



### 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