



The Amma Center
Counseling & Contemplative Practices

Intake Form

Name: _____ Date: _____

Address: _____ Zip: _____

Best phone number: _____ Is it okay to leave messages
for you via voice Yes No text Yes No ?(please circle for each)

Email address _____

Date of Birth: _____

Occupation: _____

Person to contact in case of emergency:

Name _____ Phone number _____

Relationship _____

How did you learn about the Amma Center?

What in your life prompted you to contact the Amma Center at this time?

Would you like your spiritual/religious life to be included as part of your therapy at this time?

Please see reverse side for additional optional questions.

Optional questions:

Have you had previous counseling? Yes / No

If yes, please describe when, for how long, for what issues, and what was useful for you.

Whom do you live with? Who do you consider to be your main support people?

Name/clinic of your primary care physician, with their phone number, if known:

Name/clinic of your psychiatrist, if you have one, with their phone number, if known:

Do you currently take any medications for mental health issues? (antidepressants, etc.) Yes / No

If yes, please list type and dosage, if known.

If there is anything else you'd like me to know right now, use the space below and the additional paper provided.



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A Few Things to Know

Arriving for Your Session

I encourage my clients to come a few minutes early and use this time to ***quietly prepare*** themselves for their sessions.

Your therapy session will start at ten minutes past the hour (or half hour) and last about 53 minutes. While you wait, please help yourself to water or tea in the waiting room. Find clean cups above the electric teapot. Leave dirty dishes in the sink, please. We ask that all cell phone use in the waiting area be kept to a minimum including texting and internet surfing. You are welcome to use the meditation area as well if no class or group is in session. Please maintain silence in that studio area. The restrooms are located down the hall. Please help protect the privacy of people in all session rooms. If you can discern conversation at anytime, please move or turn up a sound machine.

The outside door is sometimes locked. Text if you are locked out, and I will let you in when I come out of session.

Outside of Your Session

Since New Orleans is much like a small town, I regularly run into my clients in a variety of settings. As some people prefer to keep their relationship with their therapist confidential, therapists make a practice of never initiating contact with clients in a public setting. You are welcome to greet me in any way that you like, and I will follow your lead. It is not considered rude if you choose not to interact with me. I will not introduce you to the people that I am with; feel free to introduce yourself if you like. Or not.

Another thing that relates to our small town is the fact that many of my clients know one another. If you see someone in the waiting area, or arriving or leaving, please do not tell other people that you saw so-and-so at the Amma Center unless you have discussed it first with that person.

Email and Telephone

You are welcome to text, email or phone me at any time with as much detail as you like. I will respond within 24 hours to texts and phone messages except on weekends and holidays. It may take me several days to respond to email, and when I do, I usually respond briefly.

Regular Time Slots

Some people like to schedule their appointments session by session, but many prefer to have a regular weekly or biweekly time slot. If you prefer a regular time slot, please let me know, and I'll do my best to accommodate you.

Feedback

I encourage you to give me feedback regularly about how therapy is going for you – especially when your needs and expectations are not being fulfilled as well as you would like.



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Consent for Treatment

As a client you are entitled to:

Know that information about your case will not be shared with any outside entities without your written authorization except as required by law.

Have access to your case file and its contents, and comment orally and/or in writing for insertion into the file. Know that the written case record is kept for at least six years; after which it is destroyed by shredding.

Know that The Amma Center does not provide emergency psychiatric service on a 24-hour basis. Should you or a member of your family require such services, the following suggestions are offered:

Call the Copeline at 1-800-749-2673

Call Mobile Crisis Services in Orleans 826-2675 or Jefferson 832-5123

Go to the nearest emergency room.

Know that if you feel you have been mistreated in any way, you have a right to file a grievance with the Louisiana State Board of Social Work Examiners at 1-800-521-1941.

Conditions:

Client agrees to pay \$_____ fee per 53 minute session for counseling.

Twenty-four hours notice is requested for cancellation of appointments. Clients will be charged for session not attended and not canceled in advance (excluding extenuating circumstances and emergencies).

I do hereby authorize The Amma Center to provide assessment and treatment of myself and/or my family members as deemed professionally beneficial. I have read and understand the above information regarding the procedures of this agency and my rights as a client.

Client Signature Date

Parent Signature Date

Therapist Signature Date