COUPLES INTAKE

**Jeannie Ingram, M.A., L.P.C. - M.H.S.P.**

**Certified Imago Relationship Therapist**

**You are being given two identical forms, and are being asked the same information. Please complete for yourself only.**

Name: Date:

Home Address:

City/State/Zip Code:

Day Phone\*: Evening Phone\*:

Cell Phone / Pager\*: E-Mail Address\*:

**\*FOR CONFIDENTIALITY REASONS, PLEASE WRITE “OK” OR “NOT OK” FOR ME TO CONTACT YOU AT THESE #’S.**

Emergency Contact Name: Phone:

Physician: Location:

Medications you are currently taking:

Date of Birth: Age:

Occupation: Company:

Children?:

Pets?

Referred by:

Briefly state problem or issue that motivated the call to my office:

How long has this situation existed?

Your goals for counseling:

Previous or present counseling / treatment (when, who, why, where?):

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Anything else you think I should know?

Do you feel that you need an individual session with me?

On a scale of 1 – 10, with 10 being completely committed, how committed are you to healing your relationship?

Comments?

Your relationship health is extremely important to me, and I take my work very seriously. I am committed to providing you the best possible care, and ask that you also seriously commit yourself to the healing / growth process by being on time and prepared for each session. Please initial the following to indicate your commitment:

 I will be on time for sessions, and will also end sessions on time.

 I am committed to speaking respectfully at all times.

 I will take responsibility for my own thoughts, feelings and behaviors.

 I am willing to explore my partner’s perspective and share mine in a positive way.

 I am committed to using these sessions to stretch into new more effective behaviors, and to learn and grow as a person.

 I am willing to learn and practice the Imago Dialogue as an alternative to fighting, criticizing, blaming, or other dysfunctional behaviors in conflict.

 I want to restore the connection in my relationship.

Imago Therapy helps couples understand the dynamics in the relationship, and teaches you how to turn conflicts into connections using a dialogical process. I will be teaching you this dialogue and you can expect it will not be easy at first, simply because it is new. Like any new skill, baby steps are awkward until you get the hang of it. If it were easy, you would have already done it. I want to assure you that learning this skill is well worth the difficulty you may encounter on the learning curve.

My goal is to eliminate negativity in your relationship, restore passionate aliveness, and live a shared, conscious, committed, loving relationship.

I look forward to working with you!

**Financial / Cancellation Policies**

My fees for couples counseling are: **$150 per hour, $225 for a 90 minute session,** due at or before the time of your visit. I accept check, cash, Visa / MasterCard and American Express. If you must cancel an appointment for any reason, please provide a 24-hour notice. Except in cases of life / health threatening emergency, **full fee will be charged if less than 24 hours notice is provided, or if you no-show**. Please initial to indicate your understanding of these policies: X\_\_\_\_\_\_\_\_

Many couples choose to take advantage of a pre-paid discounted package that includes six bi-weekly therapy sessions and a weekend workshop, which consistently receives 99% excellent or very good on evaluations. Because the workshop is so powerful, this combination is recommended as the most effective and affordable way to achieve best results in communication, understanding, and connection. The cost of this package is $1525 (10% discount). I recommend that you make this decision at the end of our first session together, so that you can be sure we’re a good fit.

**Credit Card Payment for Professional Services**

(This information is necessary to hold time or in the event of a late cancellation).

\_\_\_ VISA \_\_\_ MasterCard \_\_\_ AMEX\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name on Account (exactly as it appears on credit card)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Billing Zip Code

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Credit Card Number Exp. Date Security Code

I authorize Jeannie Ingram, LPC to bill the above credit card for professional services or missed appointments in accordance with policies described above. I will notify Jeannie in writing if I no longer want my credit card billed.

\_\_\_\_\_\_\_I / we are interested in the pre-paid package which includes the weekend workshop.

\_\_\_\_\_\_\_I / we choose to pay per session.

X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Card Holder Date

Information discussed in counseling is confidential. I am legally and ethically bound to protect this confidentiality. There are three instances when a therapist must disclose information about a client:

1. At the Client’s Request - When you sign a written release expressing consent to disclose information to a specific individual or organization.
2. Clear and imminent danger - If disclosures in a counseling session reveal an immediate threat of danger to you, another person, or the property of another person, confidentiality is outweighed by an ethical obligation to prevent harm.
3. Court order / subpoena.

Attached is a separate handout regarding HIPAA privacy issues. Please read and indicate your understanding of all information provided by your signature below.

X Date:

Witness: Date: