

NEW CLIENT INTAKE



Client's Full Name: _____

Name of Person Completing this Form (if other than client):

Relationship to Applicant: _____

CLIENT INFORMATION

I identify my gender as _____

Home Address _____

City _____ State _____ Zip Code _____

Date of Birth _____ Email Address _____

Telephone Number(s)	Message OK?	Text OK?
Home _____	Y / N	
Cell _____	Y / N	Y / N
Other _____	Y / N	

Relationship Status (check one)

Single _____ Married _____ Common-Law _____

Separated _____ Divorced _____ Widowed _____

Client's Signature _____

Parent/Guardian's Signature _____

(If Client is under 18)

Date _____

DEPENDENT CHILDREN (IF APPLICABLE)

Name	Gender	Date of Birth	Resides with	Custody Status

EMPLOYMENT/SCHOOL STATUS

Full-time: Occupation _____ Employer: _____

Part-time: Occupation _____ Employer: _____

Short-term Disability _____ Long-term Disability _____ Unemployed _____

Retired _____ Homemaker _____ Student _____

Student: Name of School _____ Grade: _____

Major/Minor (if college level): _____

REFERRAL SOURCE

Self _____ Family _____ Friend _____

Therapist _____ Medical Professional _____

Internet _____ (list website)

Other (Name & Organization) _____

CONTACT INFORMATION

In order to provide the best service possible, it may be necessary to contact the following people. Please provide names and contact information for the people/professionals that are involved in your life. **All personal information will be kept confidential in accordance with all legal and ethical guidelines and I will not communicate with or share information with anyone without your written consent.**

Emergency Contact

Name: _____

Relationship: _____

Address: _____

Home Phone: _____

Mobile Phone: _____

Family Physician

Name: _____

Address: _____

Phone: _____

Psychologist /Therapist

Name: _____

Address: _____

Phone: _____

Psychiatrist

Name: _____

Address: _____

Phone: _____

Other Agencies/Professionals

Name: _____

Address: _____

Phone: _____



INFORMED CONSENT

I, _____, have chosen the services of The Recovery Coach, LLC to provide recovery coaching at _____, which will expire on _____, as agreed on by both Parties. I understand that for all legal and regulatory purposes, the services I am provided will be provided in the State of Georgia and the United States.

I understand confidentiality is important to both the Professional and the Client. I will keep confident all sessions regardless of the mode of services provided, whether they are conducted by phone, in person, or over the Internet.

A. All Professionals from The Recovery Coach will keep all issues discussed confidential in accordance with legal and ethical guidelines and will not communicate with or share information with anyone without my written consent. I understand that the only appropriate breach of confidentiality is when my Recovery Coach, ALISON BRODERICK, believes that I may intend to harm or seriously injure myself or other individuals, and items included in section B, C and D.

B. Should I be involved in child abuse, child neglect, spouse abuse or elder abuse, or abuse of a physically or mentally disabled person. I also understand should I display suicidal ideations and/or a plan.

C. Any communication over the Internet or telephone cannot be guaranteed to be HIPAA protected.

D. I understand that I cannot arrive at appointments with the possession of anything illegal, including weapons, illicit drugs, contraband of any kind, and liquor, and that I must not be intoxicated, threatening, violent or disrespectful. If I have any active warrants I am to immediately make that known.

Client's Signature _____ Date _____

OR

Parent/Guardian Signature: _____ Date _____

(if Client is under 18)

Coach's Signature _____ Date _____



APPOINTMENT / PAYMENT AGREEMENT

I, _____, agree to the following contract with **The Recovery Coach, LLC**:

I agree to Recovery Coaching services at _____, which will expire on _____. Each session with my Recovery Coach may be scheduled in person, over the telephone, or via video conferencing. I am responsible to be on time for appointments. I understand a 24-hour advance notification is required to cancel/reschedule appointments, excluding illness or a family emergency; otherwise, I will be charged in full for all scheduled appointments.

I agree to arrive at appointments without possession of illicit drugs or alcohol, weapons, or anything illegal in nature. I agree to arrive at appointments clean and sober. I agree to follow the suggestions and directions of the Recovery Coach to the best of my ability, and to complete assignments on a timely basis.

I understand that each payment is expected in full prior to services rendered, and there is a no-refund policy on coaching sessions or packages. If a visit outside of the office is necessary, I must pay the full hourly rate of \$75/hr. I understand that drive time for the recovery coach is also billed at the full hourly rate.

Client's Signature _____ Date _____

OR

Parent/Guardian Signature: _____ Date _____

(if Client is under 18)

Coach's Signature _____ Date _____



AUTHORIZATION OF RELEASE OF INFORMATION

I (your name):

Authorize (name of Recovery Coach):

To release any pertinent information to (name and title of person(s) of organization to which disclosure is to be made):

I may revoke this authorization in writing at any time, except for information, which has already been released in accordance with this authorization prior to my revocation.

Client's Signature _____ Date _____

OR

Parent/Guardian Signature: _____ Date _____

(if Client is under 18)

Coach's Signature _____ Date _____