

Wood Christian Counseling
Carolyn Rainwater, Christian Counseling Mentor
3800 Paluxy Dr. Ste. 240
Tyler, Texas 75703
Office: (903) 283.8729 * Fax: (888) 454.9083

Client Intake Form

Date: _____
Client: _____ DOB _____ Age: _____
Address: _____ City: _____
State: _____ Zip Code: _____
Home Phone: _____ Cell: _____ Work: _____
Occupation: _____
Marital Status: _____ Months / Years: _____
Anniversary Date if married: _____
Which phone would be best to contact you? _____
How were you referred to us? _____
Email address: _____

Spouse / Guardian: _____ DOB: _____ Age: _____
Address: _____ City: _____
State: _____ Zip Code: _____
Home Phone: _____ Cell: _____ Work: _____
Social Security: _____ Occupation: _____
Marital Status: _____ Months/ Years: _____

Family Information

Please list any family members / dependents living in your home including age and relationship:

Name: _____ DOB: _____ Relationship: _____

Treatment

Previous / Current Counseling History () yes () no If yes, please explain (including dates):

Previous / Current Psychiatric Treatment: () yes () no If yes, please provide treating MD name, telephone #, and list of medication:

History of hospitalization for substance abuse or any other psychiatric disorder: () yes () no If yes, please explain (including dates):

Please describe any medical or health problems:

Have you been previously married? () yes () no

Current Symptoms (May put initials)

<input type="checkbox"/> Jealousy	<input type="checkbox"/> Financial Issues
<input type="checkbox"/> Abandonment	<input type="checkbox"/> Intimacy problems
<input type="checkbox"/> Depression	<input type="checkbox"/> Infidelity Issues
<input type="checkbox"/> Withdrawn	<input type="checkbox"/> Sexual Problems
<input type="checkbox"/> Lack of Communication	<input type="checkbox"/> Suicidal Thoughts
<input type="checkbox"/> Spiritual Issues	<input type="checkbox"/> Eating Issues
<input type="checkbox"/> Panic Attacks or Anxiety	<input type="checkbox"/> Drug or Alcohol Abuse
<input type="checkbox"/> Fearful / Phobias	<input type="checkbox"/> Nightmares
<input type="checkbox"/> Impulsive or Controlling behaviors	<input type="checkbox"/> Rage / Anger

Have you ever contemplated or attempted suicide? () yes () no If yes, please explain, including time frame.

Current or Previous History of Domestic Violence including verbal or physical? () yes () no If yes, please explain:

Please list emergency contacts:

Name: _____ Relationship: _____ Phone # _____

Name: _____ Relationship: _____ Phone # _____

Confidentiality, Consent to Treatment, and Treatment Policies

-I understand that everything discussed during counseling is held confidential, with the exception of the counselor suspecting that I intend to hurt myself or someone else, if a report is made about any physical or sexual abuse of a minor child or of an elder, or if records are requested by a court of law in order to testify to those records.

-I understand that it is my responsibility to make the counselor aware of any schedule changes, and if I fail to give a 24 hour notice of cancellation I will be charged. I understand that insurance will not reimburse me for this charge.

-I understand that if i am more than 20 minutes late that I am considered a “no show” and I will be held responsible for payment.

-I understand if a check bounces, I will be charged a \$25.00 service charge. After 2 times, I will need to pay in cash.

-I understand that Carolyn Rainwater is being trained to obtain LPC licensure for the state of Texas and does not currently hold a LPC license for the state of Texas. I understand that she is being supervised by Jennifer Wood, MAMFT, LPC-S

-I understand that I am responsible for the full session payment at the time of my appointment.

-I understand that I will receive a receipt after every session for services provided.

-I understand that if I have an emergency I should call 911 directly.

- I understand that if Carolyn Rainwater or Jennifer Wood, MAMFT, LPC-S is subpoenaed to appear in court, Carolyn Rainwater’s fees will be \$300 and Jennifer Wood’s fees will be \$500. I understand this balance is to be paid prior to the court date.

I have read, and I understand all of the policies that are listed above.

Signature of client/ parent/ or guardian

Date

Carolyn Rainwater Mentor

Date

Jennifer L. Wood MAMFT, LPC-S

Date

