PHOENIX RISING
INTERVENTION AND COURT ADVOCACY

PERSONAL INFORMATION

Name: _____ Date: _____

Home Phone: _____ Cell Phone: _____

Street Address: _____ City: _____ Zip: _____

Age: _____ DOB: _____ Email: _____

Married _____ Partnered _____ Single _____ Separated _____ Divorced _____ Widowed _____

Referred by: _____

FAMILY DATA

Spouse/Partner name: _____ Age: _____ M/F: _____ Lives with you? _____

Child name: _____ Age: _____ M/F: _____ Lives with you? _____

Child name: _____ Age: _____ M/F: _____ Lives with you? _____

Child name: _____ Age: _____ M/F: _____ Lives with you? _____

Are you currently in counseling? Yes [ ] No [ ]

If yes, name and address: _____

Prior counseling, name(s) and date(s): _____

Current medications/dosages (include over the counter): _____

_____

_____

_____

Have you had any problems with medication? _____

_____

_____

_____

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TYPE OF HELP DESIRED

[ ] Court Advocacy	[ ] Individual counseling	[ ] Group counseling
[ ] Intervention	[ ] Couples counseling	[ ] Substance use/abuse treatment
[ ] Treatment Planning	[ ] Family counseling	[ ] Career Counseling

Main reason seeking help at this time: _____

_____

_____

How long have you had these problems or symptoms? _____

_____

How often do they occur? _____

Why did you seek help now? _____

_____

What have you tried? _____

Do you have any serious or chronic medical conditions? _____

_____

If yes, dates and details: _____

_____

Have you had any serious accidents/head injuries/seizure activity? _____

If yes, dates and details: _____

_____

Emergency Contact (person/s whom you authorize your therapist to contact in case of emergency):

Name: _____ Phone Number: _____

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DRUG AND ALCOHOL USE

Do you use alcohol? _____ How much per week? _____ Age started drinking? _____

Do you use other drugs? _____What kind? _____How much? _____

Do you feel you have a problem with alcohol? _____Other drugs? _____

Any previous drug/alcohol treatment (inpatient/outpatient)? _____

Has your drinking/drug use caused problems with family or relationships? _____

Has your drinking/drug use caused problems with your job? _____

Is it difficult for you to stop or control the amount you take? _____

Have you been arrested for driving under the influence or other drug related offense? _____

If yes, dates: _____

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FINANCIAL AGREEMENT

The responsible party is the person who is ultimately responsible for payment for services. By signing this agreement, you are indicating that you are the responsible party and that you agree with the following:

- You are responsible for payment for all services rendered either by a debit card, credit card, check or cash. All checks and credit cards will be paid to Phoenix Rising.
- Payment for services is expected at the time of your visit.
- Appointments must be canceled at least 48 hours in advance to avoid incurring a charge. The 48 hours are within business hours and do not include weekends or holidays.
- The fee for a late cancellation or failed appointment is equal to the charge for a full session.
- There will be a $25 service fee on all returned checks.
- You are responsible for any charges incurred if legal or collection services are required or delinquent accounts.
- Services such as letters written on behalf of clients, written reports or assessments, appearance in court, meetings with probation and or parole are subject to a fee based on the time involved.

_____ Date _____
Responsible Party Signature

_____ Date_____
Responsible Party Signature

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CREDIT CARD AGREEMENT

Please note: new clients are required to keep a valid credit card number on file. Please complete following and provide your credit card information to me at your initial session.

Credit card type: MC Visa Amex Other _____
Name as shown on card _____
Credit card number _____
3-digit security code on back of the card _____
Billing zip-code associated with the card _____
Expiration date _____

This card may be charged for:

- _____ Regular session fees (at your request, as a convenience to you)
- _____ Fees for cancellation without 48 hours notices (according to policy)
- _____ Delinquent session fees (fees more than 30 days overdue)

Agreement:

"I, _____ (print name), have read and understand the terms of providing my credit card information to Phoenix Rising Interventions. I understand that my credit card may be charged for the reasons indicated above. Any questions I have about this practice have been answered." I am the responsible party for services or acknowledge and consent to this financial agreement.

_____ Date _____
Responsible Party Signature

_____ Date_____
Responsible Party Signature

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CONSENT FOR SERVICES

Services of this type involves both benefits and risks. Risks include the possibility of experiencing uncomfortable levels of feelings like sadness, guilt, anxiety, anger, loneliness and helplessness as we process through your history and the events that have led to you seeking services. This work often requires recalling experiences, some of which may be unpleasant and may involve making changes that can feel uncomfortable to you and those close to you. Should you notice any negative effects, please tell me immediately. I will make every effort to remedy the situation or provide you with names of therapists should you need a referral. The objective is to strengthen your abilities, increase self-efficacy and support you as you move forward in your recovery.

APPOINTMENTS

The length of a usual appointment is 90 minutes, except for the initial intake session which may take up to 2.5 hrs. Appointments are usually scheduled weekly and on a regular basis until you have accomplished the majority of your goals and other arrangements are made.

CONFIDENTIALITY

As part of the counseling process, I am bound by ethical responsibilities to keep confidential the information shared during the sessions and I will not release any information without your written permission. There are important exceptions to the confidentiality of the counseling relationship. I am required by law to reveal certain information under the following circumstances:

a) Disclosure of serious intent to do harm to self or others
b) Disclosure of child abuse or my suspicion of child abuse, elder abuse, or dependent adult abuse
c) If a court of law orders the release of specific information
d) If you do not meet the terms of a court ordered contract, I am obligated to report non-compliance to the appropriate parties.

If you have any questions about these policies, please ask before signing. Your signature indicates that you have read this policy and agree to enter therapy under these conditions. Further, it indicates your understanding that I may terminate therapy if you do not comply with the policies or if I feel you are not benefiting from treatment.

_____ Date _____
Responsible Party Signature

_____ Date _____
Responsible Party Signature