

Therapist _____
File No. _____
(For office use only)

SAMARITAN CENTER FOR CHANGING FAMILIES

The information asked for below is to help us understand you and your concerns. Please fill out this form as completely as you can.

DATE: _____

NAME: _____
(FIRST) (MIDDLE) (LAST)

ADDRESS: _____

(CITY) (STATE) (COUNTY) (ZIP)

TELEPHONE: _____
(HOME) (WORK) (CELL)

BIRTH DATE: _____ AGE: _____ SEX: _____

EMPLOYER/SCHOOL: _____ OCCUPATION/GRADE: _____

RELIGIOUS PREFERENCE (if any): _____
(optional)

EMERGENCY CONTACT (Name & Phone Number) _____
(required)

WHO REFERRED YOU TO THE SAMARITAN CENTER FOR CHANGING FAMILIES?:

MARITAL STATUS: _____ MARRIED _____ SINGLE _____ WIDOWED
_____ DIVORCED _____ SEPARATED _____ RE-MARRIED

IF MARRIED, DATE OF PRESENT MARRIAGE: _____ (Month/Day/Year)

SPOUSE'S NAME: _____

NAME OF OTHER PARENT (ex-partner): _____

PREVIOUS MARRIAGES (dates, how terminated): _____

Would you like to receive Samaritan Counseling Center's Bi-annual Newsletter _____ Yes _____ No

Email: _____

CHILDREN:	NAME	AGE
	_____	_____
	_____	_____
	_____	_____
STEP CHILDREN: (if any)	_____	_____
	_____	_____
ANY CHILDREN DECEASED?	_____	IF YES, WHEN? _____

EDUCATION / OCCUPATION

YOUR EDUCATION (indicate last grade completed/last degree earned): _____

YOUR OCCUPATION: _____

ARE YOU PRESENTLY RECEIVING THERAPY? _____ IF YES, WITH WHOM?; _____

HAVE YOU HAD PREVIOUS THERAPY? _____ IF YES, WHEN AND WITH WHOM? _____

MEDICAL CONDITIONS

DO YOU PRESENTLY TAKE ANY MEDICATIONS? _____ IF YES, WHAT? _____

FOR WHAT CONDITIONS? _____ PRESCRIBED BY: _____

LENGTH OF TIME ON MEDICATION: _____

SUBSTANCE ABUSE ISSUES? _____

DO YOU HAVE ANY PENDING COURT DATES? _____
(Trial, hearing, court clinic appointments, other court business)

WHO IS THE JUDGE IN YOUR CASE? _____

DO YOU HAVE AN ATTORNEY? _____

NAME: _____ ADDRESS: _____ PHONE: _____

CONCERNS:

STATE IN YOUR OWN WORDS THE CONCERNS THAT BRING YOU TO THE CENTER FOR CHANGING FAMILIES:

Missed Appointments and Late Cancellation Policy

- I understand that if I miss a scheduled appointment, or cancel less than 24 hours before the appointment, I am responsible for paying the cost of the appointment.
- I understand that if I miss an appointment, or do not cancel with 24 hour notice, which involves another party with whom I am sharing the cost, I am responsible for the total cost of the appointment.
- I understand that Samaritan Counseling Center is not able to bill my insurance for missed appointments and that I may be charged for the cost of that appointment.
- I understand that supplemented fee amounts are based upon gross household income from all sources.

Print Name:

Signature:

Date:

Therapist:

Client Name(s): _____

File#: _____

**Samaritan Center for Changing Families
Fee Agreement for Additional Professional Time**

Samaritan Center for Changing Families (SCCF) provides the following services:

- Adult, adolescent, and child psychotherapy
- Wiseparent co-parenting and communication counseling
- Therapeutic reintroduction and reintegration between parents and their children.

The fee for all therapeutic services is \$120 per hour. Payment is due at the time of service. Some SCCF services meet criteria for reimbursement from health insurances; however, other services are not reimbursable. Examples of services NOT payable by insurance include but may not be limited to:

- Case management activities such as telephone calls between SCCF clinicians and clients, attorneys, other therapists, etc.
- Letters and reports to clients, court, attorneys.
- Joint sessions between unmarried persons
- Review of legal, educational or past treatment records

An adjusted fee scale may be available for uninsured clients.

Because these services require professional time, there is a fee which you will be charged. Since insurance does not cover these costs so you will be personally responsible for payment. Billing will be based on 15- minute units of time and prorated based on the Center's hourly rate of \$120.00 (15 minutes would cost \$30.00, 30 minutes, \$60.00, etc.) If these tasks are performed in preparation for or attendance at legal proceedings, the Center's hourly fee is \$150.00

Client Signature (legal guardian for client under age 18 yrs)

Date

Child's Signature (if 14 years or older))

Date