

LIND BUTLER, MEd, LPC

Date\_\_\_\_\_

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### NEW CLIENT INFORMATION

Name\_\_\_\_\_

Home phone\_\_\_\_\_Cell\_\_\_\_\_WorkPhone\_\_\_\_\_

Email\_\_\_\_\_SS#\_\_\_\_\_

Address\_\_\_\_\_Age\_\_\_\_\_

Date of birth\_\_\_\_\_Height\_\_\_\_\_Race/ethnicity\_\_\_\_\_

Level of education\_\_\_\_\_Occupation\_\_\_\_\_

Employer\_\_\_\_\_Who referred you?\_\_\_\_\_

#### Relationship Status (check one):

Single \_\_\_ Married/Committed Relationship \_\_\_ Widowed \_\_\_

Divorced/Separated \_\_\_ How long in current relationship?\_\_\_\_\_

Partner's age \_\_\_ Partner's business or position\_\_\_\_\_

Do you have children? \_\_\_ Names, ages, genders and current location\_\_\_\_\_

Currently in counseling or psychotherapy? Yes \_\_\_ No \_\_\_

Name of therapist\_\_\_\_\_ Current prescription

medications (name & dosage) \_\_\_\_\_

Prescribed by (physician name & number)\_\_\_\_\_

Previous counseling? Yes \_\_\_ No \_\_\_ For how long \_\_\_\_\_

When? \_\_\_\_\_ Medication previously prescribed \_\_\_\_\_

Previous psychiatric hospitalization (Where, When) \_\_\_\_\_

Have any family members ever had mental health problems or been diagnosed with a mental disorder? \_\_\_ Yes \_\_\_ No

If yes, who is it and nature of diagnosis\_\_\_\_\_

Name of Person to contact in case of emergency \_\_\_\_\_  
Phone# \_\_\_\_\_ Work# \_\_\_\_\_ Relationship \_\_\_\_\_  
Does this person know you are seeing a therapist? \_\_\_\_\_

**PLEASE READ THE FOLLOWING INFORMATION CAREFULLY  
AND DISCUSS ANY QUESTIONS YOU MAY HAVE.**

Session Information:

- Sessions will be 50 minutes.
- Sessions will begin at 10 minutes past the hour. Time over the 50 minutes will be charged accordingly.
- A 75 or 90-minute session is available if scheduled. Charges will be made accordingly.
- If you are late arriving; your session will be for the remainder of the scheduled time.
- If the therapist is the cause of the delay, session will run for the full fifty minutes.

Payment Information:

- Fee is for a fifty-minute or ninety minute session, whichever is specified.
  - Payment in full is expected at the end of each session. Any variation of the length of session or the fee arrangement must be agreed upon by the therapist and client at the time of the first session.
- Group fee is charged monthly, (4 or 5sessions). Payment is expected at the beginning of the month for the entire month, regardless of absences.

Cancellation Policy:

Clients are financially responsible for missed appointments or appointments which are not cancelled within 24 hours of the scheduled time.

