Reveille counseling

New Client Information - Couple

**PLEASE PRINT**

Client’s Full Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Today's Date\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip: \_\_\_\_\_\_\_\_\_\_\_\_Home Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IF NECESSARY, MAY WE LEAVE A MESSAGE FOR YOU AT THIS NUMBER? \_\_\_\_YES \_\_\_\_NO**

Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Marital Status:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation \_\_\_\_\_\_

What Brings You Here Today? \_\_\_\_\_\_

Have You Sought Counseling Previously?

If “Yes”, Please Indicate The Reason, For Seeking Counseling

How Long Have You Been Together?

What Was The Best Point Of Your Relationship?

What Was The Lowest Point Of Your Relationship?

3074 Lake Mary Blvd, Suite 132, Lake Mary, FL 32746

407-333-0404

On A Scale Of 1 – 10, Where Would You Place Your Relationship Today?

We’re In Pain It's Tolerable We’re Doing Great

 & Hurting & Can Work Through

 Each Other Life’s Challenges

1 2 3 4 5 6 7 8 9 10

What Stresses Are You Now Experiencing?

When, And How, Did These Challenges Begin?

How Does Your Partner Contribute To This?

How Do You Contribute To This?

What Do You Think Needs To Change In Order For Your Relationship To Thrive?

Do You Have Children? If So, Please List Ages, And Whether They Are From This, Or A Previous, Relationship.

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Have You Experienced Any Of The Following? (Please Circle)

Eating Disorder Suicide Attempt Suicidal Thoughts

Substance Abuse Clinical Depression Major Illness

Loss Of Loved One (In Last Three Years) Anxiety Abortion

Incarceration Divorce Sexual Abuse

Self-Injurious Behaviors Financial Distress Miscarriage

Infidelity Pornography Physical Abuse

Please Describe Any Traumas You May Have Experienced As A Child.

Please Describe Any Religious Or Spiritual Beliefs You Hold.

How did you come in contact with our office:

 \_\_yellow pages \_\_pastor \_\_physician \_\_friend

 \_\_parent \_\_school \_\_employer \_\_flyer \_\_other

 We like to show our appreciation to referral sources. If you were referred to us by a friend or other professional, may we contact them to express our appreciation?

 \_\_yes Name & Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_no \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Reveille counseling

Client's Consent for Treatment

*Thank you for choosing Reveille Ministry, Inc. for your counseling needs. We are committed to giving you the best care possible. To acquaint you further with the procedures and policies of our agency, we are providing the following information:*

**Appointments:**

 If you need to cancel an appointment, a minimum of 24 hours notice is required. **If 24 hours notice is not given before canceling the appointment or you do not show for your appointment, the** **full charge will apply**. In the evenings and on weekends, you may leave a message with our answering service. The courtesy call that you receive to remind you of your visit is usually made within 24 hours of your appointment. It is your responsibility to know when your appointment is scheduled. Less than 24 hours’ notice does not allow Reveille Counseling sufficient time to offer that session to another client in need. We also ask that you be punctual. If you are late for any reason, you will receive the remainder of your scheduled time. This is necessary so that we can see the remaining clients at their scheduled times.

**Emergencies:**

 In the case of a life-threatening emergency, please call 911. To leave a message for your counselor, please call our office at (407)333-0404 where your counselor will call you back as soon as possible.

**Financial Responsibility:**

 You are financially responsible for all services rendered. Full payment is expected at the time of service, unless other contractual arrangements apply. **Please make checks payable to Reveille Counseling.** We also accept credit card payments with VISA and MasterCard. There will be a **$25.00 fee** for checks that are returned as non-sufficient funds or non-payable. You will receive an invoice from our office letting you know the total amount due. If you have questions regarding your account, please contact our office at (407)333-0404. All correspondence will be sent to the address on your Reveille Counseling Intake Form. If this presents a problem for you, please contact our office for another address to keep on file.

**Confidentiality:**

 Your client records are the property of Reveille Counseling and shall be treated as confidential. To ensure quality record maintenance and client confidentiality, Reveille Counseling will conduct routine client record audits. To comply with state and federal laws regarding client confidentiality, your records will not be released without proper written consent from you. Everything about your care will be held in strictest confidence (with the exception of situations which we are required by law to report, such as suspected or reported child abuse, elder abuse, homicidal or suicidal threat). If you choose to have your Reveille Counseling provider keep a third party informed of your progress in counseling, it will be necessary to complete a separate “Release of Information” form that will be kept on file.

**I CONSENT TO participate in mental health treatment with Reveille Ministry, Inc. I have clarified any questions that I may have with my therapist or staff and I understand and agree to abide by the policies and procedures outlined above. I understand that my participation is purely voluntary and that I may withdraw whenever I wish.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Client/Guardian Signature Date