Stacy Bauman, M.S., LPC

Intake Form for Adult Clients

Today's Date: _____

Personal Information

Name: _____

Birth date: ___/___/___ Age: ____ ☐ Male ☐ Female

Address: _____ City: _____ State: ____ Zip: _____

Phone Number (1): _____ ☐ Cell ☐ Work ☐ Home

Phone Number (2): _____ ☐ Cell ☐ Work ☐ Home

E-mail Address: _____

What is the best way to reach you?
☐ Phone Number (1)
☐ Phone Number (2)
☐ E-mail Address

Your emergency contact person
Name: _____ Relationship: _____
Phone Number (1): _____ Phone Number (2): _____

Religious Preference: _____ This ☐ *is* OR ☐ *is not* something I consider important for counseling

Currently employed? ☐ Yes ☐ No Occupation: _____ Employer: _____

Important Relationships

What is your current marital status? ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Other: _____
(Check all that apply) ☐ Widowed ☐ Remarried (how many times? __)

Please list information regarding your current or past significant-other relationships (if applicable):

Current Spouse: _____ Year begun: _____ Children? ☐ Yes ☐ No

Past Spouse (1): _____ Years begun/ended: ____/____ Children? ☐ Yes ☐ No

Past Spouse (2): _____ Years begun/ended: ____/____ Children? ☐ Yes ☐ No

Please list any children from these relationships and their ages:

Child (1): _____ Age: _____ Child (2): _____ Age: _____

Child (3): _____ Age: _____ Child (4): _____ Age: _____

Usual living arrangements in the past 2 years (check all that apply):

☐ With spouse and children ☐ With spouse alone ☐ With children alone
☐ With parents ☐ With other family ☐ With friends
☐ Alone ☐ No stable arrangements

Do you live with someone who has a current drug, alcohol, or sexual addiction? ☐Yes ☐No

Do you have a close, personal relationship with any of the following people (check all who apply)?

☐ Mother ☐ Father ☐ Siblings ☐ Spouse/Partner
☐ Children ☐ Friends ☐ Church family ☐ Co-workers

Have you had periods of significant problems with any of the above? ☐Yes ☐No

Who? _____

Health Information

Are you currently taking any prescribed medication? ☐Yes ☐No

List names and doses of all medication: _____

_____

_____

Who prescribes these medications? _____

Illegal drugs you have used: _____(In last 60 days? ☐Yes ☐No)

Do you have any chronic medical problems? ☐Yes ☐No

Have you ever been treated for any psychological or emotional problems? ☐Yes ☐No

Is this your first time to see a counselor? ☐Yes ☐No

If not, list previous counselors: _____

Have you ever considered committing suicide or seriously harming yourself? ☐Yes ☐No

List any other important medical information: _____

_____

_____

Legal Information:

Have you been referred to counseling by the criminal justice system? ☐Yes ☐No

Are you currently on probation or parole? ☐ Yes ☐ No

My Concerns

What brings you into counseling today? _____

Please check any of the concerns listed below that apply to your life right now. If any of these feel especially important, feel free to circle them or mark them in some way so that we can be sure to discuss them:

- ☐ Abuse (Current)
- ☐ Abuse (Past)
- ☐ Alcohol
- ☐ Anger
- ☐ Anxiety
- ☐ Attention span
- ☐ Career
- ☐ My Childhood
- ☐ My Children
- ☐ Choices I've made
- ☐ Confusion
- ☐ Crying
- ☐ Deaths
- ☐ Debt
- ☐ Decision making
- ☐ Dependence
- ☐ Depression
- ☐ Divorce
- ☐ Drug Abuse
- ☐ Eating Issues
- ☐ Emptiness
- ☐ Failure
- ☐ Family
- ☐ Fears
- ☐ Financial trouble
- ☐ Friendship problems
- ☐ Frustration
- ☐ Gambling
- ☐ Grief
- ☐ Guilt
- ☐ Hallucinations
- ☐ Health concerns
- ☐ Hostility
- ☐ Impulsiveness
- ☐ Indecision
- ☐ Inferiority feelings
- ☐ Irritability
- ☐ Bad Judgment
- ☐ Legal matters
- ☐ Loneliness
- ☐ Loss of control
- ☐ Low energy
- ☐ Marital coldness
- ☐ Marital conflict
- ☐ Marital infidelity
- ☐ Finding meaning in life
- ☐ Memory problems
- ☐ Mood swings
- ☐ Motivation
- ☐ Obsessions
- ☐ Outbursts
- ☐ Oversensitivity
- ☐ Panic attacks
- ☐ Parenting
- ☐ Perfectionism
- ☐ Phobias
- ☐ Pornography
- ☐ Relationships
- ☐ Sadness
- ☐ School problems
- ☐ Self Abuse
- ☐ Self-control
- ☐ Self-esteem
- ☐ Separation
- ☐ Sexual conflicts
- ☐ Sexual desire
- ☐ Sexual (Other)
- ☐ Shyness
- ☐ Sleep problems
- ☐ Spiritual concerns
- ☐ Stress
- ☐ Suicidal thoughts
- ☐ Suspicions
- ☐ Temper problems
- ☐ Violence
- ☐ Work problems
- ☐ Weight issues
- ☐ Withdrawal

Use the space below to list any other concerns not listed, or to comment on the concerns above:

_____

_____

_____

_____

_____

_____

Informed Consent for Stacy Bauman, M.S., LPC

Please Initial Each Line:

INFORMATION ABOUT STACY BAUMAN:

_____ I understand that Stacy Bauman is a Licensed Professional Counselor in the state of Texas and holds a Master's of Science in Family Therapy from Texas Woman's University.

INFORMATION ABOUT THE NATURE OF COUNSELING AND MY RIGHTS:

_____ I understand that as the client, I am in control of the counseling relationship and may choose to end that relationship at any time.

_____ I understand that if any assignment is given that I disagree with morally, ethically, or emotionally, I have the right not to proceed in that assignment.

_____ I understand that counseling can improve as well as upset the equilibrium in any person or family.

_____ I understand that I have the right to speak to Stacy Bauman about ANY concerns that I may have about counseling.

_____ I understand that Stacy may not be available for emergencies. If I need immediate assistance, I will call 911.

_____ I understand that if I have a complaint I cannot solve with Stacy and I wish to file a formal complaint, I may contact the Texas State Board of Examiners of Licensed Professional Counselors at 1-800-942-5540.

INFORMATION ABOUT CONFIDENTIALITY:

_____ I understand that my confidentiality is of utmost importance to Stacy Bauman, and that (aside from the situations listed below) he will keep my privacy in all matters.

_____ **I understand that there are some occasions when confidentiality can or must be breached. Those are: a) I direct Stacy Bauman to share confidential information in writing, b) Stacy Bauman determines that her client poses a danger to self or others, c) she is ordered by a court to disclose information, d) she suspects that child abuse has taken place, at which time she will notify Child Protective Services; or, he suspects elder abuse, in which case he will notify Adult Protective Services.**

_____ I understand that our paths may cross in social situations, but that our therapeutic relationship comes first, along with protection of my confidentiality. I understand that Stacy will not approach me in public, but that I am free to approach her if I wish.

_____ I understand that confidentiality cannot be guaranteed when communicating through e-mail or over the phone.

INFORMATION ABOUT FEES:

_____ I understand that the fee for counseling covers the time slot of my appointment, and that I will still be charged for that time if I do not give sufficient notice. I further understand that Stacy is not an in-network provider but she may provide you with an invoice for insurance reimbursement purposes. **My fee per session is:** _____ .

_____ I understand that if I do not give at least a 24 hour notice in canceling an appointment, I will be charged a fee equal to my usual fee per session (listed above).

_____ I understand that all payment is due at the time of service.

INFORMATION ABOUT TESTING AND PSYCHIATRIC SERVICES:

_____ I understand that Stacy Bauman does not perform formal testing, but refers to individuals who do.

_____ I understand that Stacy is not a psychiatrist, she is a Master's level therapist, and as such cannot recommend or prescribe medications but can encourage clients to see an M.D. for a medical evaluation.

By signing below I confirm that I have read, agreed to and received the above information:

_____ Client/Parent of Client

_____ Date Received and Read