



ELBOW TREE

Elbow Tree Christian Counseling

Clinical Intake and Personal Data

Name(s): _____ Date: _____

Date of Birth: _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____

Email: _____

Maybe we contact you by email or cell phone? (Circle one): I prefer not / Yes, you may

(We often send text message reminders for appointments. With your permission, I may send you articles, resources, etc. However, I do not want to compromise your confidentiality or create an uncomfortable situation, so I will not contact you without your permission.)

Are you married? _____ For How long? ____ Previous Marriages? (Him) ____ (Her) ____

Please give the following info for each person that currently lives in your home:

<u>Name</u>	<u>Age</u>	<u>Relationship to self</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you have any current or expected legal involvement? _____ If yes, please explain: _____

When was your last visit to a general practitioner/doctor? _____

Are you currently taking any prescription medication? Yes No If so, please list below.

<u>Drug</u>	<u>Reason</u>	<u>How Long</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

BILLING/INSURANCE REIMBURSEMENT

I am not listed on any insurance panels, nor do I take private insurance as a Registered Intern with the State of Florida. I am, however, able to provide you with an insurance receipt that you may turn in for reimbursement. Please let me know if you would like a receipt. Please initial _____

COMPLAINT PROCEDURES

If you are dissatisfied with any aspect of our work, please inform the practice owner, Hayne Steen, immediately at 904-559-1944. (His number is on our website for future reference.) This will make our work together more efficient and effective. If a problem arises requiring a legal remedy to solve, the client agrees to attempt to solve the problem with the owner directly, or through independent mediation and not pursue formal litigation. Complaints should also be registered with the Florida Board of Health at 850-245-4339.

APPROPRIATE REFERRALS

I am qualified to meet the needs of the vast majority of the people who come to see me. If I cannot help you, I will try my best to refer you to another appropriate professional in the community to meet your needs.

If you have any questions, please feel free to ask me. Once you have read and understood this statement, please sign below.

Thank you for choosing Elbow Tree to help meet your needs!

Client Signature (or parent/legal guardian if client is a minor)

Date

Counselor Signature: