



SELF-LOVE RECOVERY
institute
SelfLoveRecovery.com

CLIENT INTAKE FORM

DATE: _____

CONDITIONS FOR PSYCHOTHERAPY REQUESTS

1. Self-Love Recovery Institute offers psychotherapy services for those who identify/struggle with the following:
 - *Codependency/Self-Love Deficit Disorder*
 - *Adult Survivors of Childhood Abuse*
 - *Depression*
 - *Anxiety/Panic Disorder*
 - *Addiction/Substance Abuse*
 - *Parenting Challenges*
 - *Career/Life Changes*
 - *Divorce Consultation*
2. A consultation appointment is required prior to acceptance to ensure that Ross's skills and abilities will meet your requirements/desires.
3. If not accepted, at the end of the initial session, Ross will share his evaluation and provide helpful recommendations.

NAME: _____ DATE OF BIRTH: _____ AGE: _____

ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____ Gender: Male ___ Female: ___

RELATIONSHIP STATUS: _____ Children? (Y/N): ___ How many? ___

EMPLOYMENT / OCCUPATION: _____

SAFE TO CALL EMERGENCY CONTACT:

Name: _____ Relationship: _____ Phone: _____

FOR CLIENTS UNDER 18 YEARS OF AGE:

Name of parent/legal guardian: _____ Phone: _____

Name of parent/legal guardian: _____ Phone: _____

HOW WERE YOU REFERRED?

THE REASON FOR YOUR VISIT:

WHAT PROMPTED YOU TO SEEK ROSS'S HELP?

LIFE STRESSORS (Personal, Health, Familial, Relational, and/or Occupational):

MENTAL HEALTH HISTORY (Problems and/or diagnoses):

PHYSICAL HEALTH HISTORY (Problems and/or diagnoses):

CURRENT OR PAST MENTAL HEALTH, PSYCHIATRIC TREATMENT:

ADDICTION AND/OR SUBSTANCE ABUSE HISTORY, INCLUDING TREATMENT:

CURRENT MEDICATIONS *related to mental health treatment:*

Medication:	_____	Dose:	_____	Frequency:	_____	Started:	_____
Medication:	_____	Dose:	_____	Frequency:	_____	Started:	_____
Medication:	_____	Dose:	_____	Frequency:	_____	Started:	_____

CREDIT CARD INFORMATION:

Number: _____ Expiration Date: _____ V. Code: _____

FEES:

Psychotherapy: \$315/45-minutes or \$420 for 60 minutes (prior authorization is required)

Expert Witness Intake Consultation: \$325 for 45 minutes or \$400 for 55 minutes

Report writing or any other request: \$7.25 a minute

CANCELLATION POLICY: Without 24-hour advanced notice, or if the session was forgotten: \$250

SIGNATURE OF AGREEMENT:

Signing confirms you have accurately provided all requested information and agree with the session and late-cancellation fees:

Signature: _____

Date: _____