

Keith Hughes Christian Counseling Services

Keithcounseling.com

303-883-3560

INTAKE INFORMATION

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

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

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

Parent / Guardian: \_\_\_\_\_

Name of Person / Institution who referred you: \_\_\_\_\_

May I contact them just to thank them for the referral? Y / N

Your Reason for counseling:

Marriage / Relationship     Life Transition     Spiritual Development   

Mental Health (Depression/Anxiety)     Addictions / Behavioral Troubles     Other

*By law I am bound to keep all matters confidential unless by written consent you permit me to share information that is necessary for the support and collaboration of your treatment with another professional, relative or identified person. The exception of situations regarding abuse, harm to self or others, I am a mandated reporter, bound to report such matters to authority jurisdictions. If I need to consult with a previous/current professional, relative, or significant other, please fill in and sign the following:*

I \_\_\_\_\_ permit Mr. Keith Hughes to release /share pertinent information as it regards to my therapy with: \_\_\_\_\_.

I also permit, \_\_\_\_\_ to release/share pertinent information about my previous therapy with Mr. Keith Hughes.

**Cancellation / No-Show Policy:**

**Cancellation:**

Sometimes things come up and understandably you may need to cancel your appointment. I handle these matters as reasonable as I am able and on a case by case basis. I ask that if you must cancel your appointment, please cancel within 24 hours prior or "night before". If cancellation is earlier than that timeframe, please be aware there is a \$50 cancellation fee.

**No Show: a no show for an appointment will result being charged full session rate**

**Agree Y / N**