Client Intake Form – Taryn Peterson, LMFT

Client Information

Name: _____ Date _____

Birthdate (month/day/year): _____

Address:_____

City/State/Zip Code:_____

Contact: (Home)_____(Cell)_____

(Email)_____

Voicemail Messages OK? Yes_____ No_____

Text Messages OK (usually for scheduling purposes)? Yes_____ No_____

Email Messages OK (usually for scheduling purposes)? Yes_____ No_____

How did you hear about Taryn? _____

Current Marital Status

____Single(never married) ____Engaged ____Cohabitating ____Married ____Divorced

____Separated ____Widowed ____Remarried _____(Length of any checked)

Family

Spouse's Name: _____ Age:_____ Birthdate:_____

Occupation: _____ Employer: _____

Are your parents (circle one): Married/ separated/ divorced/ remarried

Mother: living/deceased Father: living/deceased

How would you describe your relationship with them? _____

Please provide the following information about your children:

Name: _____Age: ____ Birth Parent? Yes or No

Name: _____Age: ____ Birth Parent? Yes or No

Name: _____Age: ____ Birth Parent? Yes or No

Name: _____Age: ____ Birth Parent? Yes or No

Medical History

Family Physician: _____City/State: _____

Prescription medications you are currently taking:

Name _____For _____Dose _____Times per day ____

Name _____For _____Dose _____Times per day ____

Name _____For _____Dose _____Times per day ____

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Current physical problems: _____

Have you ever been hospitalized for a psychological problem? Yes __ No __

Have you ever considered suicide? Yes _____ No _____

If yes, please describe: _____

Past or Current Drug/Alcohol Use? _____

Emergency Contact Information

Person to contact in an emergency _____ Relationship _____

Phone Numbers: Primary _____ Secondary _____

Religious Affiliation and/or Spiritual Life

Please indicate with which, if any, religious group or denomination you are affiliated:

_____

Are you actively involved in the life of this group: Yes _____ No _____

Circle all words and/or phrases below that describe your current religious/spiritual experience:

Not religious	Seeking	Closed toward God	Open to God
Curious but doubtful	Born again	Stagnant	God is a friend
Curious but hopeful	Charismatic	God is good	God is distant

Desire for Counseling

In your own words, briefly describe your reason for being here: _____

_____

_____

Overall, how serious is this problem for you?
Not Very Serious 1 2 3 4 5 Very serious

How long has this been a concern for your?

___ Less than 1 month ___ Three to six months ___ One to two yrs

___ One to 3 months ___ Six months to 1 yr. ___ More than 2 yrs

Why did you seek help now? _____

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Have you sought counseling before? Yes___ No ___ If so, for what reason?

_____

Name of Counselor _____ Last visit? ____/____/___

Outcome? _____

Current Experience Checklist
Please mark all that apply to you:

- ☐ Depressed Mood
- ☐ Lost interest in most activities
- ☐ Increased appetite
- ☐ Decreased appetite
- ☐ Weight Gain
- ☐ Weight Loss
- ☐ Difficulty going to sleep
- ☐ Difficulty staying asleep
- ☐ Fatigue, loss of energy
- ☐ Feelings of worthlessness
- ☐ Inappropriate guilt
- ☐ Difficulty concentrating
- ☐ Preoccupation with death
- ☐ Suicidal thoughts
- ☐ Excessive or uncontrollable worry
- ☐ Restlessness
- ☐ Irritable
- ☐ Difficulty completing tasks at work, school, or home
- ☐ Decreased need for sleep
- ☐ Increased talking
- ☐ Racing thoughts
- ☐ Easily distracted
- ☐ Elevated mood
- ☐ Engaging in risky, pleasurable activities
- ☐ Mood swings
- ☐ Feelings of panic
- ☐ Pounding heart, chest pains, shaking
- ☐ Shortness of breath, dizziness, sweating
- ☐ Recurrent undesirable thoughts
- ☐ Repetitive behaviors (hand washing, checking) or mental acts (counting etc)
- ☐ Nausea or abdominal stress
- ☐ Fear of losing control
- ☐ Fear of dying
- ☐ Recurrent intrusive memories
- ☐ Flashbacks
- ☐ Efforts to avoid memories
- ☐ Fear of social situations
- ☐ Alcohol problems
- ☐ Drug use problems
- ☐ Compulsive dieting
- ☐ Vomiting, use of laxatives
- ☐ Marital/relationship problems
- ☐ Sexual problems
- ☐ Impulsive
- ☐ Overwhelmed
- ☐ Angry
- ☐ Easily upset, on edge
- ☐ Careless, forgetful, easily distracted, difficulty organizing, loses things

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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. Some people experience intense and unwanted feelings, including sadness, fear, anger, guilt or anxiety. It is important to remember that these feelings may be natural and normal and are an important part of the counseling process.

For couples and family therapy, although the goal is to improve communication and increased closeness, there is no guarantee of those results. 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 have earned my Master's degree in Marriage and Family Therapy from Trevecca Nazarene University. I am licensed in the state of Tennessee as a Licensed Marital and Family Therapist. I work with individuals, couples and families on a variety of counseling needs.

Confidentiality
Therapy session information will not be released without your prior consent or the consent of the one who has the legal authority to consent on your behalf. This means that, as a general rule, information shared in sessions with a counselor will be held in confidence. However, there are federal and state laws that define necessary limits to that confidentiality. They are as follows and are the "exceptions" to confidentiality and may require reporting to appropriate persons or agencies:

- Any suspicions of any kind of abuse or neglect of or on a child;
- Any suspicions of any kind of abuse or neglect of or on an incapacitated adult;
- Threats of self-harm or suicide; and
- Threats of homicide or threats to harm another person.

Additionally, occasionally judges will subpoena a counselor for testimony or order of release of confidential information in court proceedings. In these instances, the client is notified of the subpoena and/or court order, and every effort will be made to protect the confidential information.

Client Rights
You, as the client, have the right to:

- Ask questions about any part of the counseling session.
- End counseling at any time without moral, legal or financial obligations other than those already accrued.
- Review the information in your files at any time with proper notification and in consultation with your counselor.
- Request, in writing, a release of the information in your counseling files to any person or agency you designate.
- Confidentiality as explained in the Confidentiality section of this document.
- Referral to another therapist/counselor if you are dissatisfied with services or if the scope of practice does not meet your needs.

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Availability
I will always return your calls within 24 hours, but I will make every effort to return your calls the same day. If for some reason you should be unable to contact me during an emergency, you may obtain assistance by calling the Crisis Help Line at 615-244-7444, calling 911, or by going to your local hospital emergency room.

Appointments and Payment Policy
Counseling sessions are generally 50 minutes in length. In order to serve all clients in the best way possible, the following is Taryn's appointment and payment policy:

1. Payment is due at the beginning of each session. Taryn's fee is $125 per session. You may make payment by cash, check, or credit card. Any bank fees charged to the counselor for returned checks will be charged to the client.
2. Scheduled appointments not canceled at least 24 hours in advance (except in cases of emergency as determined by the counselor) are considered billable appointments and payment is expected.
3. If the appointment must be rescheduled due to illness or an emergency situation on the counselor's part, you will receive notice as soon as possible. Of course, there is no financial penalty to you.
4. In the event that inclement weather prevents either you or the counselor from keeping the appointment, there is no financial liability to either party. Both parties are responsible to notify the other of such cancellations as soon as possible.
5. If you are late for a session, the time of the session may be shortened to end at the scheduled time in order to thereby maintaining the integrity of the remaining schedule of the day. The full session fee will be required. If there are no other obligations or appointments following your appointment, then counselor is happy to complete a full session.
6. Out of consideration for you, the counselor will make every effort to start your sessions on time. If, however, the counselor's appointments ever cause your session to start late, the counselor will gladly provide you with a complete session.

I, _____, certify that the information contained herein is complete and accurate, to the best of my knowledge. I acknowledge and agree to the appointment and payment policies contained in this document. I voluntarily consent to the counseling that I receive from Taryn Peterson, LMFT.

_____ _____
Printed Client Name (Parent for Minor) Printed Minor Name (If Applicable)

_____ _____
Client Signature (Parent for Minor) Date