Lee's Place
216 Lake Ella Drive
Tallahassee, FL 32303

CLIENT INFORMATION FORM FOR CHILD/TEEN
TO BE COMPLETED BY PARENT/GUARDIAN

Name of child/teen: ______________________________ **Birth Date:** ____________ **Age:**__________

Address: ____

street city state zip code

Child/Teen's Phone Numbers: Home:______________________ Cell:__________________________

Current School: ______________________________________ **Grades Attended**: _________________

Previous School: ______________________________________ **Grades Attended**: _________________

Extracurricular activities (sports, music, dance, etc): ____

____

Special education needs: ____

PARENTS/GUARDIAN INFORMATION

Parent's name: ___________________________________ **Occupation:** _________________________

Address (If different from child/teen's): ____

Home Phone: __________________**Work Phone:** ___________________**Cell:**___________________

Email: ____

Invoices will be emailed unless requested otherwise

Parent's name: ___________________________________ **Occupation:** _________________________

Address (if different from child/teen's): ____

Home Phone: __________________**Work Phone**: ___________________**Cell:**___________________

Email: ____

Emergency contact: ___________________________ **Phone Number:** _________________________

How did you hear about Lee's Place? ____

Has your child/teen had previous counseling and/or chemical dependency services? None

Facility/Counselor Name	Date(s)	Why Seen?	Helpful?
______________________	_____________	______________________	Y N
______________________	_____________	______________________	Y N

Our fee is based on a sliding scale, please use the attached grid to determine your fee for each session:__________________________.

Do you have health insurance? ___ Yes ___ No
Does your insurance cover mental health services? ___ Yes ___ No
(*Answering these questions does not commit you in any way to using your insurance.)

Persons Living in Your Home:

Name	Relationship	Age	Special Concern/Problems?

What circumstances brought you to seek help now for your child/teen?

____
____
____

Please describe your child regarding the following areas:

Relationship with parents/guardians? ____
____

School/grades/teachers? ____
____

Friendships/social life? ____
____

Sleeping/eating habits? ____
____

Participation in extracurricular activities (e.g. sports, music, dance, etc…)? ____________________
____

Physical health? ____
____

Please check all that apply to your child/teen.

___ Has an active social life.
___ Has been diagnosed with a mental illness.
___ Is in special classes at school (e.g., gifted, developmentally delayed, honors)
___ Has close friends that he/she can talk to.
___ Has a physical handicap.
___ Has an emotional handicap.
___ Has a mental handicap.
___ Makes friends easily.
___ Is in good health.
___ Is a behavioral problem at home or school.
___ Has a chronic medical condition.
___ Has a supportive family

Of the following emotions, please check all that you think your child/teen is experiencing.

___shock	___ hopelessness	___ embarrassment
___ guilt	___ relief	___ confusion
___ fear	___ sadness	___ apathy
___ anger	___ anxiety	___ shame
___ loneliness	___ other: ____	

Please describe any medical problems your child/teen is having. ___________________________________
____
____
____

Medications currently taking: ____

What else would you like us to know about your child/teen or your family? ________________________
____
____
____
____
____

Lee's Place
216 Lake Ella Drive
Tallahassee, FL 32303

CLIENT AGREEMENT FORM / INFORMED CONSENT

1. I agree to attend my sessions regularly. **I agree to call at least 24 hours in advance when I am unable to attend. I understand that I will be charged for that session without 24 hour notice of cancellation.**

2. I agree to be on time for each session. It is important to those who will be dropping off and picking up a client that they do so at the appropriate times.

3. Parents agree to provide supervision for any children in the waiting area.

4. I agree to pay for each session at the time of service. If I am utilizing insurance, Lee's Place will not bill my insurance directly, but they will be happy to provide me with a receipt for payment.

5. I understand that Lee's Place therapists and staff are only available during regular business hours and that Lee's Place does NOT have 24 hour emergency phone service. Crisis assistance can be obtained by going to the nearest emergency room, calling Telephone Counseling and Referral Service at 211 (or 850.617.6333 if using a cell phone), or by calling 911.

6. The greatest risk of counseling is that it may not by itself resolve my problem or concern. While the staff at Lee's Place will do their best to help me, they may at times, with my consent, team with other medical and mental health professionals to seek the best approach to care.

7. **I have read and understand the statements above. My signature indicates that I give full and informed consent to receive services for myself and/or for my minor child/children.**

Signature of Each Adult Printed Name of Each Adult

____ ____

____ ____

Date ____________________

CONSENT TO TREATMENT OF A MINOR CHILD

Name: _______________________________________ Date of Birth: _________

We, the undersigned, are the legal parents or guardians of the minor child (under the age of 18) referenced above and hereby authorize the therapists at Lee's Place to provide professional services to our child. We understand these services may include individual and family clinical interviews, assessments, consultations, and treatments that the counselors consider to be in the best interest in our child. Services may also include discussions with other providers such as the child's physician, teacher or guidance counselor and communication with individual who have a relationship with our child or other members of our family, such as extended family members, stepparents or close friends.

__________________________________	______________________________
Print Name	*Print Name*
__________________________________	______________________________
Signature of Parent/Guardian	*Signature of Parent/Guardian*
__________________________________	______________________________
Relationship	*Relationship*
___________________________________	______________________________
__________________________________	______________________________
Street Address (City, State)	*Street Address (City, State)*
__________________________________	______________________________
Date	*Date*

Lee's Place
216 Lake Ella Drive
Tallahassee, FL 32303

LEE'S PLACE CONFIDENTIALITY POLICY

Our work with you and your family at Lee's Place is confidential. The information you share with the staff, volunteers and other participants is private. Your right to privacy will be strictly maintained. There are, however, some important **exceptions** to confidentiality that are explained below. Please read the seven exceptions to confidentiality before signing this form.

EXCEPTIONS TO CONFIDENTIALITY

1. Florida law requires our staff to report to the appropriate authorities any suspected physical, sexual or emotional abuse or neglect of a child, elderly person or disabled person.
2. If we believe you have a specific intent to harm yourself, we reserve the right to inform other family members and/or make appropriate referrals if necessary, including seeking hospitalization for you.
3. If we believe you intend to harm someone else, we will take steps to protect the intended victim, including contacting law enforcement and informing the intended victim.
4. If information is ordered by the Court, including a subpoena, we will assert to the Court that the information is privileged. Additionally, we will attempt to contact you about the order. If you oppose the release, the Court may require compliance with the order and information would be released.
5. If we come to believe there is drug and/or alcohol use or abuse by a child or a teen, we reserve the right to inform the parent. If we suspect a participating adult is using drugs and/or alcohol before an appointment, we reserve the right to decline further services.
6. These rights and exceptions to confidentiality apply to information disclosed in support groups. All group members are encouraged to keep such information confidential, but Lee's Place cannot guarantee they will do so.
7. At times, Lee's Place uses case examples of children or teens and their families in publishing journal articles, conducting professional training and in fundraising efforts. We may anonymously refer to your situation in those circumstances. However, your names will never be used without specific written approval.

IN SIGNING THIS DOCUMENT, I ACKNOWLEDGE THAT I HAVE HAD THE OPPORTUNITY TO ASK QUESTIONS ABOUT THE LEE'S PLACE CONFIDENTIALITY POLICY. I HAVE READ AND UNDERSTAND THE CONFIDENTIALITY POLICY.

Today's Date ___________________

Signature of Parents/Legal Guardian ____

Signature of Adult Client____