

Client Partner (complete, sign and give to your partner to sign)

Counseling Associates, P.C. Client Information and Consent

NAME: _____ Social Security#: _____
ADDRESS: _____ HOME PHONE: _____
_____ WORKPHONE: _____
_____ Zip _____ CELL PHONE: _____
EMAIL: _____
DATE OF BIRTH: _____ AGE: _____
EMPLOYER: _____ OCCUPATION: _____
EDUCATION: _____ SCHOOL or COLLEGE: _____
Married? _____ Date _____ or, other committed partner? _____
Partner's name: _____ Age: _____
Previous marriage(s)? _____
Quality of present relationship? _____
CHILDREN'S NAMES: _____ AGES: _____

REFERRED BY: _____
PRIVATE PHYSICIAN: _____
CURRENT MEDICATIONS: Name? What for? _____

PHYSICAL HEALTH PROBLEMS:(Past or Present)
Hospitalizations? _____

Chronic Illnesses? _____

Traumatic Injuries? _____

PREVIOUS COUNSELING OR PSYCHOTHERAPY:(Name,place,and dates)

Psychological illness in other family members? _____

Number of any Siblings in your family of origin? _____
Your Birth order in the family? _____ Quality of life in your family of origin? _____

Any History of abuse or neglect? _____

Use of alcohol/drugs in your family, including yourself? _____

Any substance abuse problems or treatment? _____

PLEASE TURN OVER AND COMPLETE THE OTHER SIDE!

Counseling Associates, P.C.
108 West Clifford Street
Winchester, VA 22601
Ph: 540-665-1848

Agreement for Joint Counseling
Signed by both Parties

The information that is disclosed either orally or in writing during counseling shall be treated as confidential by all parties. In order for counseling to be effective, free and open disclosure of the most intimate and personal nature must be protected. Your privacy rights must be protected in order to ensure confidence in the therapeutic milieu and to safeguard details about your and your partner's personal thoughts and feelings, family concerns and sexual relationship. No one must feel that they could be vulnerable to having private experiences made public or used against them in any way.

Therefore, each of us agrees to request the counselor to maintain the confidentiality of psychotherapy notes and not to release any information about the counseling, to have any documents including the counselor's notes subpoenaed to court, or to seek to have the counselor interviewed by any attorney, or summoned into any court to testify as to any matters disclosed during counseling.

By signing this we agree this is a legal and binding contract and our reciprocal commitment to the confidentiality of this process is part of our consideration to submit our personal issues, concerns and/or disputes to counseling.

In the interest of full disclosure, if a judge in a court of law orders a report then confidentiality cannot be guaranteed.

Signed and Witnessed by all the parties, as follows:

_____ Date _____

_____ Date _____

_____ Date _____