CONNECTED
LIFE COUNSELING
A PLACE FOR RELATIONAL WELLBEING

6280 McLeod Drive Suite 120-A
Las Vegas, Nevada 89120

INTAKE FORM – MINOR

Name: _____ Age: _____ Date of Birth: _____

Address: _____ City/State/Zip Code: _____

Preferred Phone: _____ Email: _____

For listed number: Okay to leave voice message ☐ Yes ☐ No Okay to send text message ☐ Yes ☐ No

Name of Parent/Guardian: _____ Contact Number: _____

Gender: _____ Sexual Orientation: _____

Do you have any concerns related to alcohol or substance use? ☐ Yes ☐ No

Are you experiencing any thoughts of self-harm or suicide? ☐ Yes ☐ No

Please note any symptoms or feelings you have had in the last month:

☐ Worthless ☐ Loss of interest ☐ Depressed ☐ Crying spells ☐ Difficulty concentrating

☐ Anxiety ☐ Racing thoughts ☐ Fatigue ☐ Helpless ☐ Loss of motivation

☐ Compulsive behaviors ☐ Excessive worry ☐ Repetitive behaviors ☐ Change in sleep patterns

☐ Experiencing abuse ☐ Loss of control ☐ Aggressive behavior ☐ Change in school performance

☐ Rapid mood changes ☐ Impulsivity ☐ Avoidance or withdrawal ☐ Change in eating/appetite

What brings you to therapy?

☐ Peer pressure ☐ Depression ☐ Substance use ☐ Low self-esteem ☐ Academic/school pressure

☐ Bullying ☐ Vaping ☐ Pregnancy ☐ Eating disorder ☐ Dating / relationships

☐ Social media ☐ Anxiety ☐ Stress ☐ Body shaming ☐ Family issues/pressure

☐ Sexuality ☐ Abuse ☐ Other: _____

How would you describe your relationship with your family?

☐ Close and supportive ☐ Loved but not understood ☐ Tense and stressful ☐ No relationship

How would you describe your relationships with your friends?

☐ Several strong relationships ☐ Few close friends ☐ Some distant friends ☐ No friendships

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Please describe any significant life events or challenges you are currently facing or have recently experienced.

Please describe any previous traumatic experiences or significant losses that may be impacting you.

Have you ever been diagnosed with a mental health condition? If yes, please provide some details about the diagnosis and any treatment or medications you may have received or are currently taking.

Please describe any specific goals or outcomes you hope to achieve through therapy?

Please describe any cultural, religious, or spiritual beliefs important to you.

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INFORMED CONSENT

This is not a crisis center.
If you are experiencing an emergency or crisis, please call **911** or the Suicide & Crisis Lifeline at **988**.

Dual Relationships:
Due to ethical codes and my personal beliefs, our relationship is strictly therapist-client based.
If a potential conflict exists or arises, I will provide you with recommendations for other therapists.

Appointments and Scheduling:
- Appointments may be scheduled on my website at www.connectedlifecenter.com or with my staff via email or by phone.
- You may reschedule or cancel your appointment up to 24 hours prior to the appointment without being charged a cancellation fee. This can be done through the links in the confirmation email you received when making the appointment or through my staff.
- I am typically scheduled out several weeks in advance. If you would like to be placed on a waiting list for an earlier appointment than what is currently available on my website, please contact my staff.
- Our phones and scheduling systems are automated. Please leave a message via phone or email and we will contact you within 24-48 hours excluding weekends and holidays.

Cancellation Policy:
- Sessions must be cancelled at least 24 hours in advance to avoid a cancellation fee.
- For sessions that are cancelled within 24 hours of the appointment time, a $50.00 fee will be assessed.
- For sessions cancelled the same day as the appointment, the full value of the session will be assessed based on my hourly rate. For example, $120.00 will be charged for a one-hour session.
- The cancellation policy is strictly enforced, and fees must be paid prior to attending your next session

Distance Counseling:
- I offer counseling services both in-person and through distance counseling though I prefer sessions to be in-person. If you request distance counseling, please ensure you have a quiet and private space for our session.
- If I have concerns that distance counseling is not effective, I will discuss transitioning to in-person sessions. Reasons for this include, but are not limited to, intellectual, emotional, physical, or professional well-being.
- There are risks and benefits when using technology and distance counseling including the limitation of confidentiality.
- Distance counseling can impact the therapeutic relationship due to differences in both verbal and nonverbal communication and cues. Any potential misunderstandings will be addressed and clarified at the time they occur by either therapist or client.

Counseling Rates and Payments:
- My base rate is $120.00/hour.
- For sessions with EMDR, my base rate is $160.00/hour.
- For sessions longer than an hour, the rate will be adjusted accordingly.
- Payment is due at the time of service.
- Accepted forms of payment include: cash, check, Zelle, Venmo, and credit card.
- An additional fee may be assessed for payments made with credit card.

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Communication:

- Please use my website, office phone, or email for information regarding appointment scheduling.
- Please do not email or text sensitive information related to your session as these are not secure forms of communication .
- Please do not use social media sites to contact us as these sites are not secure.
- Any social media (or "friend") requests from current or former clients will not be accepted.

Confidentiality:

Our sessions will be confidential unless the following exceptions apply:

- You sign an "Authorization for Release of Information" form which provides your consent for me to communicate information about you with one or more specified professionals or agencies;
- You are attending therapy as a part of legal requirements such as court orders, or your records are subpoenaed by a court. Please note that as a therapist I do not agree to testify in legal matters related to or unrelated to therapy;
- You are a minor under 18 years of age. Your parents can access your records unless you are emancipated, pregnant, or in danger of harm from one or both of your parents;
- You have had inappropriate contact with a health care provider, and their name is provided which would be mandated to be reported to their licensing board.
- I have reason to suspect any form of child abuse or endangerment of a vulnerable adult including, but not limited to: physical, sexual, financial, or neglect.
- I have reason to suspect that you are in imminent danger of harming yourself or another person.

When confidential information is disclosed, only essential information will be provided to the requesting entity.

Client rights:

- To receive information concerning the therapeutic process including, but not limited to: methods of therapy, techniques used, duration of therapy (if known), and fee structure for services provided.
- To have autonomy in making decisions related to your therapy.
- To seek a second opinion. If needed, I can provide you with names of other qualified professionals.
- To terminate therapy at any time without any moral, legal, or financial obligations other than those already accrued.
- To receive continuation of treatment through appropriate arrangements including alternative therapeutic services or referrals without abandonment of treatment.
- To know that in a professional, therapeutic relationship dual relationships of any type (i.e. personal, financial, or virtual) or sexual intimacy between therapist and client is never appropriate.
- To know our therapeutic relationship is confidential except under the exceptions noted in the "Confidentiality" section.

Codes and Regulations:

I follow ethical codes as identified by the American Association of Marriage and Family Therapy (www.aamft.org) and the American Counseling Association (www.counseling.org) in addition to the Nevada Revised Statue and Administrative Code for Marriage and Family Therapists.

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ACKNOWLEDGEMENTS

1. I have read and understand the confidentiality and communication policies.
2. I have read and understand the scheduling and cancellation policies.
3. I have been informed of the risks and benefits of distance counseling and will let my counselor know if I have any concerns.
4. I have been informed of my therapist's rates and credentials.
5. I have been informed of my rights as a client.

_____	_____	_____
Client Name (*Please print clearly*)	Client Signature	Date