

# Client Information Form

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**Today's Date:** \_\_\_\_\_

## A. Identification

Client's Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail \_\_\_\_\_

Gender: M F Calls will be discreet, but please indicate any restrictions: \_\_\_\_\_

If under 18, List legal guardian(s) and relationship to client.

\_\_\_\_\_

Guardian's Phone Number: \_\_\_\_\_

## B. Referral Who gave you my name to call?

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

May I have permission to thank this person for the referral?  Yes  No

## C. Reason for Counseling

State briefly your reason for counseling and your desired goals.

\_\_\_\_\_

\_\_\_\_\_

## D. Medical Care

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Date of last physical \_\_\_\_\_

List all medications you are currently taking (including supplements and vitamins.) Use back if necessary.

Medication

Reason

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## Adult Checklist of Concerns

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Name: \_\_\_\_\_ Date: \_\_\_\_\_

Please mark all of the items below that apply, and feel free to add any others at the bottom under “Any other concerns or issues.” You may add a note or details in the space next to the concerns checked. (For a child, mark any of these and then complete the “Child Checklist of Characteristics.”)

- I have no problem or concern bringing me here
- Abuse—physical, sexual, emotional, neglect (of children or elderly persons), cruelty to animals
- Aggression, violence
- Alcohol use
- Anger, hostility, arguing, irritability
- Anxiety, nervousness
- Attention, concentration, distractibility
- Career concerns, goals, and choices
- Childhood issues (your own childhood)
- Codependence
- Confusion
- Compulsions
- Custody of children
- Decision making, indecision, mixed feelings, putting off decisions
- Delusions (false ideas)
- Dependence
- Depression, low mood, sadness, crying
- Divorce, separation
- Drug use—prescription medications, over-the-counter medications, street drugs
- Eating problems—overeating, undereating, appetite, vomiting (see also “Weight and diet issues”)
- Emptiness
- Failure
- Fatigue, tiredness, low energy
- Fears, phobias
- Financial or money troubles, debt, impulsive spending, low income
- Friendships
- Gambling
- Grieving, mourning, deaths, losses, divorce
- Guilt
- Headaches, other kinds of pains
- Health, illness, medical concerns, physical problems
- Housework/chores—quality, schedules, sharing duties
- Inferiority feelings

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Adult Checklist of Concerns (p. 2 of 2)

- Interpersonal conflicts
- Impulsiveness, loss of control, outbursts
- Irresponsibility
- Judgment problems, risk taking
- Legal matters, charges, suits
- Loneliness
- Marital conflict, distance/coldness, infidelity/affairs, remarriage, different expectations, disappointment
- Memory problems
- Menstrual problems, PMS, menopause
- Mood swings
- Motivation, laziness
- Nervousness, tension
- Obsessions, compulsions (thoughts or actions that repeat themselves)
- Oversensitivity to rejection
- Panic or anxiety attacks
- Parenting, child management, single parenthood
- Perfectionism
- Pessimism
- Procrastination, work inhibitions, laziness
- Relationship problems (with friends, with relatives, or at work)
- School problems (see also "Career concerns . . . ")
- Self-centeredness
- Self-esteem
- Self-neglect, poor self-care
- Sexual issues, dysfunctions, conflicts, desire differences, other (see also "Abuse")
- Shyness, oversensitivity to criticism
- Sleep problems—too much, too little, insomnia, nightmares
- Smoking and tobacco use
- Spiritual, religious, moral, ethical issues
- Stress, relaxation, stress management, stress disorders, tension
- Suspiciousness
- Suicidal thoughts
- Temper problems, self-control, low frustration tolerance
- Thought disorganization and confusion
- Threats, violence
- Weight and diet issues
- Withdrawal, isolating
- Work problems, employment, workaholism/overworking, can't keep a job, dissatisfaction, ambition

Any other concerns or issues:

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- 

Please look back over the concerns you have checked off and choose the one that you most want help with. It is:

## Compass Counseling Cancellation Policy

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The time slot given to you by your therapist is a designated time for your individual or family appointment. If for any reason you are unable to keep your appointment I will need at least 24 hours notice to cancel or reschedule. If 24 hours notice isn't given, you will be personally billed for that session at full price. If you have more than two no-show appointments you may be terminated as a client with the practice. I **require** a credit card be kept on file for missed appointments even if you are using EAP services or insurance.

I authorize Compass Counseling to charge my credit card for full price of a missed appointment not cancelled or rescheduled with 24 hours notice.

Credit Card # \_\_\_\_\_ Date of expiration \_\_\_\_\_

Billing Zip Code \_\_\_\_\_ Security Code: \_\_\_\_\_

Signed: \_\_\_\_\_

Printed: \_\_\_\_\_

I consent to interaction by:  phone  text  email

Please circle to authorize how messages  
are to be left.

Primary phone number: \_\_\_\_\_ voicemail Y N person Y N

Secondary phone number: \_\_\_\_\_ voicemail Y N person Y N

Email address: \_\_\_\_\_

Signed: \_\_\_\_\_  
Signature of Patient or Parent/Guardian

Date: \_\_\_\_\_

***Compass Counseling***  
Kirk McDermott, M.A., LPC, MHSP

**Declaration of Practices and Procedures**

**Confidentiality:** All of our sessions will be confidential to persons outside the therapy setting. However, therapy may involve the participation of family members and/or significant persons. I do not guarantee confidentiality among participants in therapy, although I would use my professional discretion in disclosing communications related to me. My professional code of ethics prevents me from revealing what is said during sessions with anyone other than participants in the therapy or releasing records without their permission. Information may be released, in accordance with state law, only when

- 1) the client signs a written release of information indicating informed consent to such release;
- 2) the client expresses serious intent to harm himself/herself or someone else;
- 3) there is evidence or reasonable suspicion of abuse against a minor child, elder person, or dependent adult; or
- 4) a subpoena or other court order is received directing the disclosure of information.

It is my policy to assert either a) privileged communication in the event of #4 or b) the right to consult with clients, if at all possible, barring an emergency, before mandated disclosure in the event of #2 or #3. I will endeavor to apprise clients of all mandated disclosures.

**Code of Conduct:** I am required to adhere to the Code of Ethics by virtue of my own personal convictions and by the Tennessee Licensing Board for Professional Counselors and Marriage and Family Therapists. On file and available for each prospective client are codes of ethics to which I subscribe.

It is expressly understood that Kirk McDermott, LPC has not issued, and will not issue any guarantee of cure or treatment effects, number of sessions necessary, or total cost of services. It is further understood that he shall be obligated to maintain a reasonable standard of care for practicing Licensed Professional Counselor and Marriage and Family Therapists. The therapists will not be held to any special or elevated standard of care.

Tennessee Board of Professional Counselors, Marital and Family Therapists and Clinical Pastoral Therapists  
425 Fifth Ave. North  
Nashville, TN 37247-1010

**Potential Counseling Risks:** Psychotherapy is a process of change. This change should be beneficial to you and your family. However, there are some risks. Some counsees will experience intense and unwanted feelings such as anger, guilt and anxiety. And though these feelings are normal to the counseling process, they are likewise unpleasant. Other risks might include the emergence of traumatic memories and thoughts. Some counsees realize additional issues which had not surfaced prior to the onset of the counseling relationship. Major life decisions are made as the result of therapy including choices to stay married or divorce, to change employment, to confront significant others, etc. Any of these can lead to unwanted outcomes. Though I cannot foresee all potential risks, I will attempt to inform you of expected potential risks specific to our work.

**Client Responsibility:** If you commit to the counseling process, you have agreed to make a good-faith effort at personal growth and engage in the counseling process as an important priority at this time in your life. You agree to complete any assignments given or discuss any reasons for resistance with me. Assignments and in-session work is all designed to help you meet your stated goals. Your gain is most important in professional counseling.

**Emergency Situations:** I do not provide 24-hour emergency services. However, I do have voicemail and check it daily and will return calls by the following business day unless stated in the voicemail that this is an immediate emergency.

**Termination:** You have the right to terminate participating in therapy at any time, for any reason, without needing to explain, and without financial obligation other than that already accrued.

**Fees and Length:** Sessions are normally conducted for 50 minutes. My fee is \$125 per session.

**Cancellations or Rescheduling:** The time slot given to you by your therapist is a designated time for your individual or family appointment. If for any reason you are unable to keep your appointment we will need at least a 24 hour notice of cancellation or rescheduling. If I do not receive 24 hours notice you will be personally billed for that session at full price. If you have more than two no-show appointments you will be terminated as a client with our practice.

**Electronic Communication:** It is convenient to address scheduling issues and minor communications through email or texting. Our office appreciates the convenience of electronic communication. However, there are risks involved in the transmission of electronic messages and your privacy cannot be guaranteed by our office. Should you choose to use electronic communication, you agree to assume the confidentiality risks associated with such communication.

**Social Media:** In order to preserve the integrity of the counselor/client relationship, I decline to accept invitations from clients to social media.

**Professional Services Contract:**

The client agrees that all fees shall be due and paid at the time of treatment and that payments in arrears over two sessions will result in the cessation of therapy until the balance is made current. We, the undersigned therapist and client(s) have read, discussed, and fully understand this agreement and the stated policies. We agree to honor these policies, including the commitment to negotiate and mediate as stated above, and will respect one another's views and differences in their outworking. This agreement is entered into voluntarily by the client(s) with competency and understanding and knowledge of the consequences

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
\* Spouse Print Name (For Marriage Counseling)

\_\_\_\_\_  
Spouse Signature (For Marriage Counseling)

Has/have this date \_\_\_\_\_ retained Kirk McDermott, M.A., LPC to provide psychotherapy and/or family therapy for: \_\_\_\_\_  
(identified client—in case client is a minor)