Confidential information

Cover Sheet

We are pleased at Respite For Change Inc. that you have chosen us to partner with you in your journey to healing and restoration. We are committed to putting forth every effort to changing one life at a time. We are very excited to beginning this journey with you. Please complete the attached client registration form to the best of your ability and return to us via fax or email to:

Fax- 561-693-3486

Email: respiteforchange@gmail.com

Feel free to reach out by phone or text at 772-206-9273

Client information /Registration

Last Name_____First Name_____

Address_____

City_____State / Zip_____Phone #_____

Birthdate_____Gender_____Marital Status_____

Email_____Fax_____

Religious preference_____Do you attend Church:___Y ____N

Occupation / Employer_____

Please list current medications_____

Name / phone of mental Health provider_____

How did you learn about our services? _____

Responsible Party Information (*if different from client*)

Last Name_____First Name_____

Address_____

City_____State/Zip_____Phone #_____

Emergency Contact_____Relationship_____

Phone #

_____

Counseling being requested: [ ]individual [ ]pre-marital [ ]couples [ ]deliverance

_____

_____

_____

_____

What do you expect to achieve?_____

_____

Payment for services:

The intent purpose of the Respite for Change Licensed Counselor is to counsel you with the help of the Lord Jesus Christ, the word of God and the skills acquired by professional training and experience. Counseling fees are charged for 60 minute sessions: Individual counseling: $120.00 /hour. Couples counseling: 160.00 / hour. Plus the one-time fee of $30.00 for the Temperament Assessment-APS testing. For your convenience, payments can be made right on our website at: www.respiteforchange.com at the time of scheduling your appointment. We reserve the right to charge $25.00 for cancellations of less than 24 hours' notice.

I have read and understand the information contained in this form.

Signature_____Date_____