now. If any of these feel especially important, feel free to circle them or mark them in some way so that we can be sure to discuss them:

- Abuse (Current)
- Abuse (Past)
- Alcohol
- Anger
- Anxiety
- Attention span
- Career
- My Childhood
- My Children
- Choices I've made
- Confusion
- Crying
- Deaths
- Debt
- Decision making
- Dependence
- Depression
- Divorce
- Drug Abuse
- Eating Issues
- Emptiness
- Failure
- Family
- Fears
- Financial trouble
- Friendship problems
- Frustration
- Gambling
- Grief
- Guilt
- Hallucinations
- Health concerns
- Hostility
- Impulsiveness
- Indecision
- Inferiority feelings
- Irritability
- Bad Judgment
- Legal matters
- Loneliness
- Loss of control
- Low energy
- Marital coldness
- Marital conflict
- Marital infidelity
- Finding meaning in life
- Memory problems
- Mood swings
- Motivation
- Obsessions
- Outbursts
- Oversensitivity
- Panic attacks
- Parenting
- Perfectionism
- Phobias
- Pornography
- Relationships
- Sadness
- School problems
- Self Abuse
- Self-control
- Self-esteem
- Separation
- Sexual conflicts
- Sexual desire
- Sexual (Other)
- Shyness
- Sleep problems
- Spiritual concerns
- Stress
- Suicidal thoughts
- Suspicions
- Temper problems
- Violence
- Work problems
- Weight issues
- Withdrawal

Use the space below to list any other concerns not listed, or to comment on the concerns above:

Informed Consent for Stacy Brothers, M.S., LPC-Supervisor

Please Initial Each Line:

INFORMATION ABOUT STACY BROTHERS:

_____ I understand that Stacy Brothers is a Licensed Professional Counselor supervisor in the state of Texas and holds a Master's of Science in Family Therapy from Texas Woman's University.

INFORMATION ABOUT THE NATURE OF COUNSELING AND MY RIGHTS:

_____ I understand that as the client, I am in control of the counseling relationship and may choose to end that relationship at any time.

_____ I understand that counseling can improve as well as upset the equilibrium in any person or family.

_____ I understand that I have the right to speak to Stacy Brothers about ANY concerns that I may have about counseling.

_____ I understand that Stacy may not be available for emergencies. If I need immediate assistance, I will call 911.

_____ I understand that if I have a complaint I cannot solve with Stacy Brothers and I wish to file a formal complaint, I may contact the Texas State Board of Examiners of Licensed Professional Counselors at 1-800-942-5540.

INFORMATION ABOUT CONFIDENTIALITY:

_____ I understand that my confidentiality is of utmost importance to Stacy Brothers, and that (aside from the situations listed below) he will keep my privacy in all matters.

_____ **I understand that there are some occasions when confidentiality can or must be breached. Those are: a) I direct Stacy Bauman to share confidential information in writing, b) Stacy Brothers determines that her client poses a danger to self or others, c) she is ordered by a court to disclose information, d) she suspects that child abuse has taken place, at which time he will notify Child Protective Services; or, she suspects elder abuse, in which case he will notify Adult Protective Services, or e) as part of his supervision under Jeff Fletcher. I also understand that if I threaten to harm myself or others, appropriate steps will be taken to prevent such harm from occurring.**

_____ I understand that our paths may cross in social situations, but that our therapeutic relationship comes first, along with protection of my confidentiality. I understand that Stacy will not approach me in public, but that I am free to approach him if I wish.

_____ I understand that confidentiality cannot be guaranteed when communicating through e-mail or over the phone.

INFORMATION ABOUT FEES:

_____ I understand that the fee for counseling covers the time slot of my appointment, and that I will still be charged for that time if I do not give 24 hours notice. **My fee per session is: _____.**

_____ I understand that if I do not give at least a 24 hour notice in canceling an appointment, I will be charged a fee equal to my usual fee per session (listed above).

_____ I understand that all payment is due at the time of service.

INFORMATION ABOUT TESTING AND PSYCHIATRIC SERVICES:

_____ I understand that Stacy Brothers does not perform formal testing, but refers to individuals who do.

_____ I understand that Stacy Brothers is not a psychiatrist, she is a Master's level therapist, and as such cannot recommend or prescribe medications but can encourage clients to see an M.D. for a medical evaluation.

By signing below I confirm that I have read, agreed to and received the above information:

Client/Parent of Client

Date Received and Read