First West Counseling Center

Personal Information History

To make our first meeting more productive, please give accurate and complete responses to every section of this form. If necessary, write additional information in the margins.

Today's Date ___/ /____

Name_____ Age _____ Birthdate___/ /___

Gender: M / F

Address_____

City_____ State _____ Zip Code_____

Home #_____ Work #_____ Cell #_____

Employed by_____

Position_____ How long? _____

Best time to call_____Email Address_____

Do you consent to receive automated appointment reminders? Circle one: **YES** / **NO**

If YES, circle your preferred method of contact: TEXT PHONE CALL EMAIL

Client Signature_____**Date**_____

In case of emergency, contact:_____ Relationship to client:_____

Phone number:_____

Personal Information History Continued…

Who referred you to us?_____

Have you been in counseling before? Yes / No

Have you seen a physician recently? Yes / No

If yes, when?_____

Please list any prescription medications you are currently taking:

_____

_____

_____

_____

Please circle any of the following that pertain to you:

Nervous	Depression	Fears	Shyness
Sexual Problems	Suicidal Thoughts	Separation	Divorce
Finances	Drug Use	Alcohol Use	Friends
Anger	Self-Control	Unhappiness	Sleep
Stress	Work	Relaxation	Headaches
Tiredness	Legal Matters	Memory	Ambition
Making Decisions	Energy	Insomnia	Loneliness
Inferiority Feelings	Concentration	Education	Career
Health Problems	Temper	Nightmares	Marriage
Stomach Problems	Children	Appetite	Incest
Physical Abuse	Sexual Abuse	Recent Loss	Grief

Please describe what you wish to gain from counseling:_____

_____

_____

_____

_____

_____

_____

_____

Financial Agreement

First West Counseling Center's fees range from **$55 - $75** per session, depending on the counselor seen. Payment must be made at the time of the appointment. *FWCC does not file with insurance.*

Some of our counselors will see clients at a reduced session rate. FWCC will provide an application for financial assistance upon the counselor's consent and the client's request. The application must be completed providing all requested information and returned to the FWCC Office with proper documentation. *Approval for financial assistance is at the discretion of the FWCC Office.*

There is a nonrefundable fee of $25 for missed or canceled appointments when notification is not received at least 24 hours in advance of the scheduled appointment time.

I have read and agree to comply with the terms and conditions listed above.

Client Signature _____ Date _____

Notice of Privacy Practices Consent Form

Effective April 14, 2003, a federal regulation commonly known as "HIPPAA Privacy Rule" requires that we must provide all of our clients with a detailed notice, in writing, of our privacy practices. We have this lengthy "Notice of Privacy Practices" available upon request.

I understand that as a condition of my receiving treatment from First West Counseling Center they may use or disclose my personally identified health information for treatment, to obtain payment for the treatment provided, and as necessary for the operations of the practice at FWCC. These uses and disclosures are more fully explained in the Privacy Notice that has been provided to me and which I have had the opportunity to review.

I understand that the privacy practices described in the Privacy Notice may change over time, and that I have a right to obtain any revised Privacy Notice.

I also understand that I have the right to request that FWCC restrict how my health information is used or disclosed. FWCC does not have to agree to my request for the restriction, but if they do agree, they are bound to abide by the restriction as agreed.

Finally, I understand that I have the right to revoke/withdraw this consent in writing at any time. My revocation/withdrawal will be effective except to the extent that FWCC has taken action in reliance on my consent for use of disclosure of my health information. Provision of the future treatment may be withdrawn if I withdraw my consent.

_____ _____

Signature Date