



**Street:** 1207 N. 200<sup>th</sup> St., Ste. 101, Shoreline, WA 98133

**Mailing:** 20126 Ballinger Way NE, 253

Shoreline, WA 98155-1117

425.248.9224 ✉ [soulspaseattle@gmail.com](mailto:soulspaseattle@gmail.com)

[www.soulspaseattle.com](http://www.soulspaseattle.com)

## GENERAL INTAKE FORM

To enable the first session to be most effective, you are asked to complete the following. Leave blank any questions you would rather not answer. Be assured that this information will be kept confidential. Please use short answers and print legibly.  
**For couples:** Please have each person fill out a separate form.

Today's Date \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Where do you identify on the gender spectrum? F / M / Genderqueer / Your definition: \_\_\_\_\_

Personal Pronouns: \_\_\_\_\_ Ethnicity/National Origin \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell/Texting \_\_\_\_\_

E-mail \_\_\_\_\_ Please remember email and texting are not always confidential.

How do you prefer to be contacted and can I leave a message? \_\_\_\_\_

### HEALTH INFORMATION

How is your physical health at present? (Circle one)

Poor            Unsatisfactory            Satisfactory            Good            Very Good

Are you taking any medication?  Yes  No    If yes, what kind? \_\_\_\_\_

Reason for medication \_\_\_\_\_ Last medical examination \_\_\_\_\_

Have you ever been hospitalized for a physical illness?  Yes  No    Describe \_\_\_\_\_

Have you ever been hospitalized for a mental illness?  Yes  No    Describe \_\_\_\_\_

Do you smoke?  Yes  No Do you regularly use alcohol?  Yes  No Use of other mood altering substances?  Yes  No  
If yes, how often? \_\_\_\_\_

In a typical month, how often do you have 4 or more drinks in a 24-hour period? \_\_\_\_\_

Have you had suicidal thoughts recently?  Frequently  Sometimes  Rarely  Never

Have you had them in the past?  Frequently  Sometimes  Rarely  Never

In the past year, have you experienced any significant life changes or stressors: \_\_\_\_\_

Have you had Previous Therapy/Counseling?  Yes  No If yes, describe, when, where, how long, what for \_\_\_\_\_

---

### **WORK HISTORY**

Are you currently employed?  Yes  No

If yes, who is your current employer/position? How long? \_\_\_\_\_

If yes, are you happy at your current position? \_\_\_\_\_

Please list any work-related stressors, if any: \_\_\_\_\_

If presently unemployed, describe the situation \_\_\_\_\_

Hobbies/Avocations \_\_\_\_\_

---

### **FAMILY SYSTEMS INFORMATION**

Status:  
 Single  Married  Separated  Divorced  Remarried  Widowed  Committed Relationship

Years Married/Committed \_\_\_\_\_ Years Divorced \_\_\_\_\_ Months Together \_\_\_\_\_

Partner's name \_\_\_\_\_

On a scale of 1-10, how would you rate the quality of your current relationship? 1 2 3 4 5 6 7 8 9 10

Your Children: #1 M F Age \_\_\_\_\_ #2 M F Age \_\_\_\_\_ #3 M F Age \_\_\_\_\_ #4 M F Age \_\_\_\_\_ #5 M F Age \_\_\_\_\_

Parents: Father alive?  Yes  No Relationship \_\_\_\_\_

Mother alive?  Yes  No Relationship \_\_\_\_\_

Your Siblings: Circle your place in the family. If a sibling is deceased, put an X through the placement number.

#1 M F Age \_\_\_\_\_ #2 M F Age \_\_\_\_\_ #3 M F Age \_\_\_\_\_ #4 M F Age \_\_\_\_\_ #5 M F Age \_\_\_\_\_ #6 M F Age \_\_\_\_\_ #7 M F Age \_\_\_\_\_

Family Alcoholism or Domestic Violence? \_\_\_\_\_ Sexual Addictions or Abuse? \_\_\_\_\_

Parents divorced?  Yes  No If yes, what year \_\_\_\_\_ Your age at the time \_\_\_\_\_

If deceased, what year? \_\_\_\_\_ Your age at the time \_\_\_\_\_ Cause of death \_\_\_\_\_

Any step-parents? \_\_\_\_\_ If yes, describe when and your relationship with them \_\_\_\_\_

If reared by someone other than your birth parents, describe the situation in some detail \_\_\_\_\_

Tell anything else in the space below that you think would be helpful for me, as your therapist, to know about your experience growing up in your family.

### **RELIGIOUS/SPIRITUAL INFORMATION**

Describe briefly your relationship with God/the Divine \_\_\_\_\_

Describe briefly your religious upbringing \_\_\_\_\_

Do you consider yourself to be religious?  Yes  No

Do you consider yourself to be spiritual?  Yes  No

### **PRESENT SITUATION/OTHER INFORMATION**

What concerns led you to pursue counseling? \_\_\_\_\_

What would you like to experience that is different from what you are experiencing now? \_\_\_\_\_  
\_\_\_\_\_

How long has this been a problem for you? \_\_\_\_\_

What do you consider to be your strengths? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What do you like the most about yourself? \_\_\_\_\_  
\_\_\_\_\_

What are effective coping strategies that you've learned? \_\_\_\_\_  
\_\_\_\_\_

What are your goals for therapy? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**Street:** 1207 N. 200<sup>th</sup> St., Ste. 101, Shoreline, WA 98133

**Mailing:** 20126 Ballinger Way NE, 253

Shoreline, WA 98155-1117

425. 248.9224 ✉ [soulspaseattle@gmail.com](mailto:soulspaseattle@gmail.com)

[www.soulspaseattle.com](http://www.soulspaseattle.com)

## **THERAPIST DISCLOSURE STATEMENT AND INFORMED CONSENT FOR SERVICES CONTRACT**

### **Professional Training**

I am a Washington State Licensed Marriage and Family Therapist #LF61003278. I am a clinical member of the *American Association for Marriage and Family Therapy (AAMFT)* and of the *North American Society of Adlerian Psychology (NASAP)*. I earned my Master of Divinity from the *University of the South, School of Theology* in 2008 and my Master of Arts degree in Adlerian Counseling and Psychotherapy with certification in Marriage and Family Therapy from *Adler Graduate School* in 2014.

### **Description of methods and techniques used in counseling**

Working from a systemic perspective, I believe that an individual's struggles are often a sign of stressors within the larger context of relationships. I assist individuals and couples in navigating the stresses of being in ongoing relationships of every-day living, as well as life-cycle transitions and unexpected events. I provide a safe environment to discover new ways of being in relationship with one's self, significant others, and God. I employ a variety of tools and modalities to best assist you in working through issues and relationship discernment. These modalities may include behavioral, structural, and narrative techniques and family of origin work. I use several standardized test instruments to facilitate looking at life changes that occur in this culture at predictable transition points. Homework is often assigned so that you can integrate insight into your daily life in order to solidify positive changes.

Based on your input, I tailor our time together to meet your individual needs. As a consumer, it is your responsibility to provide concrete purpose for and goals for counseling, so that together we can construct a course of learning to address your unique needs. If you have concerns, or believe that you are not being helped, please tell me so that we can work through the difficulty together. If we are unable to do this, I will assist you in finding another therapist.

*Note:* To ensure the best quality service to you, I am in on-going consultation with a peer consultant group. I will be taking notes during sessions. The notes are available to the individual for review upon request.

**Scheduling and fees:** By scheduling an appointment with me, you have contracted for my professional time and reserved your session time exclusively for you. If you are unable to keep your scheduled appointment, please contact my office to cancel at least 24 hours in advance. If you miss a session without canceling, or if you cancel less than 24 hours in advance, you will be charged for the missed session and be responsible for paying in full before your next session. The only exception to this policy is if you would endanger yourself by attempting to come to the session due to inclement weather, natural disasters, icy roads, or snow. Please ask me about this if you are not clear about what I mean. **Please initial here:** \_\_\_\_\_

I work as an independent practitioner and own Soul Spa Seattle, LLC. All financial transactions and records remain between you and me. We have agreed upon your fee of \$ \_\_\_\_\_ per 60-minute session. This is the fee regardless of the number of people attending the session. I charge the same rate for telephone/video conferencing sessions and telephone/video conferencing consultations of 15 minutes or longer. Payment can be received via cash, credit card (I use Square), or personal check. Please make checks out to: Soul Spa Seattle, LLC.

**I do not accept insurance at this time.** However, when I am able to, if you have insurance, you are responsible for making your own claims for reimbursement. I will fill out the standard claim statement. You are responsible for obtaining reimbursement from your insurance company. Again, I do not accept insurance at this time.

If I am subpoenaed to submit any summary information for legal reasons, I charge your hourly rate per hour of paper work time. If I am deposed or have to testify in court, etc., my fees are \$200 per hour, including transportation time.

## **Personal Agreements**

I understand that I may be asked to do certain "homework exercises" such as reading, praying (depending on context), changing behaviors, and otherwise acting in my own best interest. I understand that I am entirely responsible for my own actions and I will always make my own final decisions regarding counseling.

I further understand that much of the work done will be to resolve issues and will depend on my honesty and willingness to do the things I need to do to move forward even if it is painful and difficult.

I understand that whatever I say in a session is strictly confidential and will not be released to anyone without my consent. Even so, there are a few exceptions to the laws and standards of confidentiality wherein your counselor is legally obligated to inform proper authorities as well as others in some situations. The limitations to confidentiality are as follows:

- If you provide information indicating abuse of a child or dependent adult.
- If your counselor is court ordered to disclose information about you.
- If your counselor believes you or someone else identified needs protection from serious and foreseeable harm.

**Risks and Benefits of Counseling:** Research indicates that most people who engage in counseling benefit from the experience; even so, it's possible for things to get worse before they get better. Counseling may involve the risk of remembering unpleasant events and may arouse strong emotional feelings. Counseling can impact relationships with significant others. The benefits from counseling may be an improved ability to relate with others; a clearer understanding of self, values, goals, increased academic productivity; and an ability to deal with everyday stresses. Taking personal responsibility for working with these issues may lead to personal growth.

**Consultation and Supervision:** In order to provide you with the best services possible, your counselor may choose to consult with other specialists. Colleagues who provide consultation and/or supervision are subject to the same confidentiality restraints as your counselor.

**Audio and Videotaping:** Sessions may be audio or videotaped for the purposes of staff training or clinical supervision. These tapes are treated confidentially and are erased after use. Any concerns about taping can be discussed with your counselor. Taping will never occur without your consent.

**Email and Text Communications:** I cannot ensure your email and text communications are confidential, are received, or are addressed in a timely manner.

## **State Legal Requirements**

"Counselors practicing counseling for a fee must be licensed with the Department of Licensing for the protection of the public health and safety. Licensing of an individual therapist does not include recognition of any practices standard, or necessarily implies effectiveness of treatment."

As a client of a Washington State Licensed Marriage and Family Therapist Associate, you have privileged communication under the laws of the state of Washington. With the exceptions of situations listed below, you have the absolute right to have information you share with me held in strict confidence; that information includes the fact that you are receiving counseling services with me. That privilege is yours, not mine, and cannot be waived without your direct permission. Listed below are the exceptions:

- (1) With the written authorization of that person or, in the case of death or disability, the person's personal representative;
- (2) If the person waives the privilege by bringing charges against the person licensed under this chapter;
- (3) In response to a subpoena from the secretary. The secretary may subpoena only records related to a complaint or report under RCW 18.130.050;
- (4) As required under chapter 26.44 or 74.34 RCW or RCW 71.05.360 (8) and (9); or
- (5) To any individual if the person licensed under this chapter reasonably believes that disclosure will avoid or minimize an imminent danger to the health or safety of the individual or any other individual; however, there is no obligation on the part of the provider to so disclose.

(6) If you are seeing me in couple or family therapy, and you or your family member should happen to see me in an individual session, information shared with me in the meeting may be shared by me in a joint session if I believe it to be in the best interest of the work we do together. I will inform you if I plan to do this at the time you share the information with me so there won't be any surprises or secrets.

If you want more information about the law regulating counselors or want to file a complaint, please write to: Department of Health, Health Professions Quality Assurance Division, PO Box 47869, Olympia, Washington 98504-7869.

If you want to contact someone by phone to discuss the law or talk about a possible complaint, call (360) 236-4902 Monday through Friday, 8:00 am to 5:00 pm.

**I/We have read this statement before the beginning of counseling, understand it and have asked any questions I/we have concerning all information stated above. I/We have received a copy of this client contract (this document).**

**Client's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Danae M. Ashley** \_\_\_\_\_ **M.Div., M.A., LMFT** **Date** \_\_\_\_\_  
**Soul Spa Seattle, LLC**