

Sagewood Counseling, Lisa LeMay, MS, LMFT

Client Information and Consent

Last Name _____ First Name _____ Date _____

Address _____ City, State, Zip _____

Email Address _____ Pronouns _____

Phone number you'd like me to use _____ Can I leave you a message? _____

DOB _____ Occupation _____ Referred here by _____

Reasons for seeking help at this time: _____

What are your goals for our counseling work? _____

Family & Cultural Information

Partner or spouse's name: _____ Marital Status: _____ How long together? _____

Names and ages of any children: _____

What is your ethnicity? _____ What is important for me to know about your cultural background or identity? _____

Medical Information

Do you have any chronic illnesses? Please explain: _____

Are you currently taking or have you ever been prescribed any medications, herbs, or supplements for depression, anxiety or any other mental health condition? If yes, When? What medication? For what? With what results?

Is there anything else you think I should know prior to beginning our work together? _____

Please turn page over

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Emergency Contact Information

Emergency contact _____ Relationship _____

Emergency contact Address _____

Emergency contact Phone Number _____ Alternative Phone Number _____

Initials and Signatures

_____ I understand that I am responsible to pay the entire cost of my sessions at the time of service. I will give a 24-hour notice of cancellation for my appointments (except for emergencies e.g. illness, car trouble, inclement weather) or I will pay the full amount due for the session I missed. The agreed upon fee for each session is _____.

_____ I affirm that I have willingly sought treatment from Lisa LeMay for issues relating to the field of mental health. I recognize that such treatment may involve exploration of my personal and family experience and has the potential to be emotionally unsettling. I agree and consent to receive treatment from Lisa LeMay at this time. I understand that I have the right to terminate such treatment at any time.

_____ I acknowledge that I have received, read, and consent to abiding by the Sagewood Counseling Information document.

_____ I acknowledge that I have been provided a copy of the Notice of Privacy Practices document, which explains in detail my rights to access my Personal Health Information and how, when and with whom that information may be shared.

Client Signature

Date

Client Name (printed)