2180 West First St
Fort Myers, FL 33901
Phone: (239) 318-9682
Fax: (239) 334-3660
Steve@JoshuaTreeCounseling.us
www.JoshuaTreeCounseling.us

I. I have read and understand my rights and responsibilities regarding HIPAA and client confidentiality.

II. Fee schedule as follows:

$80 per 50-minute individual session or copay up to $80 as allowed per client's insurance.

$50 per person per 50-minute group session or copay up to $50 as allowed per client's insurance.

$120 per couple per 50-minute session or copay up to $120 as allowed per client's insurance.

III. Cancelations made less than 24 hours before the appointment time may result in charges equal to the standard fee for that session.

Payment is due at time of service.

Client's Printed Name	Client's Signature	Date

Guardian's Printed Name (if applicable)	Guardian's Signature (if applicable)

Client Contact and Demographic Information

Notice: Rules and laws of confidentiality apply to all information contained herein.

Name: _____ _____ _____
First Middle Last

Street Address: _____

City: _____ State: _____ Zip: _____

Phone:
_____ _____ _____
Home Cell Work

Email: _____

- ☐ Do not use agency name.
- ☐ Do not contact by phone.
- ☐ Do not text message.
- ☐ Do not contact by email.

Emergency Contact: _____ _____ _____
Name Phone Relationship

Client Contact and Demographic Information

Notice: Rules and laws of confidentiality apply to all information contained herein.

Client Name: _____ _____ _____
First Last Referred by

Date of Birth: _____ Race/ Culture: _____ Marital Status: _____

Sex (Biological): _____ Gender (Self-identified): _____ Sexual Orientation: _____

Religion: _____ Employment Status: _____ How did you hear about us? _____

Previous Mental Health Diagnoses: _____ _____ _____

_____ _____ _____

Mental Health Prescriptions (Previous or Current): _____ ☐ Previous or ☐ Current? _____ ☐ Previous or ☐ Current?

_____ ☐ Previous or ☐ Current? _____ ☐ Previous or ☐ Current? _____ ☐ Previous or ☐ Current?