

COUPLES INTAKE
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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 counseling are: **\$170 per hour, \$210 for 75 minutes, or \$255 for a 90 minute session.**

To reduce the number of costly no-shows, please be advised that payment for the first session must be remitted before the time of your visit. I accept check, cash, and most major credit cards. If you must cancel this 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 this policy: 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 an effective and affordable way to achieve best results in communication, understanding, and connection. The cost of this package is \$1630 (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

_____ 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: _____