

Mark Young, LPC-S
713 CR 2110
Daingerfield, TX 75638
903-918-5073

mark@gracecounselingassociates.com

Counseling Intake Form

Date _____

Client's Name _____

Date of Birth _____ Age _____ Grade _____

Street Address _____

City _____ Zip _____

Home Phone _____ Cell Phone _____

Email _____

Identification Numbers

Medicaid # _____

Amerigroup # _____

Superior # _____

Other # _____

Primary Insurance Information

Insurance Company _____

Identification # _____ Group # _____

Name of Policy Holder _____

Address of Policy Holder _____

City _____ Zip _____

Policy Holder's Date of Birth _____

Problems

Please identify a problem/problems to address during the counseling process. A "problem" can be related to behaviors, thoughts, and/or feelings. It can also pertain to relationships.

Behavior(s):

Thoughts:

Feelings:

Relationships:

Please list all current medications and dosages:

Family information

Please provide the names and ages of each person living at your house. Also indicate how they are related to you. Use the back of the page if more room is needed.

Name	Age	Relation
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Policies

Supervision:

Mark Young, L.P.C. is a licensed supervisor. He provides supervision for students and interns working toward licensure. Interns will discuss counseling issues with Mark during weekly supervision sessions. L.P.C. interns are sometimes required to audiotape counseling sessions for educational purposes only. This will be done only with prior knowledge and permission.

Initial _____

Confidentiality:

Confidentiality and privileged communication remain the right of all clients according to state HIPPA law. Mark Young, L.P.C. and associate counselors abide by these laws. Be advised that some courts have held that if a client intends to take harmful or dangerous action against him/herself or another human being, the therapist has a duty to warn: (a) the person who is likely to suffer the result of the harmful behavior, or (b) the family of the person who is likely to suffer the result of the harmful behavior, or (c) the family of the client who intends to harm him/herself, or (d) the appropriate local or state agencies. In cases of suspected child abuse, the therapist has the responsibility to notify the appropriate authorities of such allegations/suspensions.

Initial _____

Release of Information:

- I authorize the release of any information necessary to process insurance claims and authorize payment of benefits.
- I authorize the release of any information necessary to coordinate treatment with medical professionals, therapists, hospitals, and insurance or managed care companies involved with the case.
- I represent that I have the legal authority to obtain counseling for any minor children or adolescents.

Initial _____

I have read the above and agree to abide by the policies stated. I attest that all of the above information is correct to the best of my knowledge.

Client Signature

Date

Parent/Guardian Signature

Date

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Defining the Relationship

There is a \$50 initial consultation fee regardless of the relationship chosen.

_____ I choose to enter into a professional counseling relationship with Mark Young, LPC-S. The out-of-pocket fee for professional counseling is \$100 per session. Clients wishing to file insurance claims must choose this option but will only be required to pay the mandated co-pay for counseling sessions, if indeed a co-pay is required.

_____ I choose to enter into a pastoral counseling relationship with Mark Young, ordained minister. The fee for pastoral counseling is \$50 per session - the client decides whether to meet weekly or every other week.

_____ I choose to meet with an LPC-Intern for \$20 per session. (If available.)

_____ I choose to meet with a student intern for free. (If available.)

The difference between options can be further explained during the initial consultation if desired.

Signature

Date