

MELISSA "MISSY" BRADLEY
 M.S., NCC, B.C.E.T.S., F.A.A.E.T.S.
 P.O. Box 3641
 Brentwood, TN 37024-3641
 615-377-6002

Omnibus Wellness

Counseling, Seminars, EMDR, Consulting

COUNSELING/THERAPY CONSENT and AGREEMENT FORM

Today's Date: _____

Participant 1

Participant 2

Name _____ Address _____ City State Zip _____ Date of Birth _____ Home Phone _____ May a message be left? <input type="checkbox"/> yes <input type="checkbox"/> no Cell Phone _____ May a message be left? <input type="checkbox"/> yes <input type="checkbox"/> no Employer _____ Job Title _____ Work Phone _____ May a message be left? <input type="checkbox"/> yes <input type="checkbox"/> no E-mail _____	Name _____ Address _____ City, State & Zip _____ Date of Birth _____ Home Phone _____ May a message be left? <input type="checkbox"/> yes <input type="checkbox"/> no Cell Phone _____ May a message be left? <input type="checkbox"/> yes <input type="checkbox"/> no Employer _____ Job Title _____ Work Phone _____ May a message be left? <input type="checkbox"/> yes <input type="checkbox"/> no E-mail _____
Emergency Contact Name _____ Relationship _____ Phone _____ Address _____ City State Zip _____	Emergency Contact Name _____ Relationship _____ Phone _____ Address _____ City State Zip _____
Physician Name _____ Phone _____	Physician Name _____ Phone _____
Please list any current medical conditions for which you are currently receiving treatment 	Please list any current medical conditions for which you are currently receiving treatment
Medications (currently or within past year) 	Medications (currently or within past year)

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Family Status Single Living Together Divorced Widowed Married – how long? _____

Referred By Self Friend Spouse/Partner Parent Doctor Other - _____

	Participant 1	Participant 2
What issues have you previously worked on in therapy?		
Have you ever been hospitalized for an emotional need?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
If yes, when?		
If yes, please explain:		
Please list any previous treatment, including any medications for mental health and wellness.		
Have alcohol or drugs ever been a problem for your parents or grandparents?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Have alcohol or drugs ever been a problem for you?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
If yes, please explain:		
Do you suspect either of you may be using some behavior in a compulsive or possibly destructive way?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
If yes, please explain:		
What do you hope to gain, learn or achieve in therapy?		
Additional comments:		

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We understand that the therapy service is designed to help us to learn effective ways to meet life's challenges, make vocational and educational plans, and various other lifestyle adjustments; that the goal of therapy is to help us to achieve our full potential so that we may live a productive and joyful lives, and that the therapist will help us explore options and support our right to act in a positive way on our own decisions.

We understand that the relationship with the therapist is professional rather than personal, and that it is inappropriate and unethical for a client and therapist to be socially or romantically involved. We understand that we'll be best served if the client-therapist relationship is kept strictly professional and if the sessions concentrate exclusively on our concerns.

- ❖ **We also understand that the appointment time is saved for us. If appt. is canceled less than 6 hours before session, unless for weather related emergencies, 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 or an email.**
- ❖ **Payment for each session will be \$100.00 - payment by the session (90 minutes).**
- ❖ **\$85 for phone consult (60 minutes).**
- ❖ **Session begins at defined time. Late arrival cuts time from original appt. time.**

Participant 1

Participant 2

I acknowledge RECEIVING the HIPAA document describing your rights about personal information.

If you are downloading the forms, please download the HIPAA form too.

Participant 1

Participant 2

Date

Date