

COS COUNSELING

INITIAL SESSION INFORMATION

Date _____

Name: _____ Phone (____) _____ Cell (____) _____

Address: _____ City: _____ State: _____ Zip _____

Occupation: _____ Sex: _____ Age: _____ DOB: ____/____/____ SSN: _____

Marital Status: Married (Y N) _____ How many times _____ Separated _____ Divorced _____ Widowed _____

Children List names and ages _____

Have you seen a counselor before? _____ When _____

Currently seeing another professional? _____ How long? _____

List all medications _____

Reason for seeking counseling _____

Needs: I need help in the following areas: _____

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Name: _____ Phone (____) _____ Cell (____) _____

Address: _____ City: _____ State: _____ Zip _____

Occupation: _____ Sex: _____ Age: _____ DOB: ____/____/____ SSN: _____

Marital Status: Married (Y N) _____ How many times _____ Separated _____ Divorced _____ Widowed _____

Children List names and ages _____

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Needs: I need help in the following areas: _____

() Check if more information is provided on the back.

COS COUNSELING ASSESSMENT FORM

Name: _____ Date: _____

Presenting Problem:

Primary Problem:

Marital Status/Current living arrangement:

Family History:

Psychiatric/Medical History (include suicidal/homicidal assessment):

Alcohol/ Drug History:

Work History:

Other:

Treatment Plan:

COS Counseling Cost and Disclosure Statement

Jim Burdick is doing business as COS Counseling.

Jim has a Master of Arts degree in Professional Counseling and is a Licensed Professional Counselor (LPC) as administered by the State of Missouri.

Jim is a Nationally Certified Counselor (NCC).

Payment for services can be made in cash or check.

- An invoice can be provided upon request.
- Payment is expected prior to leaving the session unless otherwise agreed upon.

All information during the session is confidential. Counselors are:

- Mandated to warn when he suspects a client's potential for harm to self or others.
- Mandated to report child abuse or molestation.

Typical methods of therapy include:

- Christian counseling providing the client finds that acceptable.
- Talk therapy
- Energy therapy a relaxation technique

Hours are set by appointment.

- Cancellations should be made at least 4 hours prior to your scheduled appointment.
- You will be asked to pay a \$25 fee for any session that you miss without 4-hour notice.

Notice of privacy practices

I am aware of my rights to privacy of personal health information under the Privacy rule of Health Insurance Portability and Accountability Act (HIPPA) of 1996.

I have read and understand this disclosure statement and allow my signature to be on file for the purpose of authorizing insurance claims.

Client _____ Date _____

Witness _____