

Personal Client Profile

Last Name: _____ First Name: _____ Sex: ___ D.O.B. _____
 Home Address: _____ City _____ State _____
 Zip: _____
 Home Phone: _____ Cell: _____ Email Address _____
 Name and Number of Emergency Contact: _____

Employer: (Name) _____ Occupation: _____ How Long: _____
 Student: Name of School _____ Program: _____
 Highest Level of Education: GED ___ HS ___ College ___ Master's ___ PhD ___ Other: ___

Your Family

Status: (Select one) Single _____ Married _____ Divorced _____ Widow/Widower _____
 Spouse/Partner's Name: _____ Date of Marriage _____
 Have you ever been separated from your current spouse/partner? ___ Length of time: _____
 If you or your spouse were previously married, please give the dates and the cause of the end of the marriage:

Please provide the following information about your children

Name	D.O.B	Age	Sex	Where does child live?	Name of School and Grade

Your Health

Date of last medical exam: _____ Primary Physician's Name: _____
 Location: _____ Physician's phone: _____
 Prescription drugs taken: _____
 Medical conditions being treated: _____
 Have you ever received counseling before? _____
 Who provided the services? _____ Dates you counseled: _____
 Reason for counseling:

Have you ever been hospitalized for mental health reasons? _____
 When? _____

Name of Hospital: _____

Reason for hospitalization: _____

What was the diagnosis? _____

Outcome of hospitalization: _____

Have you ever had suicidal thoughts/actions: _____ How recently? _____

Have you ever abused drugs or alcohol? _____ Are you currently seeking treatment? _____

Your Current Situation

What is the main concern bringing you to counseling?

How long have you been experiencing this problem?

What have you done about it so far?

How can we help you with this problem?

INFORMATION FORM

This document explains the relationship between you and Kelsy L. Landis Counseling and what you can expect from us and what we will expect from you. Before beginning counseling, please read each item on this page and initial in the appropriate place. If you have any questions about this form, please ask your counselor.

APPOINTMENTS – If you cannot keep a scheduled appointment, please inform your counselor (267-227-8473) at least 24 hours beforehand or you will be charged for that appointment; 24 hour voice mail service is available for you to leave a message. If you break two consecutive scheduled appointments, new appointments will not be scheduled unless you call your counselor. Initial: _____

COUNSELING SESSIONS – Counseling sessions are scheduled for fifty minutes. We strive to begin and end sessions on time. Keep in mind that you may occasionally need to wait for another client’s session to end before you session can begin. Initial: _____

PAYMENT OF FEES – Our counseling fee is determined ahead of time by Kelsy L. Landis Counseling and the client. The fee can be paid the day of the appointment in cash or check or by charging credit card on file. If there is a situation which causes there to be a hardship, it is the responsibility of the client to seek out care which will fit their financial situation. Initial _____

INSURANCE – I currently do not participate in or accept insurance for payment. Initial: _____

CREDENTIALS – Kelsy L. Landis is in her pre-licensure and is under the supervision of an LCSW and an LPC in conformity with the regulations of pursuing licensure in the state of Pennsylvania. To that end, it is understood that she may share information about your case without name or revealing identifiers with the licensed professional with the end goal of helping with your treatment plan. Initial: _____

COUNSELOR/CLIENT RELATIONSHIP - Your relationship with your counselor is professional – not a social one. Please do not invite your counselor to social gatherings, offer gifts, or ask them to relate to you in any way other than in the professional context of your counseling relationship. Kelsy Landis is a self-employed contractor. **If you have concerns about how things are going in counseling, please discuss them with your counselor. Initial: _____

AFFILIATIONS – Kelsy L. Landis is not an employee of East Swamp Church, and that Kelsy L. Landis Counseling operates a separate entity. While Kelsy L. Landis offices are on East Swamp Church grounds, they are exempt from any liability that takes during your scheduled sessions. Initial: _____

CONFIDENTIALITY - The information that you disclose in counseling will be treated as confidential. Except as stated above, we will obtain your permission before releasing information about you or your situation to a third party. However, we may release information about you or your situation without your express consent in these situations: a) When your counselor discusses your situation with their supervisor or when it is necessary to discuss your situation with our legal counsel (legal counsel is also subject to confidentiality requirements b) When required by law to report suspected child abuse, spousal abuse or elder abuse c) In the case of a child under 18, notification of parent(s) in situations warranting counselor's concern d) If you express serious intent to harm yourself or others e) When we are ordered by a court to do so. Should you as the client choose to revoke any portion of the confidentiality agreement, the counselor has the right to terminate counseling at that time.

Initial: _____

SCOPE OF EXPERTISE – Kelsy L. Landis may make a clinical decision that she is not qualified or able to help in my case and may refer me out. I understand that it is for my best option of care and it may be out of her scope of expertise.

Initial: _____

ENDING COUNSELING – We will attempt to end counseling when it is in your best interest. We may refer you to another counselor if your needs are beyond the scope of our counseling center. We may end counseling due to lack of interest or commitment on your part. Please do not stop coming to counseling without first discussing this with your counselor. We commend you for seeking help with the problems you face.

Initial: _____

INFORMED CONSENT – I understand that Kelsy Landis M.S is not agreeing to be an expert witness or to testify on my behalf nor on the behalf of any other individual and will use discretion if it appropriate to share information in any deposition, court proceeding, or in any other way. I understand that Kelsy L. Landis may or may not meet with me, my attorney, or any other party or attorney in any custodial or divorce proceeding wat her sole discretion.

Initial: _____

COUNSELING AGREEMENT – By signing below, I affirm that I have read and that I understand and agree to the provisions of this Counseling Information Form. I also agree to make a good-faith effort at personal growth and engage in the counseling process as an important priority at this time in my life.

Client Signature

Date

Credit Card Information on File

Name: _____

Card Number: _____ - _____ - _____ - _____

Expiration Date: _____ / _____

CVV (3-digit code): _____

This form allows for automatic payments to be made upon the completion of any session with Kelsy L. Landis Counseling. By signing this form, I am giving permission to Kelsy L. Landis Counseling to charge the credit card listed above.

Client Signature

Date

First Visit Information

Thank you for choosing Kelsy L. Landis Counseling! You can find our office at 2411 East Swamp Road, Quakertown, PA. Our office is nestled directly behind East Swamp Church. You will find parking across the street from the office.



Upon arrival please carefully cross the street. You will see a row of small trees leading the way to the office door. Before entering, please text 267.227.8473 and we will meet you at the door. If you happen to arrive early and another session is taking place, feel free to sit in the blue chairs that serve as our outdoor “waiting room”.



Thanks again! If you have any questions leading up to your session, please contact us at 267.227.8473 or by emailing us at KelsyLLandis@gmail.com.

