a new way to LOVE

Common Sense Tools to Resolve Long Standing Problems

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Marriage and Family-Veteran's Issues
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Date _____

Name _____

Address_____

City _____State_____ Zip_____

Home Phone_____ Email_____

Work Phone _____ Referred By_____

Veteran - Married - Single - Divorced - Separated - Living Separately – Living Together

Other _____ Length of Relationship _____

Children names and ages _____

_____

Reason or Incident that brings you to counseling_____

What do you think causes the problem?_____

Previous Counseling_____when_____with whom_____

Doctor_____Telephone_____

Medications being taken

_____

_____

Diagnosis._____

![Imago logo]

Do you have trouble with: Sleeping, Eating, Walking, Exercise, Anger, Depression, Sadness, Hopelessness, Backaches, Headaches, Speaking, Listening, Reading, Hearing, Anxiety, Phobias, Addictions, Being Alone, Flashbacks, Being in a Crowd, Working, Playing, Managing Money, Drugs, Alcohol, Smoking, Operations, Injuries, Diseases, Sexual Performance, Internal Organs, Sex Organs, Sexual Intimacy, Muscles, Bones, Sexual Dysfunction, Gambling, Lying, Stealing, Your children, Your partners children, Your Parents, Your partners parents, Legal Stresses or Trouble. Other _____

Describe your addictions? Drugs, Alcohol, Smoking, Eating, Working, Gambling, Sex Other_____

What do want for a goal in counseling?
 1st session?_____

After one month?_____

_____

After three months?_____

_____

How will you know that things have gotten better?
_____

On a scale of **1 - 10**. How confident are you that things will get better or you will be happy again?
1 being NOT AT ALL …and…. 10 being TOTALLY CONFIDENT / SURE
Please Circle one.

             1   2   3   4   5   6   7   8   9   10

PAYMENT POLICY
This office is direct pay by the client at the time of service. You will receive a statement that you will present to your insurance carrier for reimbursement. If you use insurance your are responsible for the difference between what the Insurance company will pay and the fee of $120 per session. Cancellation Policy: 24 hours notice is required to keep from being charged for missed session.   To Guarantee Payment:
Credit Card # _____ Card Type_____
Expiration Date _____ Code on Back _____
Name on the Card_____

Signature _____ Date _____