



Client Information

Name: _____ Today's date: _____
Day Month Year

Address: _____

Email address: _____ Phone number: _____

Employer: _____ Length of employment: _____

What would you like to address in counseling?

Have you seen a therapist at Benedict Associates or elsewhere in the past?

Yes No If yes, who did you see?

Were your concerns resolved at that time? Yes No

Do you have any significant medical issues?

Do you have dependents? Yes No

If yes, how many and their ages:

Relationship Status: Married Divorced Single In a significant relationship

Statement of Informed Consent

Confidentiality

I will not disclose anything about you to anyone without your consent except in the following situations:

- If you tell me something that indicates you are a danger to yourself or others
- If you give me information about a child or vulnerable adult being abused or neglected
- If a Court orders that information be shared with them

If you request that I speak to someone on your behalf you will be asked to sign a Release of Information form.

Fees

- The fee for services is \$150 per clinical hour
- Fees are payable at the end of each session
- Appointments are 50 minutes in length

I have read and understand the statements above:

Name: (please print) _____

Signature: _____ **Date:** _____
Day Month Year