

## Individual Counseling Intake Form

*Please fill out this form to help us know more about you, so your counseling sessions can focus on what's most important to you. This information is confidential as outlined in the Professional Disclosure Statement, the Counseling Office Policies, and HIPAA Notice of Privacy Practices, posted at [www.PortlandOregonCounseling.org](http://www.PortlandOregonCounseling.org) and upon request. We would be happy to discuss these with you.*

**Name (First, Middle, Last):** \_\_\_\_\_ **Preferred Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_  
**Date of Birth:** \_\_\_\_\_ **Place of Birth (City, State):** \_\_\_\_\_ **Sex:** \_\_\_\_\_ **Gender ID:** \_\_\_\_\_  
**Cell Phone #:** \_\_\_\_\_ **Other #:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_ **OK to email?**  Yes  No

**OK to leave voice messages at these phone numbers?**  Yes  No \* **OK to Text?**  Yes  No \*Please note: regular texting/email is not considered confidential.  
**OK to receive text message appointment reminders (about 24hrs. prior)?**  Yes  No \*  # listed above  another #: \_\_\_\_\_

**Physical Address:** \_\_\_\_\_

**Mailing Address (if different):** \_\_\_\_\_

**Place of Employment/School:** \_\_\_\_\_ **Job Title (if applicable):** \_\_\_\_\_

**Do you enjoy your work?**  Yes  No \* **Are finances a major stressor for you?**  Yes  No

**Emergency Contact and Relationship to You (Spouse, Parent, Child, Friend, etc.):**

**Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**How you heard about us:**

Psychology Today  Good Therapy  Facebook  Instagram  Google  Bing  Current/Former Client: \_\_\_\_\_  Other: \_\_\_\_\_

**Past/Present Medical Issues (Brief summary of major medical problems, surgeries, accidents, falls, illness, etc.):** \_\_\_\_\_

**Medication you are presently taking and for what (Brief summary):** \_\_\_\_\_

**Have you or your family been affected by alcohol or drug use? (Brief summary)** \_\_\_\_\_

**Any past suicide attempts and/or violent behavior? (Describe: ages, reasons, circumstances, how, etc.)** \_\_\_\_\_

**Have you or any of your family members had concerns with depression, anxiety, suicide attempts, or mental illness? (Brief summary)** \_\_\_\_\_

**Are you involved in any current or pending civil or criminal litigations, lawsuits or divorce or custody disputes?**  No  Yes If "Yes," please explain briefly: \_\_\_\_\_

**Current Relationship status:**

Single  Married  Long-Term Relationship  Domestic Partnership  Open/Non-Monogamous  Separated  Divorced  Widow/Widower  Other: \_\_\_\_\_

**Past and present significant relationships (Brief summary):** \_\_\_\_\_

**Describe Your Relationships with Immediate & Extended Family Members (Brief summary):** \_\_\_\_\_

**Whom do you count on for support?** \_\_\_\_\_

**Have you ever been diagnosed with a mental health disorder?**  No  Yes If "Yes," please explain: \_\_\_\_\_

**Have you experienced counseling before?**  Yes  No \* **Was it helpful?**  Yes  No  Somewhat \*

**Reasons for Prior Therapy:** \_\_\_\_\_

**With Whom?** \_\_\_\_\_ **Approx. # of sessions:** \_\_\_\_\_ **Approx. Dates:** \_\_\_\_\_

**List any specific sleeping concerns:** \_\_\_\_\_

**Please describe yourself spiritually:** \_\_\_\_\_

**What gives you the most joy or pleasure in your life?** \_\_\_\_\_

**What are your main worries and fears?** \_\_\_\_\_

**What are your most important hopes or dreams?**

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**What types of struggles seem to come up frequently in your life?** (e.g., relationships, employment, self-sabotage, motivation, etc.)

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**Please describe what you want to work on in therapy; what do you want to be different in your life?**

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**As specifically as possible, what are your expectations of counseling?**

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**What concerns do you have about the counseling process?**

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**How would you rate your:**

- |                                    |  |
|------------------------------------|--|
| <b>Peace vs. worry level?</b>      | <input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Poor |
| <b>Calmness vs. tension level?</b> | <input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Poor |
| <b>Current physical health?</b>    | <input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Poor |
| <b>Eating habits?</b>              | <input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Poor |
| <b>Your exercise habits?</b>       | <input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Poor |
| <b>Your sleeping habits?</b>       | <input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Poor |

**How long has this been troubling you?** \_\_\_\_\_ yrs. **How bad is it?**  Mild  Moderate  Serious  Severe

**What else is related to the problem(s)?**

- |   |   |
|---|---|
| <input type="checkbox"/> Abuse: Physical, Sexual, Emotional, etc. | <input type="checkbox"/> Hopelessness                             |
| <input type="checkbox"/> Adjustment Difficulties                  | <input type="checkbox"/> Isolation, Loneliness, Shyness           |
| <input type="checkbox"/> Alcohol, Drug Use                        | <input type="checkbox"/> Marriage: Conflict, Coldness, Infidelity |
| <input type="checkbox"/> Anger, Hostility, Arguing, Irritability  | <input type="checkbox"/> Molested as a Child                      |
| <input type="checkbox"/> Anxiety, Worry                           | <input type="checkbox"/> Nervousness, Tension                     |
| <input type="checkbox"/> Appetite, Weight Control, Diet Issues    | <input type="checkbox"/> Obsessions, Compulsions                  |
| <input type="checkbox"/> Childhood Issues (Your Childhood)        | <input type="checkbox"/> Personal Growth                          |
| <input type="checkbox"/> Children, Childcare, Parenting           | <input type="checkbox"/> Physical Health, Chronic Pain            |
| <input type="checkbox"/> Communication Concerns                   | <input type="checkbox"/> Pregnancy, Abortion, Miscarriage         |
| <input type="checkbox"/> Concentration, Motivation                | <input type="checkbox"/> Recurring Thoughts                       |
| <input type="checkbox"/> Conflicts: Relational, Personality       | <input type="checkbox"/> Raped (as a child or adolescent)         |
| <input type="checkbox"/> Decision Making Difficulties             | <input type="checkbox"/> Raped (as an adult)                      |
| <input type="checkbox"/> Depressed Mood, Sadness, Crying          | <input type="checkbox"/> Self-Esteem                              |
| <input type="checkbox"/> Divorce, Separation                      | <input type="checkbox"/> Sexual Concerns/Sexuality                |
| <input type="checkbox"/> Emotions, Mood Swings                    | <input type="checkbox"/> Sleep Problems                           |
| <input type="checkbox"/> Family Difficulties                      | <input type="checkbox"/> Spiritual/Faith Concerns                 |
| <input type="checkbox"/> Fatigue, Tiredness, No Energy            | <input type="checkbox"/> Suicidal Thoughts, Feelings              |
| <input type="checkbox"/> Fears or Panic                           | <input type="checkbox"/> Unable to Have Fun                       |
| <input type="checkbox"/> Feeling Unworthy                         | <input type="checkbox"/> Unwanted Sexual Contact (as a minor)     |
| <input type="checkbox"/> Financial, Money, Spending Concerns      | <input type="checkbox"/> Unwanted Sexual Contact (as an adult)    |
| <input type="checkbox"/> Forgiveness Issues                       | <input type="checkbox"/> Work, Career Concerns, Goals, etc.       |
| <input type="checkbox"/> Gender Identity                          | <input type="checkbox"/> Other: _____                             |
| <input type="checkbox"/> Grief, Loss, Mourning                    |   |
| <input type="checkbox"/> Guilt, Shame                             |   |

## Consent for Professional Services

Office Policies & General Information Agreement for Talk Therapy/Counseling Services

This form provides you, the client, with information that is additional to that detailed in the Notice of Privacy Practices and it is subject to HIPAA preemptive analysis. Further information is detailed in Counseling Office Policies and HIPAA Notice of Privacy Practices posted online at [PortlandOregonCounseling.org](http://PortlandOregonCounseling.org) and at the Counseling office. Your therapist would be happy to discuss any of those with you.

**Print Client's Full Legal Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

I request that **Holly Morseman** provide professional counseling, talk therapy services to me and/or to:

Name	Relationship to Client
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**Initial** \_\_\_\_\_ Counseling services: *\$90 per 50-minute individual session; \$100 per 50-minute, or \$150 per 80-minute, couple/family session. Sliding scale available for individual counseling to those who qualify.* Preparation of reports, letters, and phone calls over 10 minutes will be pro-rated as a partial session.

**Initial** \_\_\_\_\_ I agree that payment for services is due at the time of service and that I am fully responsible for payment, even if insurance is reimbursing me. I understand that there is no guarantee of insurance coverage/reimbursement for fees, and that pursuing such is my sole responsibility.

**Initial** \_\_\_\_\_ In order to avoid full charges for missed appointments; I understand that I must call, text, or email (text and email are not considered confidential forms of communication) at least 24 hours in advance if I am unable to keep the scheduled appointment. (Insurance is unlikely to reimburse the cost of any missed appointment fees).

**Initial** \_\_\_\_\_ I understand that my therapist **will not** be available for 24 hour crisis intervention or emergencies, and I have been informed where to call if I have an emergency: 911 or the local Crisis Line 503.291.9111.

**Initial** \_\_\_\_\_ I acknowledge that I have received notice that a copy of the Professional Disclosure Statement and a Notice of Privacy Practices for Holly Morseman is available online at [www.PortlandOregonCounseling.org](http://www.PortlandOregonCounseling.org) or I can ask for a paper copy. I will review both documents and know that I am encouraged to discuss any further questions with my therapist at any point in my treatment.

I understand that email and text are **not** considered confidential forms of communication. I would like to communicate with my counselor by:

- Email (circle: yes / no) **Email:** \_\_\_\_\_
- Text (circle: yes / no) **Phone #:** \_\_\_\_\_

**Initial** \_\_\_\_\_ I understand that neither forms of communication are required, and that I must inform Holly Morseman in writing if/when I wish to revoke my consent to these forms of communication.

**Court Action/Legal Fees:** Clients are discouraged from having their therapist subpoenaed. Even though I (the client) am responsible for the testimony fee, I acknowledge that this does not mean that my therapist's testimony will be solely in my favor. Therapists can only testify to the facts of the case and to their professional opinion. Should your therapist be subpoenaed, the following preparation and court-related fees will apply:

- Preparation time (including submission of records): \$200/hour
- Phone calls: \$200/hour
- Depositions: \$200/hour
- Time required in giving testimony: \$250/hour
- Mileage: \$0.40/mile
- All fees associated with postage, copying, certifying, etc.
- Time away from office due to depositions or testimony: \$200/hour
- All attorney fees and costs incurred by the therapist as a result of the legal action.
- Filing a document with the court: \$100
- The minimum charge for a court appearance: \$1500
- A retainer of \$1500 is due in advance. If a subpoena or notice to meet attorney(s) is received without a minimum of 48-hour notice there will be an additional \$250 "express" charge. Also, if the case is reset with less than 72 business hours notice, then the client will be charged \$500 (in addition to the retainer of \$1500).
- Finally, all fees are doubled if my therapist had scheduled plans to go out of town that are interrupted.

I have read and understand the above information. I consent to therapy in full agreement with the terms stated above and the understanding that my therapist and I will clarify goals and objectives at any time.

\_\_\_\_\_  
**Client Signature** \_\_\_\_\_ **Date**

I, **Holly Morseman, M.A., LPC, NCC** have discussed the issues above with the client. My observations of the person's behavior and responses give me no reason to believe that this person is not fully competent to give informed and willing consent.

Signature of Therapist: \_\_\_\_\_ Date: \_\_\_\_\_



**Professional Disclosure Statement**

**Holly Morseman, M.A., LPC, NCC**

holly@portlandoregoncounseling.org \* PortlandOregonCounseling.org

**Phone:** (503) 902-5057, **Mailing & Office Address:** Compass Counseling & Consulting 8485 SW Canyon Rd. Portland, OR 97225.

**Philosophy and Approach to Counseling:** I take a client-centered approach to counseling. I believe that all people deserve to be treated as valued human beings. I also believe in the ability of the human spirit to overcome incredible hardships. I view the counseling process as a partnership between an individual in need, and a professional who is willing to walk alongside them in their pain. I believe that through healing, individuals can improve their resiliency and quality of life. My goal, as a counselor, is to help each client find their own source of strength and ways of applying those to their unique life goals. I employ an eclectic, holistic, evidence-based approach to counseling.

**Formal Education and Training:** I hold a Master’s Degree in Counseling Psychology from Pacific University. My education and major coursework focused on evidence-based practices in psychology (EBPP), group dynamics, ethics, helping relationships, psychoactive substances, multicultural counseling, assessment and diagnosis, and human growth and development. I am also a certified SMART Recovery® Facilitator.

**As a licensee with the Oregon Board of Licensed Professional Counselors and Therapists,** I abide by its **Code of Ethics**. To maintain my license, I am required to participate in continuing education, taking classes dealing with subjects relevant to this profession.

**Fees:** My fee for individual counseling is \$90 per 50-minute session. Couples/family counseling is \$100 per 50-minute session, and \$150 per 80-minute session. Extended sessions will be prorated as a partial session. If counseling is cost-prohibitive, clients may be able to be seen at a discounted rate. Please inform me if finances are a barrier to counseling, so arrangements can be made.

**Emergencies:** I am **NOT** available for 24-hour emergency crisis intervention. In emergencies clients need to contact Washington County Crisis Line (503) 291-9111, Clark County Crisis Line (800) 626-8137, the National Suicide Prevention Lifeline 1-800-273-TALK(8255), or 911.

**Confidentiality:** I will NOT intentionally release any information about you to any person or agency without your written consent except as noted below. Everything said in counseling, and even the fact that you are in counseling, is confidential and will not be disclosed except when, based upon information gained from the client or a third party, the counselor is required or permitted to by the HIPAA Privacy Standards or Oregon state law.

As a client of an Oregon licensee, **you have the following rights:** To expect that a licensee has met the qualifications of training and experience required by state law; to examine public records maintained by the Board and to have the Board confirm credentials of a licensee; to obtain a copy of the Code of Ethics (Oregon Administrative Rules 833-100); to report complaints to the Board; to be free from discrimination because of age, color, culture, disability, ethnicity, national origin, gender, race, religion, sexual orientation, marital status, or socioeconomic status; to be informed of the cost of professional services before receiving the services; to be assured of **privacy and confidentiality** while receiving services as defined by rule or law, with the following **exceptions:**

- 1) Reporting suspected child abuse; 2) reporting imminent danger to you or others; 3) reporting information required in court proceedings or by your insurance company, or other relevant agencies; 4) providing information concerning licensee case consultation or supervision; and 5) defending claims brought by you against me;

You may contact the **Board of Licensed Professional Counselors and Therapists** at 3218 Pringle Rd SE #120, Salem, OR 97302-6312

Telephone: **(503) 378-5499** Email: [lpct.board@oregon.gov](mailto:lpct.board@oregon.gov)

For more information about this counselor, consult the Board’s website: <https://www.oregon.gov/OBLPCT/pages/index.aspx>

**I have read and understand the above information. I consent to therapy in full agreement with the terms stated above and the understanding that my therapist and I can clarify goals and objectives at any time.**

\_\_\_\_\_  
**Client’s Printed Name**

\_\_\_\_\_  
**Client Signature**

\_\_\_\_\_  
**Date**

I, **Holly Morseman, M.A., LPC, NCC** have discussed the issues above with the client. My observations of the person’s behavior and responses give me no reason to believe that this person is not fully competent to give informed and willing consent.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_