

**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: \_\_\_\_\_

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

**Family Status**     Single    Living Together    Divorced    Widowed    Married – how long? \_\_\_\_\_  
**Referred By**     Self    Friend    Spouse/Partner    Parent    Doctor    Other - \_\_\_\_\_

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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
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
Have alcohol or drugs ever been a problem for you?	<input type="checkbox"/> yes <input type="checkbox"/> no
If yes, please explain:	
Do you suspect you may be using some behavior in a compulsive or possibly destructive way?	<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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I understand that the therapy service is designed to help me 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 me to achieve my full potential so that I may live a productive and joyful life, and that the therapist will help me explore options and support my right to act in a positive way on my own decisions.

I 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. I understand that I'll be best served if the client-therapist relationship is kept strictly professional and if the sessions concentrate exclusively on my concerns.

- ❖ **I also understand that the appointment time is saved for me. If the appointment is canceled less than 6 hours before session time, 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 by sending an email.**
- ❖ **Payment for each session will be \$100.00 - payment by the session (90 minutes).**
- ❖ **\$85 for phone consultation (60 minutes).**
- ❖ **Session begins at defined time. Late arrival cuts time from original appointment time.**

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*Signature*

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

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

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*Signature*

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*Date*