

## **Intake Form**

Your answers to the questions presented here will give us some preliminary information about you enabling us to prepare for your first meeting at CRSH. If you have not sent the completed form to us by email, please bring it with you to your first session.

What type of therapy,		unseling/coach Iividual	-	· <u>·</u> ·	at this ti up		ing		
Please share with us yo	our	reasons for seek	ing p	osychotherapy/cour	seling at	t this time:	(check all that ap	ply)	
Depression		Anxiety		Relationship			rital Issues	<u> </u>	Mood Disorders
Sexual Issues		Trauma						Career/Work	
Addictions		Sexual Identit	.y	Anger			ostance Abuse		Gender Issues
Financial		Other	-						
In your own words, briefly describe your reasons for seeking therapy/counseling: IF YOU ARE IN A RELATIONSHIP, PLEASE PROVIDE INFORMATION ABOUT YOUR PARTNER/SPOUSE ON THE SECOND PAGE OF									
				THIS FO	RM				
<u>PLEASE PRINT CLEARL</u> NAME:	<u>Y</u>						Today's Date: _		 e:
Last				First	Middle			iaatt	Month/Day/Year
ADDRESS									
Number a	and	Street Name			C	lity	SI	tate	Zip Code
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Emergency Phone No: ()									
Contact Person Name: Relationship									
E-Mail Address: May we conta				ation to this email	address	5?	Yes 🗌 No		<del>.</del>
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				Agnostic/None			Single		
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Asian		Other		Catholic	Otł	ner	<b>Divorced</b>		Widowed
		25600 Woo	odwa	rd Ave, Suite 215, Royal	Oak, MI 4	8067 1-248	-399-7447		
V1-10-1-15				Page 1 o	f 3				

Last       First       Middle Initial       Month/Day/Year         DDRESS		ROM	ΔΝΤΙς / SEXILAL Ο	RIENTAT	ION		
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RACE		RELIGI	ON	MARITAL STATUS		
African American	Hispanic	Agnostic/None Jewish		Single	Married	
American Indian	White	Baptist	Protestant	Partnered	Separated	
Asian	Other	Catholic	Other	Divorced	Uidowed	

ROMANTIC / SEXUAL ORIENTATION					
Heterosexual	🗌 Gay	Bi-Attraction / Bi-Sexual	Unsure / Questioning		
Heteroflexible	Lesbian	Homoflexible	Pansexual		
Queer	Asexual	Other			

How long have you been together? \_\_\_\_\_

 EMPLOYMENT STATUS:
 Employed
 Unemployed
 Retired

 What is/was your position title at your current or last job?

 How long have/did you work for your current/last employer?

## COACHING CONTRACT



Welcome to The Center for Relationship and Sexual Health (CRSH). When people start coaching, they usually have a lot on their minds and do not always remember details about office arrangements. Therefore, we are providing our policies in writing. Please take the time to read these thoroughly before your first appointment. If you have any questions, please bring them to the attention of your Coach. This document contains important information. Once signed, it constitutes a binding agreement between us.

- Fees: Fees may vary depending on a number of factors (i.e., whether individual, or couples sessions, length of sessions, etc.) Your Coach can review with you the details specific to your situation. The initial fee includes any background information you wish to include in writing which we will read prior to your initial coaching session at no additional cost to you.
- 2. Cancelled & Missed Appointments: An appointment is a reserved time slot held just for you. If you must cancel, <u>48 hours</u> advance notice is required to avoid any financial obligation for that time slot. Failure to provide notice <u>48 hours</u> in advance constitutes a missed appointment and will result in you being billed the full fee of your scheduled session. However, if our schedules allow for another appointment in the same week and you attend, you will not be responsible for payment for that missed appointment.
- 3. **Payment**: We deeply value our relationship with you and honoring the payment commitment & process allows us to focus on you and not on billing. To best serve you, the following payment process applies:
  - a. Payment for professional services is expected at the time of each session.
  - b. <u>A credit/debit card is required to be on file to secure payment for services</u>. For your protection and peace of mind, your credit card information will be secured in our encrypted system.
  - c. If paying by credit card, your fee will be processed to your at the time of your session.
  - d. <u>Missed Appointment fees</u> will be automatically charged to your credit/debit card in accordance with the CRSH Cancellation and Missed Appointment Policy.
- 4. Insurance: Insurance does not cover coaching services. Insurance is only for mental health psychotherapy.
- 5. **Sessions**: Coaching is scheduled at the mutual convenience of the coach and the client. The day and time for the next call will be confirmed at the close of each coaching session. Coaching by phone is paid in advance of each series of coaching calls. Services requested by the client, in addition to coaching calls, will be billed at a prorated hourly rate agreed to in advance.

The session is initiated with the client calling the Coach. Be reminded that 48 hour notice is required to cancel or change the time of an appointment to avoid financial obligation for the reserved time slot.

6. **Termination of Coaching**: A scheduled orderly end of coaching is very important and can have a positive effect as you move forward. It is suggested that you openly discuss with your Coach at least three session prior to your last session your wish to end coaching. Closure sessions help you acknowledge and summarize what you have accomplished and give you the opportunity to review any unfinished concerns you may have.

By signing this agreement, you acknowledge that you have read this document and understand and agree to all the policies and procedures of The Center for Relationship and Sexual Health.

Print Client Name	Client Signature	Date	
Print Client Name	Client Signature	Date	
Coach Signature	Date		

 25600 Woodward Ave – Suite 215 – Royal Oak, MI 48067

 248-399-7447
 www.crsh.com
 email: officemgr@crsh.com



**Authorization for Credit Card Use** 

## Please print (except for signature line)

Name on Credit Card:	·				
Billing Address:	Street Add	ress		Apt Number	
	City		State	Zip Code	
Credit Card Type:	Visa	MasterCard	Discover	AmEx	
Circle One:	Credit	Debit	HSA		
Credit Card Number:			Ехр.	. Date	
Security /Validation Co	ode:				
ONE TIME CHARGE: Amount to	o Charge: \$	(USD)			
I authorize The Center for Rela provided herein for services r purchase in accordance with th	endered to				
Signature:			Date:		
RECURRING CHARGES: I authorize The Center for Rel and/or insurance deductibles, services rendered to accordance with the issuing ban I understand that this authorization w Sexual Health (CRSH) in writing of any therapy session. In the case of a Tran again within 30 days. If it is declined a certify that I am an authorized user o company so long as the transactions c	co-pays, ar nk cardhold vill remain in e changes in my saction being o gain, I agree to f this credit ca	nd/or co-insurance er agreement. ffect until I cancel it in v account information or declined, I understand th p provide another means rd/bank account and wi	vriting, and I agree to termination of this ar at CRSH may, at its di of payment prior to a Il not dispute these to	credit card pro ee to pay for o notify The Center uthorization prior t iscretion, attempt any further services ransactions with m	for Relationship and to the next scheduled to process the charge s provided by CRSH. I

Signature:	Date:
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25600 Woodward Ave – Suite 215 – Royal Oak, MI 48067 248-399-7447 www.crsh.com email: officemgr@crsh.com



## INFORMED CONSENT CHECKLIST FOR ONLINE SERVICES

Prior to starting online services, we discussed and agreed to the following:

- There are potential benefits and risks of online (e.g. limits to confidentiality) that differ from in-person sessions.
- Confidentiality still applies for online services, and nobody will record the session without the permission from the others person(s).
- We will agree upon the online platform for our virtual sessions.
- It is important to be in a quiet, private space that is free of distractions during the session.
- It is important to use a secure connection rather than public/free Wi-Fi.
- It is important to be on time. The same 48-hour cancelation policy applies to online sessions.
- If you need to cancel or change your appointment, you must notify us within 48 hours in advance by phone or email.
- If you are not an adult, we need the permission of your parent or legal guardian (and their contact information) for you to participate in online sessions.

Therapist Name:
Patient Name:
Signature:
Patient Parent/Legal Guardian
Date: