

Stacey Paley MaCLP, LMFT, LPC

Park Terrace Offices, Suite 9

275 S. Main Street

Doylestown, PA 18901

(215) 489-0900

Name _____ Date _____

Address _____

City _____ Zip Code _____

Telephone (home) _____ (Cell) _____ (Work) _____

Is it ok to leave messages? _____

Email address _____

Date of Birth _____ Social Security # _____

Marital Status _____ If Married, spouse's name _____

Age _____

Previous Counseling _____

Family Doctor _____ Last Seen _____

List medication you are currently taking _____

Reason for seeking help _____

Any changes or difficulties in you're: Sleep Habits? _____

Appetite? _____ Confusion or decision making? _____

Irritability? _____ Headaches? _____

Anxiety? _____ More tired than usual? _____

Sadness or helplessness? _____

Confidentiality: All sessions are strictly confidential. The only exceptions to this are as follows: 1. the intent to harm oneself or others 2. When there is reason to suspect physical or sexual abuse of a child or elderly 3. The Patriotism Act. (*Please see Client Information Sheet for more detail to the limits of confidentiality*).

Fee Agreement: The average fee is \$125.00 but may vary depending on the type of service scheduled. The fee is due at the time of appointment unless other arrangements have been made. Cash, checks, Visa, MasterCard and American express are accepted. Insurance coverage can be discussed. *If you fail to keep an appointment or fail to cancel within 24 hours, you will be responsible for a 50.00 fee.*

Emergency Policy: I can be paged 24/7 at 215-489-0900. If for some reason you do not hear from me within 20 minutes *call 911 or go to your local emergency center.*

Client Agreement: In signing this form, I do understand and agree to abide by the preceding statement and policies.

Signature _____ Date _____

If minor, signature of parent/guardian _____