

**Luke Brasel, MMFT**

504 Autumn Springs Ct #28 Franklin, TN 37067

615.601.0832

lukebrasel.com

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**Client Intake Form**

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

\_\_\_\_\_ Home Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Never Married \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed

Dates of Previous Counseling: \_\_\_\_\_

Name of Previous Counselor: \_\_\_\_\_

What are your hobbies or interests? \_\_\_\_\_

What influential books have you read lately? \_\_\_\_\_

Names of people living with you (include age and relation)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any major medical problems, surgeries, recent hospitalizations, health conditions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any medications you are currently taking:

\_\_\_\_\_  
\_\_\_\_\_

Referred By: \_\_\_\_\_

May I say thank you? (Please circle yes or no)

Yes

No

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### Practice Policies

Before we begin our work together, there are some important things that you should know. I value you as a client and want you to be informed.

**Confidentiality:** State law and professional ethics ensure that the client controls their confidential information. What you share in a counseling session will be held as confidential. There are a few exceptions to this rule. In situations where the counselor has reason to fear that the client may harm themselves or another person, confidentiality may be broken. Secondly, Tennessee state law requires that any form of abuse toward a minor or elderly person must be reported to appropriate authorities. Third, if I were to be subpoenaed in court, I may be required to share confidential information. Finally, in the case of family therapy, there may be times when I share my thoughts about you with other family members for the purpose of finding solutions to relational problems. I will not share any information that you specify as confidential.

**Benefits and Risks of Counseling:** Persons contemplating counseling services should realize they might make significant changes in their lives. People often modify their emotions, attitudes, and behaviors. They may change employment, begin to feel differently about themselves or others, and may change other aspects of their lives. They may also make changes in their marriages or other significant relationships, such as with parents, friends, children, relatives, etc. While I will assist the client in effecting change, I cannot guarantee specific outcome. Clients are ultimately responsible for their own growth.

**Payment and Fees:** Payment is expected at the end of your counseling session. Sessions are 45-50 minutes long and are \$140 (paid for in cash, check, or credit card) for individuals and couples. Your scheduled appointment time is held for you so if you need to cancel, please do so as soon as possible. If you fail to cancel an appointment at least 24 hours in advance of your appointment time, you will be responsible for the full fee of the appointment. All changes are your responsibility; if you have questions or concerns, please discuss them with me in advance. Should you need to file an insurance claim, I can provide a detailed receipt for this purpose.

Other services, such as inpatient visits, significant telephone counseling, etc. are based on the \$140 per session fee. The rate for court appearances, depositions, mediation and other court-related services is \$300 per hour. Your health insurance may provide reimbursement for professional psychological services. I encourage you to consult your policy for specifics. Invoices remaining unpaid 90 days after services rendered will be turned over to a collection agency.

**Credentials:** I have a Master's degree in Marriage and Family Therapy from Trevecca Nazarene University. I am currently working toward licensure under the supervision of Sara Hopkins, Ph.D., LMFT.

**Case Consultation:** For the purpose of providing you with the best care, I will be discussing your situation with other professionals without disclosing your identity either by name or facts.

**Professional Services:** I am available for counseling appointments at selected times throughout the week. If for some reason you are unable to contact me during an emergency, you may obtain assistance by calling the Crisis Help Line at (615) 244-7444, the Community Assistance Program (CAPS) at (615) 342-1450, or by going to your local hospital emergency room.

**Emails and Text Messages:** At times, I will use email and text messaging to contact clients for the purposes of informing them of upcoming appointments, changing appointment times, and rescheduling appointments. It is important that you understand that there are limitations to confidentiality. By signing below, you are acknowledging that you understand it is your responsibility to keep your email and text messages private to the extent that you want them to be private.

**Termination:** It is every client's right to disengage from counseling with or without notice to the treatment provider. However, I request notification of termination of therapy. I find it helpful to arrange a final session to explore termination, and review counseling goals and progress. Additionally, I will close client files after six months without in-session contact and consider your case completely released from my treatment.

**Informed Consent:** By signing below, I acknowledge that I have read and understand these policies and procedures, and that any questions have been answered. I authorize Luke Brasel, MMFT to provide the care necessary to move me toward therapeutic growth. I understand the limits of confidentiality, and I agree to be responsible for all charges incurred, according to the conditions detailed above.

Signed: \_\_\_\_\_

Date \_\_\_\_\_

Signed: \_\_\_\_\_

Date \_\_\_\_\_

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