

Intake form

Dear Client,

Thank you for your willingness to meet with me. Please complete these forms and bring them with you to your first appointment. If you are unable to complete these forms, please let me know. I will have the forms ready in the waiting room. Give yourself 10-15 minutes to complete the forms. I have made every effort to make the forms easy to fill out and concise.

Let me explain the reason for each of the forms.

FORMS:

Confidential Client Information- You provide authorization for me to provide therapy.

Client History- Provides me with valuable information about you.

Profession Disclosure Form- Explains your rights under Oregon Statutes

Informed Consent-This explains who I am, my fees, confidentiality, what therapy is about, and how I can contact you.

Confidential Client Information

Name _____ Birthdate: _____

Address _____ City _____ Zip _____

Home or Cell Phone _____ Work Phone _____

Occupation _____

Married Single Divorced Separated Domestic Partner

Do you have children? Yes No

If yes, ages and gender? _____ Do they live with you? Yes No

Who referred you to my office? _____

May I thank them? Yes No

In case of emergency, please notify _____

Relationship _____

Home phone _____ Work phone _____

Insurance Information

Health Plan _____

Policy # _____

Subscriber Name _____

Sub. Soc. Sec. # _____

Employer _____

Additional Insurance

Health Plan _____

Policy # _____

Subscriber Name _____

Sub. Soc. Sec. # _____

Employer _____

Authorization to Treat:

I authorize and direct, Raymond Broderick, LMFT, to perform such therapeutic services that the provider's professional judgment may indicate to be advisable for the well being of myself, my child(ren), and or family.

Client signature _____ Date _____