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MA, NCC, LPC, EEMCP ~ LICENSED COUNSELOR ~ PSYCHOLOGICAL INTUITIVE ~ REIKI MASTER

INTAKE FORM

CONTACT INFORMATION _____ **DATE:** ____/____/____

NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

WHICH IS BEST TO CONTACT YOU BY – ARE CONFIDENTIAL MESSAGES OK? DON'T FILL IN THE BELOW IF YOU PREFER I NOT USE IT ~ PLEASE DO UPDATE ME ON ANY CONTACT INFO, AS IT CHANGES!

PHONE#: _____ CELL#: _____

WORK#: _____ E-MAIL: _____

AGE: _____ DOB: ____/____/____ RACE: _____ GENDER: _____

PARTNER/SPOUSE NAME: _____

IN CASE OF EMERGENCY, PARTNER (W): _____ (C): _____

OTHER CONTACT PERSON NAME/RELATIONSHIP: _____

IN CASE OF EMERGENCY – OTHER (W): _____ (C): _____

PHONE: (W): _____ (H): _____ (C): _____

IN HOME: _____; DESCRIBE RELATIONSHIP DYNAMICS, NAMES: PARENT-GUARDIAN/CHILDREN, OTHERS?, PET/S:

IF STUDENT: YEAR _____ MAJOR/FOCUS: _____ CURRENT GPA: _____

WORK STATUS/PROFESSION: _____ TITLE: _____

MILITARY SERVICE: ACTIVE RESERVIST NONE

RETIRED

GUARD

OTHER _____

(MAY I THANK THE PERSON/AGENCY FOR THE REFERRAL?) ___Y___N

HOW DID YOU FIND ME? _____ REFERRED, BY? _____

CHECK ALL SERVICES THAT APPLY TO YOUR NEEDS:

-
- STRESS & LIFESTYLE MANAGEMENT SKILL-BUILDING /MEDITATION – BEST TIME FOR SESSIONS?
 - RELATIONSHIP ISSUES/HEALTHY BOUNDARIES/EMDR AM
 - PERSONAL/SPIRITUAL ISSUES PM
 - REIKI/ENERGY-MEDICINE WORK – PHONE CLIENTS, TIME ZONE: EST, MST
 - OTHER _____ CST PST
-

PLEASE LIST YOUR REASONS FOR BEING HERE NOW –CURRENT LIFE ISSUES...

LIST ANY RELEVANT PREVIOUS TREATMENT METHODS USED – ASSESS THEIR EFFECTIVENESS/YOUR RESPONSE/S:

ALSO, TAKE YOUR TIME AND AS MUCH SPACE AS YOU NEED WITH WRITING THE FOLLOWING:

WRITE A BRIEF TIMELINE OF YOUR LIFE; DESCRIBE ANYTHING THAT STANDS OUT TO YOU, + OR – IN YOUR HISTORY, RECENT TO FAR PAST: FAMILY, PROFESSIONALLY, PERSONALLY; *HOW DO YOU WANT YOUR LIFE TO FEEL NOW?*

LIST PAST PERSONAL/PROFESSIONAL **ACCOMPLISHMENTS** – AND LIST **CURRENT GOALS** OR DREAMS ... *(IS THERE SOMETHING YOU'VE THOUGHT ABOUT DOING, BUT DON'T DO, OR NOT AS MUCH AS YOU'D LIKE)?*

ACCOMPLISHMENTS

GOALS

- 1.
- 2.
- 3.
- 4.
- *

- 1.
- 2.
- 3.
- 4.

WHAT ARE YOUR FEARS , AND WHAT BLOCKS YOU *(DESCRIBE WHAT OR WHO SUPPORTS YOU OR NOT)?*

WHAT ARE YOUR VALUES, WHAT MATTERS MOST TO YOU?

HOW ARE YOUR ORGANIZATIONAL AND COMMUNICATION SKILLS, IMPACTING FINANCIAL/ROMANCE/OTHER LIFE ISSUES?

LIST WHAT FEEDS YOUR HEART, WHAT GIVES YOU JOY – *AND*, HOW DO YOU TAKE CARE OF YOUR BODY, WHAT DO YOU DO TO DEAL WITH STRESS (AND IS IT WORKING)?

WHERE DO YOU SEE YOURSELF IN 5 YEARS? 10 YEARS??

CHECK ALL OF THE FOLLOWING THAT APPLY:

SUICIDAL THOUGHTS

- FEELINGS OF HOPELESSNESS
- SUICIDE ATTEMPT (PAST/CURRENT)
- SUICIDAL/HOMICIDAL THOUGHTS (PAST/CURRENT)
- RECURRENT THOUGHTS OF DEATH
- FAMILY/OTHER HISTORY OF SUICIDE

DEPRESSION/MANIA

- FEELING SAD/ALONE
- LOSS OF INTEREST/PLEASURE IN MOST ACTIVITIES
- POOR GROOMING
- CHANGE OF WEIGHT (MORE THAN 5%)
- FATIGUE OR LOSS OF ENERGY
- FEELINGS OF WORTHLESSNESS
- INAPPROPRIATE OR EXCESSIVE GUILT
- INFLATED SELF-ESTEEM
- DECREASED NEED FOR SLEEP
- MORE TALKATIVE THAN USUAL
- FLIGHT OF IDEAS/DISTRACTIBILITY
- EXCESSIVE ACTIVITY (WORK, SOCIAL, SPENDING, SEXUAL)

SUBSTANCE USE

- DRINKING TOO MUCH
- TAKING TOO MANY DRUGS

MOOD

- ARGUE A LOT
- ANGER, LOSE TEMPER EASILY
- UPTIGHT, CAN'T RELAX
- EASILY IRRITATED
- GRIEF/ANY LOSS
- CRYING A LOT/EXTREME MOOD SWINGS
- EMOTIONAL OVERREACTION
- CHANGE IN PERSONALITY

ANXIETY

- INTENSE FEAR OR DISCOMFORT
- RAPID HEARTBEATS/CHEST PAIN
- FEELING OF CHOKING/DIZZY/LIGHTHEADED
- FEELINGS OF UNREALITY
- DETACHED FROM SELF
- FEAR OF LOSING CONTROL/DYING?
- WORRY ABOUT PANIC ATTACKS
- AVOIDING PLACES/SITUATIONS
- OBSESSIVE THOUGHTS
- REPETITIVE BEHAVIORS-USED TO REDUCE STRESS?
- DISTRESSING RECALL OF TRAUMATIC EVENT/S
- CAN'T CONTROL WORRY

RELATIONSHIP ISSUES

- DIFFICULTY MAKING FRIENDS
- DIFFICULT RELATIONSHIPS WITH OTHERS
- CHOOSES SOLITARY ACTIVITIES
- FAMILY ISSUES/CONFLICT
- SPIRITUAL ISSUES/CONFLICT

Do you:

- DRIVE W/OUT A SEATBELT Y N
- DRIVE DRUNK Y N
- RACE Y N
- CARRY WEAPON/S Y N
- OWN A GUN/WEAPON Y N
- OTHER: _____

PERSONALITY TRAITS

- DISTURBING/VIOLENT THOUGHTS
- DECEITFULNESS
- AGGRESSION TOWARDS SELF OR OTHERS
- DESTROYING THINGS
- FEELING INDIFFERENT OR DISAGREEABLE
- UNSTABLE SELF-IMAGE
- SELF-MUTILATION
- CHRONIC FEELINGS OF EMPTINESS
- PARANOID BEHAVIOR
- SEXUALLY SEDUCTIVE
- OVERLY DRAMATIC
- CONSTANT NEED FOR APPROVAL
- MUST BE CENTER OF ATTENTION
- FEELING ENTITLED/SUPERIOR
- ENVIOUS OF OTHERS
- FEAR OF REJECTION
- AFRAID OF SOCIAL SITUATIONS
- DIFFICULTY MAKING DECISIONS
- PROBLEMS BEING ASSERTIVE
- SEXUAL PROMISCUITY

COGNITION AND COMMUNICATION

- RACING THOUGHTS
- OBSESSIONS
- SLOWNESS OF THINKING
- UNUSUAL THOUGHTS
- INTRUSIVE MEMORIES OR "FLASHBACKS"
- PROBLEMS WITH READING
- PROBLEMS WITH MEMORY
- DECREASED CLARITY OF THOUGHT
- DIFFICULTY ORGANIZING
- DIFFICULTY MEETING DEADLINES

SOMATIC SYMPTOMS

- EXTREME EXHAUSTION
- SLEEP PROBLEMS
- SLEEPING TOO MUCH
- NOT SLEEPING ENOUGH
- NIGHTMARES/SLEEPWALKING
- INCREASE IN APPETITE
- LOSS OF APPETITE
- STOMACH ACHES/NAUSEA
- CONSTIPATION/DIARRHEA
- SELF-STARVATION
- BINGING/PURGING
- BED WETTING
- PAIN
- LOSS OF SEXUAL DESIRE
- INABILITY TO HAVE SEX
- IMPAIRED SEXUAL FUNCTIONING

DESCRIBE ANY OTHER SIGNIFICANT ISSUES:

COMPLETING THE FOLLOWING QUESTIONS AS FULLY AS POSSIBLE WILL ALLOW FOR THE DEVELOPMENT OF A PLAN BEST SUITED TO YOUR SPECIFIC NEEDS.

PSYCHOLOGICAL/MEDICAL HISTORY

CIRCLE ANY SERVICE/S SOUGHT RE: ADDICTION/S/MOOD/EATING/IMMUNE SYSTEM ISSUES/OTHER (SPECIFY):

IF YES TO ANY OF THE ABOVE, PLEASE INDICATE:

| <u>PRACTITIONER, IF ACCESSED NAME/DEGREE</u> | <u>NATURE OF PROBLEM</u> | <u>CITY & DATE CONTACTED</u> | <u>FREQUENCY # OF VISITS</u> | <u>LENGTH OF TREATMENT</u> |
|--|------------------------------|--------------------------------------|----------------------------------|--------------------------------|
|--|------------------------------|--------------------------------------|----------------------------------|--------------------------------|

WHAT WAS TREATMENT OUTCOME? _____

MAY WE COORDINATE SERVICES WITH HIM/HER? ___YES ___NO

PLEASE LIST ANY CURRENT MEDICAL CONCERNS, (INJURIES, ILLNESSES, SURGERIES, OTHER DISABILITIES, PRIOR DIAGNOSIS OF PHYSICAL LIMITATIONS/IMPAIRMENTS, PRIOR ABNORMAL TEST RESULTS, ETC.)

PLEASE LIST CURRENT MEDICATIONS/NUTRITIONAL/VITAMIN/HERBAL SUPPLEMENTS CURRENTLY TAKEN:
TYPE DOSAGE/FREQUENCY TAKEN TAKEN FOR HOW LONG? *ADVERSE REACTION (IF ANY)

_____ USE SEPARATE SHEET IF NEEDED)

SUBSTANCE USE

PLEASE INDICATE NON-PRESCRIBED SUBSTANCES YOU HAVE USED.

| | <u>LAST USED</u> | <u>AMOUNT USED?</u> | <u>FREQUENCY – P/DAY, WEEK, ETC.</u> |
|-------------------------|------------------|---------------------|--------------------------------------|
| ALCOHOL | _____ | _____ | _____ |
| CAFFEINE/COFFEE/SODA | _____ | _____ | _____ |
| CIGARETTES | _____ | _____ | _____ |
| PRESCRIPTION (RX) MED'S | _____ | _____ | _____ |
| TRANQUILIZERS | _____ | _____ | _____ |
| MARIJUANA | _____ | _____ | _____ |
| AMPHETAMINES | _____ | _____ | _____ |
| COCAINE | _____ | _____ | _____ |
| OTHER: _____ | _____ | _____ | _____ |

LEGAL HISTORY

ARE THERE ANY RELEVANT LEGAL PROBLEMS AT THIS TIME? IF SO, DESCRIBE BELOW:

DEVELOPMENTAL HISTORY

DESCRIBE THE TYPE OF DISCIPLINE YOU EXPERIENCED AS A CHILD: _____

ARE YOU ADOPTED? ___YES ___NO ...IF YES, YOUR AGE AT TIME OF ADOPTION WAS: _____

DID YOU HAVE ANY DIFFICULTIES IN CHILDHOOD RELEVANT TO YOUR CONCERNS? IF SO, DESCRIBE:

FAMILY/SIGNIFICANT RELATIONSHIPS — IF OVER 2 SIBLINGS/CHILDREN, LIST SAME SEX ON 1 LINE I.E., BRO'S -

LIST IMMEDIATE FAMILY MEMBERS: PARENTS, PARTNER, SIBLINGS/CHILDREN
RELATIONSHIP/NAME/AGE/M OR F IF STUDENT, YEAR/OCCUPATION HEALTH STATUS/DECEASED

DESCRIBE YOUR SELF, STRENGTHS & WEAKNESSES:

DESCRIBE YOUR PARENTS/CURRENT FAMILY:

DESCRIBE ANY RECENT CHANGES IN YOURSELF AND/OR IN YOUR RELATIONSHIPS WITH FRIENDS/FAMILY:

CHECK YOUR PARTNER RELATIONSHIP STATUS: MARRIED/COMMITTED SINGLE DIVORCED
 LIVING TOGETHER SEPARATED WIDOWED

OTHER: _____ LENGTH (NOW OR PAST): _____

DESCRIBE CURRENT (OR PAST) PARTNER RELATIONSHIP: _____

ARE YOU SEXUALLY ACTIVE? ____ YES ____ NO; IF SO, DO YOU PRACTICE SAFE SEX? ____ YES ____ NO

DESCRIBE ANY SEXUAL/PARTNER ISSUES OR CONCERNS, AND/OR ANY FEARS OR CONCERNS ABOUT SAFETY:

EDUCATION /WORK HISTORY

CIRCLE CURRENT STATUS: UNEMPLOYED/EMPLOYED

LAST OR CURRENT POSITION: _____ HOW LONG: _____

DESCRIBE RECENT EDUCATION/TYPE OF JOBS/S HELD _____

NAME OF ASSISTANT (IF APPLICABLE) _____

SPIRITUALITY/RELIGION

DESCRIBE ANY RELIGIOUS/SPIRITUAL PRACTICE, AND/OR ATTENDANCE, CHURCH/ SYNAGOGUE/ TEMPLE/ MOSQUE/OTHER:

WHAT ROLE DO SPIRITUAL MATTERS PLAY IN YOUR LIFE?

INTERESTS/ACTIVITIES

LIST BELOW YOUR FAVORITE RECREATIONAL ACTIVITIES/HOBBIES/SPECIAL TALENTS OR SKILLS:

ORGANIZATIONS/GROUPS TO WHICH YOU BELONG:

PLEASE FEEL FREE TO ADD ANY OTHER INFORMATION, CONCERNS OR THOUGHTS:

Most people report significant progress on their goals from working with a coach/counselor, however there are no guarantees on outcomes. Nevertheless, each party agrees to indemnify, defend, and hold harmless the other party and its agents, officers, and employees from and against any and all liability, expense, including defense costs and legal fees incurred in connection with claims for damages of any nature whatsoever including but not limited to, bodily injury, death, personal injury, financial or business losses, or property damage arising from such party's performance or failure to perform in obligations.

**All phone session/s fees are pre-paid via check (snail-mail) or online payment (see link on website). Once payment is confirmed sessions can be scheduled. *For In-office sessions, please pay prior to session if paying online – or pay cash/check at the time of the session. I can provide an invoice for insurance purposes.*

Fees: *Missed appointments can't be made up without 24 hours notice.*

Individual Intake session = \$225.00; Follow-up sessions after intake = \$150.00 per 1-hour session; extra time (per 1/2 hour) = \$50.00

The rates listed below are for 2 sessions p/mo or 4-1/2 hour sessions or the equivalent: the pre-pay fee for **1 month: \$300.00** (for 2 1-hour sessions); the pre-pay fee for **3 months:** (6 1-hour sessions, \$250 per month) = **\$750 .00** (instead of \$900.00); for **6 months:** (12 1-hour sessions @ \$200 per month) = **\$1,200.00** (instead of \$1,800.00). *Eden Energy Medicine sessions are \$100.00 per hour, the same rate as with EMDR (\$150.00, for 1.5 hour sessions).*

I agree that I am responsible for my actions and by signing this, agree to these terms, I will give a minimum of 24 hours notice if I need to re-schedule. I give permission to Ellen to share my story without identifying details of who I am.

CLIENT SIGNATURE

DATE