

Donna Durham LMFT

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Please fill out the following and bring this intake form to your first appointment.

Personal Information Form

Name: _____ Date: _____

Address: _____

Phone : _____

Email: _____

Age: _____ Date of Birth: _____

Occupation: _____

Place of Employment: _____

Married or single? _____

Who lives in your home?

Name _____ Age _____ Relationship to you _____

Name _____ Age _____ Relationship to you _____

Name _____ Age _____ Relationship to you _____

Name _____ Age _____ Relationship to you _____



What are your goals for coming to therapy?

How did you hear about me? (referral source):

[OBJ]

[OBJ] Have you ever seen a professional counselor before? _____ When? _____

Why were you seeking help? _____

Was counseling beneficial? _____

Who was your counselor? _____

Medical and Health Information

Family Physician(s):

Current Medical Problems:

Are you now or have you ever had suicidal thoughts? _____

Do you have troubling thoughts that you cannot seem to get rid of? _____

Any problems related to thinking, concentrating, or memory? _____

Medications: _____

Past Medical Problems:

Have you ever been prescribed medication to help with depression? _____



Do you drink alcohol on a regular basis? _____

Do you smoke? _____

Emergency contact information:

Name _____

Relationship: _____

Client Signature: _____

Fee

My fee for a therapy session is \$175.00. Each session is a 50-minute therapeutic hour. My fee for all other services are available upon request.

Payment

Payment is made at the time of our session. I am able to accept cash, check, or credit card.

**A \$5 service charge will be added to any credit card payments.*

Insurance

I DO NOT accept insurance. However, I can provide a receipt for your insurance company.

**Keep in mind that filing a claim is the client's responsibility and does not guarantee reimbursement.*

Scheduling

Please contact me for your initial consultation. I highly recommend that weekly standing appointments be booked on a monthly basis to maintain therapeutic consistency. If you have schedule restraints, I will work with you to schedule your next weekly appointment at the end of each session. It is the client's responsibility to schedule the next appointment.

Business Hours: M, 10a-5:30p T, 8a-1:30p Th, 8a-1:30p

**I'm available on the weekend for intensives, speaking engagements, or interventions.*

Telehealth sessions available upon request

Cancellations



If you are not able to keep your appointment, I require a 24-hour notice. If this is not possible, you will be charged the regular session fee. Sickness and emergencies are exempted at my discretion.

Confidentiality

All information shared within our session will be held in the strictest confidence, unless you give written consent for me to share information with a third party. The exceptions to this policy are if I become aware that you are suicidal or homicidal, or if there is any instance of unreported child or elder abuse.

Informed Consent

Do you have any questions about fees, confidentiality, or other matters? Yes ____ No ____

Do you agree with the conditions and the provisions of the Practice Policies?

Yes ____ No ____

Signature: _____

Date: _____

Text Messaging and EMAIL Confidentiality Agreement

At times, I text or email message my clients to inform them of upcoming appointments, to change appointment times, or to reschedule appointments. By signing below, you are saying that you have considered and understand the limitations of confidentiality and agree that you are responsible for keeping your text messages private to the extent that you desire for them to be private.

I, _____, allow Donna Durham to email and/or text me regarding logistical matters (e.g., appointment times, dates).

Signature: _____

Date: _____

