



STEPHANIE ELLIS ECKE, LPC, LCDC
16607 BLANCO RD, #707
SAN ANTONIO, TX. 78232
210-287-4002

Client Information Form

Today's date: _____

A. General Information

Name: _____ Date of Birth: _____ Age: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: _____ Work: _____ Cell: _____

Email: _____

May we call you at home? Yes No May we leave a message at home? Yes No

May we call your cell? Yes No May we leave a message on cell? Yes No

May we text your cell? Yes No

May we email you? Yes No

Best number to reach you directly:) _____

Emergency Contact Name: _____ Phone: _____

Relationship to you: _____

Employer: _____

How long at present job? _____

Who may we thank for referring you? _____

How did this person explain that I might be of help to you? _____

B. Family Information

Marital Status: _____ Spouse's Name: _____

Spouse's Age: _____

Spouse's Occupation: _____ Years Married: _____

Previous Marriages: Yes No If yes, how many times have you been married? _____

Children's Names	Age	Sex	Relation	At Home?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Were your parents: Divorced Never Married Still Married Widowed

Names and ages of your siblings: _____

Where were you in the birth order of siblings in your family? _____

Family History of:

Depression Suicide Attempts Anxiety Eating Disorders

Mental Illness Violence Sexual Abuse Emotional Abuse

Alcoholism / Drug Addiction Sexual Addiction

Chronic Illness (please explain): _____

Other: _____

Please indicate any of the following that you have experienced:

Death of Mother Your age at occurrence _____

Death of Father Your age at occurrence _____

Death of Child Your age at occurrence _____

Death of Sibling Your age at occurrence _____

- Desertion by mother as a child Your age at occurrence _____
- Desertion by father as a child Your age at occurrence _____
- Divorce of parents Your age at occurrence _____
- Sexual abuse Your age at occurrence _____ By Whom? _____
- Physical abuse Your age at occurrence _____ By Whom? _____
- Violence in the family Your age at occurrence _____ By Whom? _____
- Mental illness of a family member Your age at occurrence _____
- Which member? _____

C. Medical Information

Primary Physician: _____ Phone: _____

Major (or Chronic) Illnesses/Operations/Injuries: _____

Current Medications: _____

Have you experienced any recent changes in: Sleep Nightmares Amount of Exercise
 Sexual Desire Eating/Appetite Weight Alcohol Intake Stamina Energy

How would you characterize your overall health?

Excellent Good Fair Poor

Chemical Use:

1. Have you ever felt the need to cut down on your drinking? No Yes
2. Have you ever felt annoyed by criticism of your drinking? No Yes
3. Have you ever felt guilty about your drinking? No Yes
4. Have you ever taken a morning "eye-opener"? No Yes
5. How much beer, wine, or hard liquor do you consume each week, on the average? _____
6. How much tobacco do you smoke or chew each week? _____
7. Which drugs (not medications prescribed for you) have you used in the last 10 years?

Please provide details about your use of these drugs or other chemicals, such as amounts, how often you used them, their effects, and so forth: _____

8. Have you ever been in a drug or alcohol treatment program? No Yes

D. Treatment Information

Have you ever received psychological counseling or psychiatric counseling before?

Yes No

Counselor's Name: _____

Reason for past counseling: _____

Please describe the main difficulty that has brought you to see me:

Indicate the severity of your problems on the scale below:

Mild Moderate Severe Extremely Severe Incapacitating

Please indicate the major stressors in your life in the last twelve months:

Serious injury/illness Death of a close friend or relative

Major illness in family Divorce/Separation Job Change

Gain of a new family member

Other (please describe): _____

Please describe what you would like to be different in your life when you are done with treatment: _____

Have you ever thought about suicide? Yes No

Have you ever attempted suicide? Yes No If yes, when? _____

Are you required by a court, the police, or a probation/parole officer to have this appointment?

No Yes

If yes, please explain: _____

E. Other

Is there anything else that is important for me to know about, and that you have not written about on any of these forms? If yes, please tell me about it here or on another sheet of paper:



Dear Client,

The client counselor relationship is unique and for the time we spend together to be maximized each of us should be aware of our rights and responsibilities. Communicating a mutual understanding of what is expected in a relationship and then each of us living up to it is therapeutic in itself. Your signature at the bottom of this form signifies that you have read and understand the professional relationship and mutual responsibilities between the counselor and the client.

Reading and Understanding Counselor Policies

This is a service agreement between counselor and client and contains important information regarding the professional services and business policies of Stephanie Ellis Ecke, LPC (Life Transformation Coaching and Counseling, INC) Please read it carefully. We will be pleased to discuss any and all of these policies with you. Prior to initiating services you will be required to sign the last page of this document and return it to Stephanie Ellis Ecke, LPC, indicating that you have read it and understand our service agreement. You may request a copy of this agreement for your records.

Clinical Services

Typically a client calls a therapist for services when his or her life or relationship has become unworkable in some way, and/or they are experiencing some type of distress. Sometimes clients have an idea why things aren't working and sometimes they don't. Whatever is going on, a licensed therapist is trained to help people understand what is going on and together they can create a path to lessen or end the distress. This treatment plan should be something both client and therapist agree on. If you have any questions about the recommended course of treatment, Stephanie will be happy to discuss it with you.

Therapy

Psychotherapy is not easily described. It varies depending on the personality of both the therapist and the client and the particular problem one is experiencing. Therapy is an interactive process which requires an active effort on both the part of you and the therapist. In order to be successful, you will have to work both during our sessions and possibly at other times in between sessions (homework). Psychotherapy (including RIM Therapy) has both benefits and risks. Risks sometimes include experiencing some unpleasant feelings, or perhaps recalling some unpleasant aspects of your life history. Psychotherapy has been shown to have benefits as it can lead to significant reduction of feelings of distress, improved relationships and resolution of unresolved grief and long-standing trauma. However, there are no guarantees of potential outcomes.

Confidentiality

I have an ethical as well as legal responsibility to you, the client to maintain strict confidentiality. Everything discussed in therapy sessions is strictly confidential except in cases where the therapist believes you might harm yourself, someone else, or if child or elder abuse is suspected. In these cases, the therapist is required by law to file a report to the appropriate authorities.

Payment for Services

Stephanie Ellis Ecke, LPC agrees to see you for mental health counseling (psychotherapy) or RIM session at the following rates:

\$235 for 75 minutes

- Option 1: RIM / Splankna / Individual Counseling
- Option 2: Couples Counseling
- Option 3: Family Counseling (more than 2 people)

These appointments are available via Zoom or in person. Please book through the online schedule [HERE](#).

50 minutes Price \$185

Regular Counseling

For EXISTING CLIENTS ONLY

These appointments are available on a first-come, first-served basis, via Zoom or in person. Please book through the online schedule [HERE](#).

VIP days are a day of deeper healing one on one with Stephanie. Can be virtual or in person. These are available on certain Fridays. Contact Stephanie to book.

Payment is required at time of booking. If you wish to pay via Venmo, please contact Stephanie.

Missed Appointments

Appointments are scheduled at intervals agreed upon by the therapist. If a scheduled appointment must be changed please contact my office as soon as possible. I require 48 hours' cancellation notice **OR YOU WILL BE CHARGED THE FULL SESSION FEE.** The 48 hours' cancellation notice gives me enough time to change my appointment schedule. A lack of 48 hours' notice does not allow me ample time to fill the missed space in my schedule. If you are ill and must miss an appointment, or experience a dire personal emergency, you will be charged a \$100 emergency cancellation fee.

Stephanie will make every effort to fill your appointment time. If she fills the time, you will not be charged.

Please note that contact outside the office (phone, texting or emailing) that exceeds ten minutes of my time will incur a charge and will be billed at the normal rate.

Crisis Policy

If you have a crisis during business hours, Stephanie will make every effort to fit you in. If for any reason the counselor is unavailable and you experience a crisis outside of business hours, please call 911 or go to your nearest emergency room.

Finally

By signing this form, you agree that you have read and understand these policies. You also agree that you are financially responsible for any fees that are accrued by yourself or members of your family, including dependents who may or may not be over the age of 18, while under the care of Stephanie Ellis Ecke, LPC.

***Except in the case of gross negligence or malpractice, I or my representative(s) agree to fully release and hold harmless Stephanie Ellis Ecke, LPC, LCDC and the RIM Institute from and against any and all claims or liability of whatsoever kind or nature arising out of or in connection with my session(s).**

For credit card payment or for missed appointment fees, I authorize Stephanie Ellis Ecke to charge sessions on the following card:

Credit card # _____

3 Digit Security Code on back _____

Expiration Date _____

Date _____

Signature

Date _____

Signature Spouse/partner (for couples counseling clients only)

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