OFFICE USE ONLY – KEEP ATTACHED TO PACKET

Family Conflict Resolution Center / Conflict Coaching Company
Record of Service

Client Name: ____

Date	Comments	Session #	Initials

Workshop Date: ____________________ Teleclass Start Date: ____________________
Weekly Sessions Start Date: ____________________

Client Intake Form

PLEASE DO NOT WRITE IN THIS BOX!		
Client #:	Intake Date:	Coach:
Program:		
☐ Anger Mgmt ☐ Personal Coaching ☐ Domestic Violence	☐ Parenting ☐ Prof. Coaching ☐ Relationship Rec.	☐ Co-Parenting ☐ Conflict Workshop ☐ Teen Issues/AM

COMPLETE THE FOLLOWING QUESTIONS – PLEASE PRINT

First Name:	MI:		Last Name:
SSN#:	Sex: ☐ M ☐ F	D.O.B.:	Age:
Address:			
City:	State:		Zip:
Hm #:	Wrk#:		Cell#:
Email Address:			
Relationship Status:			
☐ Single	☐ Married		☐ Significant Other
☐ Separated	☐ Divorced		☐ Widowed
Num. of dependent children:		Ages of dependent children:	
Education:			
How many years completed?:		GED certificate?: ☐ Yes ☐ No	

Referral Source:

☐ Individual (self referral, family, friend)
☐ Court/Criminal Justice – include court number(s) and P.O. name/number :
☐ Drug Court - include court number(s) and P.O.
☐ Other drug/alcohol program
☐ Other health care provider (hospital, doctor, etc)
☐ School (educational institution)
☐ Other community referral:

Employment:

☐ Full time ☐ Part-time ☐ Unemployed (looking for work) ☐ Not in labor force (not looking for work)

Legal Issues?

☐ Not applicable/none ☐ Parole supervision (CDC) ☐Parole from any other jurisdiction
☐ Probation ☐ Diversion Program ☐ Child Protective Services case ☐ Divorce/Legal Separation

Drug History?

☐ None ☐ Methamphetamine ☐ Alcohol ☐ Heroin ☐ Cocaine ☐ Marijuana ☐OTC
☐ Other?
How often? ☐ No month past use ☐ 1-3x a month ☐ 1-2x a week ☐ 3-6x a week ☐ Daily

Request for Services

Coaching is an ongoing relationship consisting of structure, support, accountability, and action to assist client in improving the quality of their lives. The focus is on the present and the future. Coaching is not therapy, clinical counseling, professional advice-giving, mental health care, or treatment for substance abuse.

A Conflict Resolution Specialist, Mediator, and/or Coach is not functioning as a licensed mental health professional, and coaching is not intended as a replacement for counseling, psychiatric interventions, treatment for mental illness, recovery from past abuse, professional medical advice, financial assistance, legal counsel, or other professional services.

Therapy focuses on treatment of clinical disorders such as anxiety, depression, addiction and phobias. The focus is on healing past wounds or resolving issues that have compromised healthy living.

Although the two practices can overlap, a qualified coach can determine if the need for therapy exists and provide references and resource information to assist you in obtaining the support you need.

An important similarity is that both types of relationships are built on integrity, trust, and safety.

Nondisclosure and Confidentiality:

The Coach recognizes that she is privileged to personal and professional Client information and agrees not to directly or indirectly communicate this information to a third party, except as permitted or required by law. The Client understands that communication by E-mail may not be secure and that archives of E-mail communication may be subject to electronic interception or may be kept by third parties (such as ISPs) and be subject to court orders.

Payment:

WE REQUIRE PAYMENT PRIOR TO FACILITATION OF SERVICE: 24 hours advanced notice is for required for appointment cancellation, our voicemail is available at all times. (916) 446-1500 or (916) 271-4634. The credit authorization form must be completed with a valid credit/debit card. The card will only be charged if client does not honor their appointment times. Non-payment is subject

If appointments are missed or canceled within 24 hours clients are subject to the missed appointment fee. This charge is in place because your vacant time slot is a missed opportunity for others to obtain services.

If you have more than 3 missed appointments including payment, services may be suspended and client may be discharged from the program. In order to maximize the results we require regular attendance. FCRC will not be liable to the client for any costs or damages resulting from the suspension of services due to nonpayment. If court mandated, you will be reported to the referring agency which may result in further consequences.

I read and understand the cancellation policy and agree to pay the agreed-upon amount for services.

Client Signature: Date:

Authorization To Exchange Confidential Information

Client Name: ____

D.O.B. ____

S.S.N#: ____

Court Case #. ____

County: ____

*I hereby authorize **Family Conflict Resolution Center / Conflict Coaching Company** to exchange with:*

Name of Recipient (Person or Entity): ____

Phone Number: ____

Fax Number: ____

Name of Recipient (Person or Entity): ____

Phone Number: ____

Fax Number: ____

the following information:

☐ Entire Record
☐ Evaluation
☐ Progress to Date
☐ Dates of Attendance/Participation
☐ Other ____

By signing this authorization I am stating I understand and/or am in agreement with the following:

- I am signing this authorization voluntarily.
- I have the right to receive a copy of this authorization, and that any cancellation or modification of it must be done in writing.
- I have the right to revoke this authorization at any time unless Provider has taken action in reliance upon it. I also understand that such revocation must be done in writing and received by Provider to be effective.
- My records are protected under the Federal Confidentiality Regulations and cannot be disclosed without my written consent unless otherwise provided for the regulations.

Release will expire on the following date: ____

Client Signature: ______________________________ Date: ______________

Witness Signature: ______________________________ Date: ______________