



Adult INTAKE FORM

LICENSED PROFESSIONAL COUNSELOR, MA, LPC, NCC

It is best if each person fills out their own form. Please provide the following information. Leave blank any question you would rather not answer. Information you provide is held to the same standards of confidentiality as our therapy. Please bring this to your first session.

Name: _____

Birth Date: ____ / ____ / ____ Age: _____ Gender: Male Female

Marital Status:

Never Married Partnered Married Separated Divorced Widowed

Partner's name: _____

Number of Children: _____ Ages and names: _____

Local Address: _____

Phone: () _____ May I leave a message or text you? Yes No

E-mail: _____ May I email you? Yes No

*Please be aware that text/email might not be confidential.

Referred by: _____

Are you currently receiving psychiatric services, professional counseling or psychotherapy elsewhere? Yes No If yes, therapist's name _____

Have you had previous psychotherapy? No Yes

If yes, previous therapist's name _____

PYSCHOTROPIC MEDICATIONS

Are you currently taking prescribed psychiatric medication (antidepressants or others)?

No Yes If Yes, please list: _____

If no, have you been previously prescribed psychiatric medication?

No Yes If Yes, please list: _____

ALCOHOL/DRUG USE

Do you regularly use alcohol? No Yes

In a typical month, how often do you have 4 or more drinks in a 24-hour period? _____

Do you use drugs? No Yes If yes, how often do you engage in recreational drug use?

Daily Weekly Monthly Rarely

RELIGIOUS/SPIRITUAL INFORMATION:

Were you affiliated with any church / religion growing up? No Yes

What Church or Religion? _____

Are you currently affiliated or attending a church/religion now? No Yes

What Church or Religion? _____



EDUCATIONAL/OCCUPATIONAL INFORMATION:

Please circle highest level of education received.

GED HS Diploma Associate's/Technical Degree Bachelor's Degree Post-Graduate Degree

If college degree attained, please specify major: _____

Are you currently employed? No Yes

If yes, who is your current employer/position? _____

If yes, are you happy at your current position? _____

Please list any work-related stressors, if any: _____

FAMILY HEALTH HISTORY:

Briefly describe your relationship with your father: _____

Briefly describe your relationship with your mother: _____

List family members with a mental health past: _____

AREAS OF CONCERN OR STRESS:

Personal or Relational Concerns:

- Grief/mourning following loss
- Depressed
- Anger or difficulty controlling temper
- Stressed Panic Attacks
- Loneliness
- Anxiety (Specific: _____)
- Fear (Specify: _____)
- Guilt
- Physical problems
- Financial difficulties
- Sleeping problems
- History of traumatic experiences
- Sexual abuse Incest
- Infidelity
- Use of internet Pornography
- Lack of emotional support
- Sexual Concerns
- Arguing or handling conflict
- Lack of concentration
- Emotional or physical abuse by partner
- Abuse of child(ren)
- One or more family members not getting along
- Spiritual or Religious Issues, explain _____
- Other concerns, Please specify _____

Life Adjustment Problems:

- Divorce or Separation
- Newly married or remarried
- Stepfamily with children
- Moving to new location
- Parenting a newborn
- Being a single parent
- Problems with relatives
- Addition of a parent to household
- Employment difficulties/stress
- Major difficulties with child or teen
- Alcohol Use Family Concerns:
- Custody or visitation problems
- Parent/Child Conflicts
- Difficulty letting children grow up
- Adolescence Issues
- Child(ren) having difficulty with divorce or new marriage

PRESENTING ISSUE:

Briefly explain what concern(s) that you would like to address during counseling:





Christine Hoover, MA, LPC, NCC
Licensed Professional Counseling; Professional Disclosure Statement
1215 15th St, Suite 200, Huntsville, TX 936-931-8051

This document is designed to provide information concerning competency, philosophy, and chosen techniques, and to ensure that you understand the professional relationship of counselor and client.

FORMAL PROFESSIONAL EDUCATION AND LICENSING

I received a Bachelor of Arts degree in 1989 in Speech Communication from Texas A&M University and a Masters of Arts in Community Counseling at Sam Houston State University in May of 2013. I am a Licensed Professional Counselor (LPC license #71081) in the State of Texas. I am a member of the Texas Counseling Association (TCA), American Counseling Association (ACA), and the American Christian Counseling Association (ACCA).

AREAS OF COMPETENCE: My areas of competence include individual counseling, group counseling, and couples and family counseling. I typically work in areas including depression, anxiety, grief, self esteem, relationship issues, trauma, work and career, spiritual growth, and sexual abuse issues. I am not able to prescribe medications to clients. Some clients need only a few counseling sessions to achieve their goals, while others may require more counseling. While benefits are expected from counseling, specific results are not guaranteed. Counseling is a personal exploration and may lead to major changes in your life perspectives and decisions. As a client, you maintain control of yourself and you may end our counseling relationship at any point, and I will be supportive of that position. If you are dissatisfied with my work, I will help you find another counselor with whom you might be able to work effectively. It is understood that as a LPC, I am required to keep records of our time together and I maintain basic hand-written notes of our session times.

TECHNIQUES: I view clients in a positive way and I believe that all individuals have the capacity to grow, to creatively overcome their problems, and to develop useful and meaningful social relationships. As a Christian, I view the all of the complexities and core needs of the client through the lens of the Bible and the Christian faith and will use this insight in sessions. It is my expectation that ours will be a mutually trusting, respectful, and collaborative relationship in which I will encourage you to examine your past and present relationships and experiences in order to identify beneficial goals for your future. Counseling provides the opportunity for growth and self-discovery in the context of a safe, supportive, and therapeutic relationship. In my practice, I believe that in the process of counseling, your active involvement is an important component in changing your behavior, thoughts and feelings. There are no instant “cures” or ‘magic pills” to eliminate your problems. Change is a process and it can happen for you. Sometimes change happens quickly and easily, but more often it will be slow and deliberate.

PROFESSIONAL RELATIONSHIP: While our sessions might be very intimate psychologically, it is important for you to understand that we have a professional relationship rather than a social relationship. Our contacts, other than chance meetings, will be limited to appointments you arrange with me. I will not attend your social gatherings, accept gifts from you, or relate to you in any other way than in the professional context of our counseling sessions. You will be best served if our relationship remains strictly professional and our sessions concentrate exclusively on your concerns. I do not interact via social media with clients.

LITIGATION LIMITATION: Due to the nature of the therapeutic process and the fact that it often involves making a full disclosure with regard to many matters which may be of a confidential nature, it is agreed that should there be legal proceedings (such as, but not limited to, divorce and custody disputes, injuries, lawsuits, etc...) neither you nor your attorney’s, nor anyone else acting on your behalf will call Christine Hoover to testify in court or at any proceeding nor will a disclosure of the counseling records be requested.



CONFIDENTIALITY AND PRIVACY: Communications with a psychotherapist in treatment are privileged and may not be disclosed without your permission, except as required by law. I will keep confidential the things you tell me, with the following exceptions: 1. You grant permission in writing for consultation with someone else about your session time.. 2. You desire to seek reimbursement from insurance in which case insurance will ask for a diagnosis and possibly an estimate of the amount of time expected for treatment. 3. State law requires me to report known or suspected cases of child or elder abuse, including sexual abuse, to the Texas Department of Human Services. 4. You express intent to harm yourself or someone else in which case it may be necessary to involve other persons to prevent such harm. 5. Your file is subpoenaed by the court in a case where it is subject to subpoena. 6. You file a suit or ethical complaint against me for breach of duty. 7. State law requires me to report cases of illegal actions perpetrated by other therapists against clients under their care. I understand that e-mail and text messages are not confidential and can be intercepted and read by other people and I agree to be contacted for session scheduling via these means. I understand that texting/emailing will not be used for transmitting confidential and sensitive client issues and concerns. Christine Hoover will NOT offer professional counseling services via these means.

FINANCIAL AGREEMENT: I understand that I am financially responsible for ALL charges whether or not they are fully covered by insurance. I understand that Christine Hoover is not able to bill to my insurance company, but she is able to provide a statement for me to seek reimbursement from my insurance company.

Session Fee: \$90 debit/credit or \$85 cash/check

The charge of \$90 is due in full at the time services are rendered unless previous arrangements have been made. I understand that all payments made will be made directly to Christine Hoover. Our sessions will be 45 minutes.

CANCELLATION POLICY FEE AND PERVASIVE MISSED/CANCELLED APPOINTMENTS:

Counseling sessions are 45 minutes. Christine Hoover, LPC requires that 24 hours notice be given if cancelling an appointment. You will be billed a **\$45 cancellation fee** if 24 hours notice is not given; emergency situations may be discussed with Christine Hoover. Christine Hoover will often confirm appointments via text message or email, but attendance of a scheduled appointment, whether confirmed or not, remains the responsibility of the client. Christine frequently has a client waiting list and missed appointments often prohibit that session from being filled with a client who is able to attend. Christine Hoover, LPC reserves the right to terminate the counseling relationship if there is a pervasive pattern of missed and/or cancelled appointments. If this happens, she will provide a list of other area counselors for referral.

DOCUMENT FEES: At times letters or reports may be requested for various reasons. Please allow two weeks for a report. In addition, please be aware that you will be charged at the hourly rate of \$100.00 for any letters or reports sent on your behalf unless other arrangements are agreed upon. I must have a written release to send any information to an outside party. If a request is made to write a letter required for obtaining an Emotional Support Animal, a minimum of 10 completed counseling sessions is required before a letter will be produced for the client. If a request is made to verify premarital work, at least 4 sessions must be completed by the couple before a letter will be produced.

COURT FEES: If I should be asked or subpoenaed to give a deposition or to appear in court on your behalf or in a case that involves you, a \$600.00 deposit must be paid in advance of the deposition or court date (2 hour minimum/ \$300.00 per hour). Should more than two hours be required (including travel time), you will be charged an hourly rate of \$150.00 per hour, in 4 hour increments only. Payment of the balance is expected within 5 days of the end of testimony. These rates will be charged in four hour increments only which include time spent on preparation, travel, waiting and testimony. These charges are the sole responsibility of the client. As it is often difficult to accurately determine the time needed to appear in court it is necessary for the therapist to clear their entire day making it necessary to charge in this manner.



LOCATION AND RELATIONSHIP WITH THE CARE CENTER HUNTSVILLE: As a Licensed Professional Counselor in the state of Texas, my license allows me to practice as a private practitioner, governed by the rules of the Texas State Board of Examiners of Licensed Professional Counselors, as well as by the American Counseling Association Code of Ethics. I am currently leasing space from Care Center Huntsville and am not an employee of Care Center. Since I am renting space in Care Center Huntsville building, my counseling techniques and therapeutic interventions with clients are solely mine and do not necessarily reflect the views of Care Center Huntsville. The Care Center does not advise or direct my work with clients who seek therapeutic services from me.

AMERICAN WITH DISABILITIES (ADA) GUIDELINES: Christine Hoover, LPC complies with the Americans with Disabilities Act of 1990. If a client has a disability and needs accommodations in connection with the second floor counseling office, necessary arrangements will be made for a confidential counseling room to made available on the first floor.

EMERGENCIES: I DO NOT provide emergency services. If you are in immediate danger of harming yourself or others at ANYTIME of day or night, call 911 or go to the nearest hospital emergency room.

PRIVACY POLICY: I have been given the Privacy Policy for Christine Hoover and agree to the terms. It can be viewed and downloaded anytime at www.christinehoover.org/forms

CLIENT CONSENT: My signing, I hereby consent to and agree to receive counseling services and acknowledge that I have read this Professional Disclosure Statement for Christine Hoover. By my signature below I am indicating that I have understood and agree with this statement in it's entirety, and any questions I have had about this statement have been answered to my satisfaction. I have been given the Privacy Policy for Christine Hoover and agree to the terms.

Client's Signature

Client Name, Printed

Date

Please include the name and phone number of any person you wish for me to contact in case of an emergency or crisis.

Name

Phone #

