Erik Knudsen, M.A., LMFT #106085
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New Client Intake

Given Name: ______________________ **Birthdate:** ______________

Prefer to be Called: ______________________ **Gender:** ______________

Home Address: ____

City: ______________ **State:** ________ **Zip Code:** ______________

Phone: ______________________ ☐ Cell ☐ Work ☐ Home ☐ May leave voicemail ☐ May text

Email: ____

Occupation: ______________________ **Employer:** ______________

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed

Name of Partner/Spouse: ____

In case of emergency contact: ______________________ **Phone:** ______________

Have you ever received therapy or counseling? If so, when and from whom? ☐ Yes ☐ No

____

Are you currently taking any medications? If so, what medication and dosage? ☐ Yes ☐ No

____

Do you suffer from any physical conditions or illnesses? ☐ Yes ☐ No

____

Names and ages of persons living at home:

____

____

Check all that apply:

☐ anxiety	☐ divorce	☐ tiredness	☐ sexual abuse
☐ depression	☐ sleep problems	☐ workplace difficulties	☐ frequent relocations
☐ drug abuse	☐ eating difficulties	☐ suicide attempts	☐ violence in family
☐ alcohol abuse	☐ chronic pain	☐ physical abuse	☐ trauma
☐ __________	☐ __________	☐ __________	☐ __________

Confidentiality:
All information between counselor and client is strictly held confidential unless 1) The client authorizes release of information with a signature 2) The counselor is ordered by a court to release information 3) A client represents a physical danger to self or others 4) Child or elder abuse are suspected. In these latter two cases, I am required to inform potential victims and/or legal authorities so that protective measures can be taken.

________ *Initial*

Financial Agreement:
Sessions are $100 per session. Payments (or co-payments) will be made at time of service rendered.

________ *Initial*

Financial Responsibility:
Clients are ultimately responsible for all fees. Providing insurance information is not a guarantee that insurance will reimburse for sessions provided.

________ *Initial*

Sessions & Session Notes:
Sessions are 50 minutes in length. Notes documenting sessions and client information are kept confidential and are under lock and key.

________ *Initial*

Late Cancellation & No-show Policy:
All missed sessions, reschedules or cancellations with less than 24 hours notice are charged the full fee. Insurance cannot be billed for missed sessions.

________ *Initial*

Authorization for Treatment:
I authorize and request Erik Knudsen, LMFT to provide psychological evaluation, treatment, or diagnostic procedures that now or during the course of my care as a patient are advisable under the judgment of Erik Knudsen, LMFT.

Printed Name: ______________________________

Signature: ______________________________ **Date:** ____________