

Debbie Smith, M.A., LPC, CPCS

CLIENT INFORMATION FORM

DATE: \_\_\_\_\_ REFERRED BY: \_\_\_\_\_

Part 1: Child/Adolescent

CHILD'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

AGE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ SCHOOL/GRADE : \_\_\_\_\_

CURRENT MEDICATIONS: \_\_\_\_\_

LIST SIBLINGS, STARTING WITH THE OLDEST:

- 1. \_\_\_\_\_ 4. \_\_\_\_\_
- 2. \_\_\_\_\_ 5. \_\_\_\_\_
- 3. \_\_\_\_\_ 6. \_\_\_\_\_

Part 2: Parents

MOTHER'S NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

ADDRESS (if different from Child) \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

ADDRESS (if different) \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_

Parents' Marital Status: Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_

Never Married \_\_\_\_\_ Other \_\_\_\_\_

WHO HAS LEGAL CUSTODY? \_\_\_\_\_

WHO HAS PHYSICAL CUSTODY? \_\_\_\_\_

List all schools your child has attended, and dates:

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Present Church Affiliation: \_\_\_\_\_

List any major childhood illnesses, hospitalizations, medications, allergies, head trauma, important accidents or injuries, surgeries or medical conditions:

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Homes – Please list all dates that the child has lived in different residences, including location, who they were living with, and reason for moving:

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Please list any Residential placements, institutional placements or foster care, and the reason for the placement:

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Date of last medical exam: \_\_\_\_\_

Have your child's sleeping or eating patterns recently changed?

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Has your child had counseling before? Y/N

If yes, please list counselor, and dates seen: \_\_\_\_\_

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Why are you seeking counseling for your child at this time?

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What do you hope to accomplish through this process? \_\_\_\_\_

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Is there anything else I should know that doesn't appear on this form, but might be important?

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### **INFORMED CONSENT**

**WHAT TO EXPECT:** Counseling is a cooperative venture with responsibility resting on both the counselor and the client. In order for us to work most effectively together, please read the information contained in this form, and discuss any questions or concerns with me.

I, Debbie Smith, am a Licensed Professional Counselor in the State of Georgia. In our work together, my approach will reflect my view that we need to take care of our whole selves – our physical, psychological, relational and spiritual health – in order to be whole and mature. I believe that integrating spiritual formation into the psychological process is necessary in order to allow you to know yourself and God in a way that brings deep healing and true freedom.

Change on a deep level is difficult and uncomfortable at times. It is not unusual that the counseling process can entail periods where you feel worse rather than better, especially at the beginning of the process, as you move toward lasting change and true freedom. This is to be expected, and can often be a sign that good work toward change is being done.

**CONFIDENTIALITY:** You have a right to expect confidentiality during the entire counseling process. No information about you will be released to anyone without your written consent, except under the following conditions:

- If a client appears to be an imminent danger to self or others,
- If a client reveals abuse of a child by self or others, or
- If a client reveals abuse of an elderly or incompetent person by self or others.

**CANCELLATION POLICY:** If you find that you cannot keep a scheduled appointment, please cancel at least 24 hours in advance. Missed appointments will incur a fee of half the rate scheduled. Exceptions will be made for illness or other unavoidable emergencies.

**FINANCIAL POLICY:** Full payment is due at the time of service, unless other arrangements have been made. At this time I do not file insurance claims, but am happy to provide you with a receipt to submit to your insurance company for reimbursement. Fee is \$125 per 1 hour session. Fees for phone consultation or reports can be discussed with your counselor.

**EMERGENCIES:** If you experience an emergency in between sessions (something that cannot wait until your next appointment), please leave a message at 678/468-5418 and mark it 'urgent'. If you do not receive an immediate return call and feel you cannot wait, please call 911 or go to the nearest hospital emergency room for help.

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Signature

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Date