

INDIVIDUAL FORM

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (Cell): _____ Work: _____

Email Address: _____

TDL: _____ Social Security No.: _____

Occupation: _____

Employer: _____

Address: _____

City: _____ State: _____ Zip: _____

Birthdate: _____ Age: _____ Sex: Male Female

Referred By: _____

Your Attorney Name: _____

Address: _____

Phone No.: _____ Fax: _____

Cause No.: _____ Court: _____

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

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list all marriages, to whom and for how long.

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

Please list your parent's names, addresses, and telephone numbers. If deceased, please list the name of your nearest living relative.

Are you currently receiving any services from a mental health professional?
If so, whom? _____

Please list all counseling that you have participated in prior to today.
Indicate when, with whom, and for how long the counseling lasted.
Additionally, please state the presenting problem you sought counseling for.

How is your health? Good Fair Poor

When was your last physical examination? _____

Name of Physician: _____

Are you taking any medications, if so what and what for?

Do you have any physical, emotional, or mental conditions, either presently or
past, that I should be aware of? Yes No

Have you ever been hospitalized? If so, what for and for how long?

CURRENT ISSUES/PROBLEMS

Briefly, describe the problem or problems that you hope to solve by us working together? _____

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

What is the thing that concerns you most at present?

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

If so, please describe the type of family law problem 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 understand that my daily schedule is filled back to back with client appointments. Therefore, it is difficult for me to return the numerous phone calls I receive each day. In order to facilitate a solution to this problem, **please tear off the last page of this form and keep with you.** The letter will describe how best to reach me.

My hourly fees are as follows:

Consultation/Coaching Session (50 min)	\$160.00
Cooperative Parenting Session (80 min)	\$250.00
Court Testimony/Depositions/Mediation (per hour)	\$250.00
Written Reports to the Court (per hour)	\$160.00
Home Visits (includes travel time/per hour)	\$160.00
Telephone Consultations (billed in ½ hour minimum)	\$160.00 per hour
Video or Audio Tape Review (billed in ½ hour minimum)	\$160.00 per hour
Emergency Phone Calls (billed in 15 minute segments @ \$160.00 per hour)	
Email Communications/Responses	\$10.00 per email

Your signature represents your understanding of my fees and that you are responsible for the payment of fees (inclusive and/or exclusive of a court order). Please sign here: _____.

Payment for services rendered is expected at the time of service. If you are involved in a Social Study Evaluation, a \$1000.00 retainer may be requested. If you are participating in Co-Parenting Coordination/Coaching, you will be asked to provide a \$300.00 retainer or credit card to charge.

For your convenience, we accept credit cards. Please provide the following information if paying by credit card. Also, please understand that providing your credit card number, you authorize Robin Brown Walton, MS, to charge the credit card for ongoing services rendered by Robin Brown Walton, MS, until revoked by you.

Card Number: _____ Exp Date: _____

Your Signature: _____