

A SAFE PLACE TO SHARE INTAKE FORM

Please provide the following information and answer the questions below.

First Name: _____ Last Name _____

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

Marital Status:

Never Married Domestic Partnership Married Separated Divorced Widowed

Please list any children/age: _____

Address: _____

Home Phone: _____ May we leave a message? Yes No

Cell/Other Phone: _____ May we leave a message? Yes No

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

Referred by (if any): _____

Have you previously received any type of mental health services ? Yes No

If yes, previous therapist/practitioner: _____

Are you currently taking any prescription medication? Yes No Please list:

Are you currently taking any natural medicine, vitamins, herbs etc? Please list them:

Have you ever been prescribed psychiatric medication? Yes No

If yes, please list and provide dates: _____

GENERAL HEALTH AND MENTAL HEALTH INFORMATION

1. How would you rate your current physical health?

(please circle) Poor Unsatisfactory Satisfactory Good Very good

2. Please list any specific health problems you are currently experiencing:

3. How would you rate your current sleeping habits?

(please circle) Poor Unsatisfactory Satisfactory Good Very good

Please list any specific sleep problems you are currently experiencing:

4. How many times per week do you generally exercise? _____

5. What types of exercise do you participate in: _____

6. Please list any difficulties you experience with your appetite or eating patterns.

7. Are you currently experiencing overwhelming sadness, grief or depression?

Yes No If yes, for approximately how long? _____

9. Are you currently experiencing anxiety, panic attacks or have any phobias?

Yes No If yes, when did you begin experiencing this? _____

10. Are you currently experiencing any chronic pain? Yes No

If yes, please describe? _____

11. Do you drink alcohol more than once a week? Yes No

12. How often do you engage recreational drug use?

Daily Weekly Monthly Infrequently Never

13. Do you engage in anything else that you are concerned could be an addiction (sex, gambling, eating, drugs)? If yes please be specific. _____

14. What significant life changes or stressful events have you experienced recently:

FAMILY MENTAL HEALTH HISTORY: In the section below identify if there is a family history of any of the following. If yes, please indicate the family members relationship to you in the space provided (father, grandmother, uncle, etc.). Please Circle

Family Member Alcohol/Substance Abuse yes/no Sex addiction yes/no Anxiety yes/no Depression yes/no Domestic Violence yes/no Eating Disorders yes/no Obesity yes/no Obsessive Compulsive Behavior yes/no Schizophrenia yes/no Suicide Attempts yes/no

ADDITIONAL INFORMATION: 1. Are you currently employed? Yes No If yes, what is your current employment situation: _____

Do you enjoy your work? Is there anything stressful about your current work?

Do you consider yourself to be spiritual or religious? Yes No If yes, describe your faith or belief:

What is your chief concern that you would like me to work on?

What do you consider to be some of your strengths?

What do you consider to be some of your weakness?

What would you like to accomplish out of your time in therapy?

Client Signature or computer signature _____

Date _____

A SAFE PLACE TO SHARE

PATIENT CONSENT FORM for collection, use and disclosure of Personal information

Please Sign This Form If You Agree To Its Terms

Because of the sensitive nature of the information that you disclose, maintaining privacy and protecting your personal information is of the utmost importance.

My privacy policy is such that:

- Only necessary information is collected about you
- I only share your information with your consent
- Storage, retention and destruction of your personal information complies with existing legislation and privacy protection protocols
- I do not record any of our coaching sessions

How The Clinic Collects, Uses and Discloses Patients' Personal Information

I will be collecting, using and disclosing information about you for the following purposes:

- To assess your emotional health concerns, provide emotional health care to the best of my ability
- To establish and maintain contact with you
- To remind you of upcoming appointments
- To allow me to efficiently follow up for treatment with you
- To invoice for services
- To process credit card, paypal or other payments
- To collect on unpaid accounts and follow up on billing as required
- To comply with all regulatory and legal requirements including court orders, statutory requirements to advise authorities of child abuse and individuals who may be an imminent threat to harm themselves or others

Client signature or computer signature_____

Date_____

A SAFE PLACE TO SHARE Client Consent

A SAFE PLACE TO SHARE involves arranging an appointment time between the client and the service provider (coach) when both parties can interface from their computers via the internet

Clients who are actively at risk of harm to self or others are not suitable for A Safe Place to Share.

Technology requires you to have a computer with internet access and webcam ability. Debbie Allen currently uses VSee as it is a secure provider of this technology at this time. If you prefer to use Skype or Facetime Debbie can arrange that as well.

You have the right to withdraw consent at any time and discontinue services with A Safe Place to Share

Debbie Allen has the right, at any time, to determine if your sessions should be discontinued and she would refer you to another professional at that time for future care.

Despite best efforts to ensure high encryption and secure technology, there is always a risk that the transmission be breached and accessed by unauthorized persons. I am aware of that and acknowledge that, that is a risk when working with A Safe Place to Share

There is a risk that services could be disrupted or distorted by unforeseen technical problems

There is a risk of being overheard by anyone near you if you do not place yourself in a private room. You, the client, are responsible for creating a comfortable safe environment on your end of the transmission. It is the responsibility Debbie Allen to do the same on her end.

I have reviewed the information above, regarding the collection and use of my personal information. I agree that the clinic can collect, use and disclose personal information about me as set out above in the information about the client's privacy policies.

Client Signature or computer signature

Date _____

DEBBIE ALLEN
A SAFE PLACE TO SHARE

CANCELLATION POLICY

Cancellation of sessions must be made at least 48 hours in advance of scheduled session. Sessions cancelled later than the 48 hour period will incur a charge of the appointment time booked. This fee must be paid before the next session is scheduled.

Sessions will be 1 to 2 hours in duration; the length of the session will be determined by the clients needs, however, if there are time/financial constraints please indicate this and arrangements will be made. Any client who is not available within 30 minutes of the scheduled time will be charged for that appointment.

I, _____, have read, understand and agree to abide by this cancellation and late arrival policy.

CLIENT SIGNATURE or COMPUTER SIGNATURE _____

DATE _____

Welcome A SAFE PLACE TO SHARE

1. **My office hours are as follows:**
2. **Coaching** advice cannot be given over email, an appointment must be made and a proper assessment must be done.
3. **Diagnosing** will never be given. You will need to be referred to a Medical Doctor or Psychiatrist.
4. **Payment:** All fees are payable by paypal at time of visit.
5. **Cancellation policy:** Your appointment has been reserved especially for you. Missed appointments or cancellations require a 48 hour notice to my office or a charge of your appointment will apply. A reminder call or email will be sent to you a day or two before your appointment.

Price List

Initial Consultation (complete intake)	\$110.00
Follow up appointment (1 hr)	\$ 74.00

Thank you for choosing A Safe Place to Share for your health care.