

Robin M. Kevles-Necowitz, M. ED., LPC

Licensed Professional Counselor

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INTAKE

Date _____

Name _____

Address _____

Phone: Day _____ P.M. _____

Occupation _____

D.O.B. _____ Age _____ Gender _____

Children's name and ages (if applicable)

Marital status _____ If divorced or separated, When? _____

Name of Spouse _____ Age _____

Spouse Occupation _____

What concerns, if any, do you have about the marriage or current relationship?

What is your educational level? _____ Spouse/Partner? _____

Your Religion? _____ Spouse/Partner _____

What are your spiritual beliefs? _____

Any prior therapy? _____ With whom? _____

Length? _____ Termination (When and why) _____

Please state why you have decided to seek help at this time.

How do you perceive I can help you?

What are your feelings about...

yourself? _____

the problem that brings you here? _____

seeking help? _____

How much do you drink? _____

Spouse/Partner drink? _____

Do you smoke? _____ Use drugs? _____

If so, what/when? _____

How old were you when you had your first sexual experience? _____

Was this a positive or negative experience? _____

How were you disciplined as a child? (Please provide detail)

Were you abused? _____ Physically? _____

Sexually? _____ Emotionally? _____

By whom? _____

When? _____

How? _____

History

Please describe: (consider name, age, personality traits, feelings about relationship)

Your mother _____

Your father _____

Your siblings _____

Your spouse/Partner (current and/or ex)

Children

Medical

Any hospitalizations? (Dates and reasons)

Major Operations?

Are you on any current medications?

Is there any history of alcoholism, drug abuse or mental illness in your life or anyone in your family?

If yes, please describe:

What questions do you have? _____

**Complete these sentences to express your real feelings. Try to do every one.
Be sure to make a complete sentence.**

I like _____

The happiest time _____

I want to know _____

Back home _____

I regret _____

At bedtime _____

Men _____

The best _____

What annoys me _____

People _____

A mother _____

I feel _____

My greatest fear _____

In school _____

I can't _____

Sex _____

Sports _____

When I was a child _____

My nerves _____

Other people _____

I suffer _____

I failed _____

Reading _____

My mind _____

The future _____

I need _____

Marriage _____

I am best when _____

Sometimes _____

What pains me _____

I hate _____

This place _____

I am very _____

The only trouble _____

I wish _____

My father _____

I secretly _____

I _____

Dancing _____

My greatest worry is _____

Most women _____

My mother _____

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OFFICE POLICIES AND CONSENT TO TREAT FORM

- 1) Federal laws of confidentiality prohibit therapists from disclosing client information to anyone. This includes parents if the client is above age 14. Therefore, written permission from the client must be obtained if any client information is to be disclosed.
- 2) Payment is expected the day of each session. Your therapist will give you a receipt to submit to your insurance company for reimbursement at your request. It is the client's responsibility to find out if psychotherapy services are a covered expense and what restrictions may apply. If utilizing Telehealth, please mail or Venmo payment prior to session. Venmo is @Robin-KevlesNecowitz
- 3) **If you are unable to keep an appointment, 48 hours notice must be given. If you are unable to give 48 hours notice, regardless of reason, you will be charged for the therapy hour. You are paying for the reserved time.**
- 4) It is helpful to know, as a consumer of therapy, that to get the most out of this experience, you must come consistently. Once you decide on a schedule, it is important to commit to that schedule as much as possible. While it may be necessary to cancel appointments occasionally, frequent cancellations will disrupt progress toward meeting your therapeutic goals.
- 5) The therapy hour is 50 minutes. This usually begins on the hour and ends at 10 minutes before the hour. Calls between sessions occur on an emergency basis only. Please use text or email to schedule, cancel or reschedule an appointment.

I have read, understand and agree to the above and have had the opportunity to ask questions. I am voluntarily consenting to enter therapy and agree to fully participate. I understand that at times I may have negative feelings toward therapy and/or the therapist and that this is a natural experience in therapy. I agree to share and process these feelings with my therapist as they come up. I understand that I can withdraw from therapy/Parenting Coaching at any time.

Client(s) Signature

Date

Witness/Therapist Signature

Date