Center for Counseling & Development

Client Information
<u>All Information is kept in strict confidence</u>

Date:	First Name: Middle Initial: Last Name:

Home Address	City	State	Zip	Phone
				Cell: Home: Work:
Occupation	Age	Gender	Date of Birth	Social Security Number (Optional)

Can I leave a message on your home phone? __________ Cell phone?___________

Work phone? _____________

Marital Status: (Please check one): Partnered____
Married____ Single____ Remarried____ Divorced____ Separated____ Widowed____

Therapy Participants			
Name	Relationship	Date of Birth	Living at Home?
In case of emergence notify (include name, address, and phone number):			
Briefly state why you are here:			

I learned about your services through (circle one):

(a) Friend (b) psychologytoday.com (c) networktherapy.com

(d) therapeuticdirectory.com (e) family-marriage-counseling.com

(f) yellowpages.com (g) other: ______________________

Medical Information

Note: Only fill out this page if you think it would be useful or relevant for therapy.

Name	Last 2 Years Major Medical Events	Current Medications: Prescription & Over the Counter

Family Physician:________________________________Phone:___________________

Psychiatrist: ____________________________________Phone:___________________

Pediatrician: ____________________________________Phone:___________________

Alcohol and Drug use:

Please describe usage to include: who, type, amount, and frequency:

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____.

Significant Family History Events:

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Therapy Agreement

I hereby grant my permission for any therapy that may be deemed pertinent by Jeffrey Cotton, M.S., Registered Intern IMT-962, IMH-5922. I also understand that Jeffrey Cotton is receiving supervision from AnnaLynn Schooley, Ph. D., LMFT, LMHC to fulfill licensure requirements and that no identifying information will be disclosed to the supervisor. I understand that my counseling sessions are strictly confidential. However, law mandates therapists to honor court subpoenas.

1. My usual and customary set rate for providing direct face-to-face psychotherapy services is based upon my usual and customary fee schedule: I agree to pay the amount of $80.00 per 60 minute session, $40.00 per 30 minute session, and $100.00 per 90 minute session. I also understand that Jeffrey Cotton does not accept insurance and that self-pay is the only option for payment.

2. You will be billed **$50.00 for not giving a minimum of 24 hours notification** of cancellation. This outstanding balance must be paid prior to additional counseling services being delivered.
3. I understand that **self-pay** is the only method of payment in the form of **check** or **money order**.

I understand that therapists have an obligation to report knowledge of or instances of suspected child or elder abuse or neglect as mandated by Florida statue 415.504.

Again, I agree to notify, via phone call, Jeffrey Cotton at least **24 hours** in advance should I need to cancel an appointment. **If I fail to do so, I understand that a session fee of $50.00 will be charged and must be paid in full at the beginning of the next appointment.**

Additional Comments/Special Conditions:

Note: This release must be signed by all participants 18 years and older.

Print Name	Signature	Date

Therapist signature:____________________________ Review Date:_________________

Please ask for a copy of this Therapy Agreement if you would like one.

Agreements and Disclosures
(For all participants over 18 years of age)

Please read the following carefully. Each item must be marked either “yes” or “no.” If you have any questions, please be sure to ask your therapist.

1.) I authorize Jeffrey Cotton to mail any correspondence regarding my treatment, satisfaction with treatment, updates about my treatment and educational programs during and after the completion of my treatment to my home mailing address.

________ Yes ________No

2.) I want my primary care physician to be notified of my treatment at the Center for Counseling and Development.

________ Yes ________No

3). I authorize Jeffrey Cotton to leave clinical information on the answering machine/voice mail on this number:___________________________.

________ Yes ________No, my therapist cannot leave any information on any designated answering machine/voice mail system.

Disclosures

1). I realize that Jeffrey Cotton conducts research, and I understand that all research is calculated, reported, and described in a manner that maintains my confidentiality and total anonymity.

________ Yes ________No

2). I understand that Jeffrey Cotton cannot be held responsible for being unable to access me do to telephone devices that may block his calls, my use of a cell phone/pager system in which I cannot be directly reached, any form of caller identification, or any type of device that does not allow my therapist to make direct telephone contact with me.

________ Yes ________No

Signature: ____________________________________ Date:_____________

FIRST APPOINTMENT ORIENTATION

I hope the following information will help make your first appointment productive and maximize the time for you to discuss your situation.

1. Please complete the information on all of the downloaded forms. If you have any questions about any of the items, leave them blank until your questions can be answered in the first session.
2. If you have any questions about how to schedule an appointment online or are experiencing difficulty, please call 954-600-6035, and Jeffrey Cotton will assist you.
3. Please make sure that all therapy participants (18 years & older) sign the consent forms.
4. If you are court-mandated to receive counseling, please bring in the court order.
5. If the biological parents of the youth(s) are separated or divorced, please get consent from the other parent unless his or her whereabouts are unknown.