MELISSA BRADLEY, M.S., NCC, B.C.E.T.S., F.A.A.E.T.S.
Omnibus Wellness
P.O. Box 3641, Brentwood, TN 37024-3641
615-377-6002
www.omnibuswellness.org

CLINICAL/PROFESSIONAL CONSULT/SUPERVISION CONSENT and AGREEMENT FORM

Your Name _____ *Date of Birth* _____

Home Address _____ *Today's date* _____

City, State, Zip _____ *Cell phone 1* _____

Home phone _____ _____

Work _____ *E-mail 1* _____

May a message be left? _____

Employer/Job Title 1 _____ _____

Emergency Contact _____ *Relationship* _____ *Phone* _____

Home Address _____ *City, State* _____

Referred by: Self, Friend, Spouse/Partner, Parent, Doctor, Other _____

What is your educational background? Length of time in the mental health field?

_____

_____

Please approximate the number of training hours you have had in treating traumatized clients?

_____

Have you personally experienced sexual/physical or emotional trauma? Other trauma? _____

_____

Have you ever been hospitalized for an emotional need? _____

Please list any previous treatment, including any medications for mental health and wellness

_____

_____

What do you want to accomplish during the consult/supervision? _____

_____

I also understand that my appointment time is saved for me. If appt. is canceled less than 4 hours before session, a 50% charge will occur. Payment is expected at the time of treatment unless prior arrangements have been made. Cancellations may be made by calling 615-377-6002 and leaving a voice mail message.
My payment for each one hour session will be $100.00 - in person, or local phone session.

Signature 1 _____