

INDIVIDUAL FORM

DATE: _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE (CELL): _____ (WORK): _____

EMAIL ADDRESS: _____

Driver's License: _____ Social Security No. _____

Occupation: _____

Employer: _____

Address: _____

City: _____ State: _____ Zip: _____

Birthdate: _____ Age: _____ Sex: Male Female

Referred by: _____

Your Attorney's Name: _____

Address: _____

Phone #: _____ Fax #: _____

Please list all members of your current household, including ages and relationship to you:

NAME

AGE

RELATIONSHIP

Please list all your marriages and to whom and during what period of time:

Please list all of your children's names, ages and where they reside:

Are you or your children receiving any services from a mental health professional? If so, whom?

Please list all mental health professionals you have consulted with prior to today. Please let what you sought counseling for and how long it lasted.

Are you taking any medications? If so, what are they and for what?

Do you have any physical, emotional or mental conditions; either presently or in the past you have been diagnosed with or treated for? If so, please list them and what treatment was prescribed or used?

Have you ever been hospitalized for either emotional issues or medical issues? If so, where, when and for how long?

CURRENT ISSUES/PROBLEMS

Please describe the problem or problems you hope to solve by us working together?

What would you like to see happen as a result of us working together?

What is the thing that concerns you most right now?

Are you currently involved in a Family Law problem? Yes No

If so, please describe the type of family law issue you are dealing with and how you think I can be most helpful to the situation, as well as the services you are being referred for, or are requesting?

It is important for you to understand that if I become aware of any suicidal or homicidal threats, or abuse to a child, I must report it to the appropriate authorities. Additionally, if I am deposed or subpoenaed to testify in court, your confidentiality may be jeopardized.

Please also understand that my daily schedule may be filled with seeing clients and therefore, it may be difficult for me to return all the phone calls and emails I receive each day. However, I do try and return phone calls and/or emails within 24 hours during the work week. If your phone call or email is an emergency, please indicate what the emergency is when you try and reach me. Additionally, the last page of this form will help you understand the best and most effective way to communicate with me outside your appointments.

Please read through my fees and sign below your understanding and agreement that you will be responsible for the payment of fees prior to, or at the end of services being rendered:

Consultation/Coaching/Counseling Session:	\$180.00 per hour
Co-Parenting Coaching Session:	\$180.00 per hour
Court Testimony/Deposition:	\$250.00 per hour with a two-hour, non-refundable minimum required.
Mediation/Arbitration:	\$250.00 per hour with a two-hour, non-refundable minimum required.
Home Visits:	\$180.00 per hour, including drive time.
Telephone Consultations:	Billed in 15-minute segments at \$180.00 per hour.
Video/Audio Review:	\$180.00 per hour
Document Review:	\$180.00 per hour
Email Communications/Responses	\$10.00 per ½ page

Your signature represents understanding of my fees and that you will be responsible for payment of fees

prior to, or at the time services are rendered. I also have a 24-hour cancellation policy, meaning if you cancel your appointment within 24 hours of that appointment, you will be charged the fees associated with the time booked on my calendar. This is also the case in the event you “no show” for a session. Please sign here:

If I am conducting a Social Study Investigation in your case, a \$1200.00 retainer is required before any services are rendered. If you are participating in Co-Parenting Coaching, you will be required to either provide a \$300.00 retainer or credit card for emails and phone calls that occur between sessions. All emails and phone calls that are charged for will be listed on a log and provided to you monthly.

For your convenience, we accept credit cards. However, there will be an additional 5% fee assessed for all credit card purchases as these are the fees that are assessed to us. If you would like to use your credit card for services rendered; please complete the following and sign below that you authorize Robin Brown Walton to charge your credit card for services.

Card Number: _____ Expiration: _____

Billing Address and Zip Code: _____

Your signature: _____