EVOX: Ashley Swanson ~ MS, LPC

Initial 90 Minute Session: \$175.00 60 Minute Session: \$120.00

<u>Cancellation Notice:</u> I understand that Acacia Whole Health has a 24-hour Advance Cancellation Policy. Clients canceling with less than 24 hours notice will be charged the following fee: \$45.00.

GENERAL INFORMATION

First Name	Last Name				
Date of Birth (mm/dd/yyyy)					
Residential Address					
City	State			Zip Code	
Preferred Phone Number					
Preferred Email Address					
Do you consent to receiving email remi	nders about appointments?	□ YES			
EMERGENCY CONTACT					
First Name	Last Name				
Phone	Relationship)			

Do you authorize this person to discuss care or treatment with Ashley Swanson, MS, LPCC in the case of an emergency?

 \Box YES \Box NO

Have you received mental health counseling in the past? \Box YES \Box NO If so, for what kind of concerns?

Briefly, what did you find helpful/not helpful about your previous counseling?

Main concern(s) you wish to address in EVOX now / what improvements would you like to see in your current life situation?

Are you regularly seeing another practitioner? (ie: a psychiatrist, family therapist, speech therapist, acupuncture doctor, school counselor, tutor, etc.?) <u>Please specify:</u>

How often?

Please note if there is anything else you would like me to know at this time that would be of assistance to your healing process (medications, specific stressors, injuries, work/travel schedule, etc.) not already addressed above:

Please sign that you fully understand and agree to the above terms.

Signature:_____

Date:_____