

**CENTER FOR INDIVIDUAL, COUPLE AND FAMILY
COUNSELING CONFIDENTIAL CLIENT INFORMATION**

Direction: This information is for us to get an initial idea about the nature of your concerns. The information you provide on this form, like all other information, will be kept confidential. Please fill out this form as completely as possible. If you have any questions, please ask the counselor.

Name:		Date:	
Address:		DOB:	
City:	State:	Zip:	
Age:	Cell Phone:	Home Phone:	Work Phone:

At which number(s) may we call you?

Can we leave voicemail(s)?

CONFIDENTIAL CLIENT INFORMATION (CONTINUED)

Ethnicity	
Hispanic	Caucasian
African-American	Multiracial
Asian-American	Pacific Islander
Native American	Other

Ethnicity	
Hispanic	Caucasian
African-American	Multiracial
Asian-American	

CONFIDENTIAL CLIENT INFORMATION (CONTINUED)

In order of importance, what would you like to gain from counseling?

1.
2.
3.

Please answer the following questions with a yes or no (please check the appropriate response)



CENTER FOR INDIVIDUAL, COUPLE AND FAMILY COUNSELING CANCELLATION/NO SHOW POLICY

We understand that there are times when you must miss an appointment due to various life circumstances. We ask that when this occurs you give us at least 24 hour notice so that we may offer the session time and space to other clients. Sessions cancelled on the same day they are to occur will be charged a fee of \$5 payable at the time of your next scheduled session.

Appointments that are not cancelled prior to the start of the session time or are missed entirely are considered a No Call/No Show and will result in a fee of \$15 payable at the time of your next scheduled session.

Fees accrued due to missed sessions must be paid at the time of the next scheduled session. Sessions cannot resume until all account balances are paid in full.

I have read the Cancellation/No Show Policy above and by signing below, I agree to pay any balances owed from cancellations or missed sessions in the future.

Client Name:

Client Signature: _____

Date:



CENTER FOR INDIVIDUAL, COUPLE AND FAMILY
COUNSELING TELEBEHAVIORAL HEALTH
INFORMATION/INFORMED CONSENT

Center for Individual, Couple and Family Counseling

