



**INTAKE INFORMATION**

Client Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Entry Date: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

\_\_\_\_\_ Social Security #: \_\_\_\_\_

Email Address: \_\_\_\_\_ Referral Source \_\_\_\_\_

D.O.B. \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Marital Status: \_\_\_\_\_ County of Residence: \_\_\_\_\_

Other Contact Numbers (Cell, Work, Pager, etc.): \_\_\_\_\_

Name and Number of Parent/Guardian/Legal Custodian: \_\_\_\_\_

**Emergency Contact Name and Number:** \_\_\_\_\_

Have you or a family member ever been seen at L&F? \_\_\_\_\_

If so, who was seen: \_\_\_\_\_ Therapist's name \_\_\_\_\_

Lost and Found occasionally sends newsletters and other information to clients and other interested parties.

May we add you to our mailing list? \_\_\_\_\_

Religious Preference \_\_\_\_\_

Church/Pastor Name & Contact Information \_\_\_\_\_

**Please briefly state the concerns that have led you to seek counseling  
for yourself or your family member.**

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\_\_\_\_\_  
\_\_\_\_\_

Client Name: \_\_\_\_\_

Interviewer: \_\_\_\_\_





**POLICIES AND ACKNOWLEDGEMENTS**

(All lines/questions must be filled out. If it does not apply indicate by writing: N/A )  
Initial on the line provided for each statement. If client is a minor both Client and Guardian initial and sign.

**PAYMENT POLICY:**

1. Payment for all services is due at the time of service.
2. No Show and late cancellation appointments will be charged \$35 for each instance and must be paid before making another appointment.
3. All collection fees, reasonable attorney fees, court costs and returned check fees are the responsibility of the account guarantor.
4. In the event that insurance is involved in payment for your services the following:

**a. Verifying your plan coverage and benefits denied is your responsibility.**

b. You are responsible for any charges that your insurance does not cover or pay.

\_\_\_\_\_ I have read and understand the Payment Policy.

\_\_\_\_\_ I understand that clients are not to be in possession of alcohol, drugs, drug paraphernalia or weapons at any time while on Lost and Found property.

\_\_\_\_\_ I understand that Lost and Found, Inc. is smoke-free facility and that smoking is not permitted in the building or on the grounds.

\_\_\_\_\_ I understand that Lost and Found, Inc. is a faith-based counseling center, that faith principles maybe used and referred to appropriately in the context of therapy session. I understand that I have freedom & right to ask for prayer with my counselor. I also have right to refuse prayer.

\_\_\_\_\_ I understand that pets are prohibited with exception of service animals required to have papers.

\_\_\_\_\_ I understand that while on Lost and Found property, I will not be allowed to harm myself, others, or any property. If any of these occur, the authorities will be notified immediately and I will be held responsible for any damages incurred.

\_\_\_\_\_ I understand that Lost and Found is a training clinic that utilizes counselors who are qualified interns from accredited universities who work under supervision of licensed psychotherapists.

\_\_\_\_\_ I understand that my records are protected by HIPPA regulation. I have read and understood the Lost and Found, Inc. privacy protection notice.

\_\_\_\_\_ I willingly place myself in the counseling program @ Lost and Found, Inc., and do authorize Lost and Found, Inc. to act in my best interests and to perform treatment that is deemed proper and fit by the agency.

\_\_\_\_\_ By my signature below, I release Lost and Found, Inc., and it's staff from all suit, libel, damages or legal litigation brought on my behalf.

\_\_\_\_\_  
Client Name (**Please PRINT**)

\_\_\_\_\_  
Guardian Name (**Please PRINT**)

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Guardian

\_\_\_\_\_  
Date

Client Name: \_\_\_\_\_

Interviewer: \_\_\_\_\_