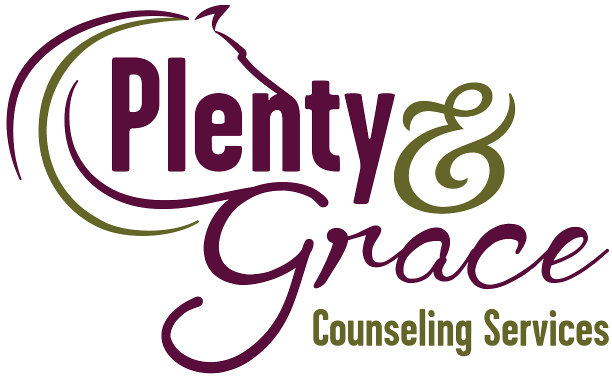

In partnership with
Banner Consulting and Counseling
2525 Raeford Road, Suite C
Fayetteville NC 28305

Today's Date____________________

Your name _____________________________________ Age_____ Birthdate __________________

Partner's name _________________________________ Age_____ Birthdate __________________

Residential address ____

____ zip_________________

Email address ____

Best phone number to reach you for scheduling appointments ________________________________

Can we text reminders of upcoming appointments to this number? ______

Relationship status; how long? _____________ Number of children: __________

Number of divorces: Yours: __________ Your partner's: __________

List the names and ages of persons living with you and children not living with you:

Name & Relationship	Age	Name & Relationship	Age

Religious preference: _____________________

Who referred you here? ____

Are you currently taking medication? YES If yes, list what meds: NO Meds taken _______

Who prescribed your medication? ____

Where do you work/go to school? ____

Are you counseling elsewhere? YES NO If yes, where? __________________________________

Describe your reaction to previous counseling (check one)

❒ Never been in counseling ❒ Satisfied ❒ Somewhat satisfied ❒ Not satisfied

Why? ____

Problem Areas

[Put a check √ by the items that are the greatest concern.]

- ❐ Jealousy
- ❐ Anger
- ❐ Marital Problems (Circle all that apply)
  Problems with children, teens,
  Parents, Friends, Ex-Spouse,
  Others (Circle all that apply)
- ❐ Loss of Marriage / Divorce / Separation
- ❐ Work related problems
- ❐ Fear of going crazy
- ❐ Fear of abusing children
- ❐ Fear of spouse abuse
- ❐ Religious concerns
- ❐ No longer love my spouse
- ❐ Sexual concern
- ❐ Fighting
- ❐ Depression / Feeling blue
- ❐ Infidelity / Affairs
- ❐ Loss of career
- ❐ Concern about Alcohol / Drugs
- ❐ Financial problems
- ❐ Can't forgive a wrong
- ❐ Domestic tasks: Who does what at home
- ❐ Arguing or handling conflict
- ❐ Other ___________________________

What have you done to solve this problem? ____

____

What improvements do you want to have as a result of counseling? _____________________________________

____

What strengths do you believe you have to address your issues? _______________________________________

____

How satisfied are you with your life as a whole these days? [Circle the number]

Completely Dissatisfied ... Completely Satisfied

1 2 3 4 5 6 7 8

Agreement

**It is my understanding, and I agree, that Plenty and Grace, LLC/BANNER Consulting and Counseling provides counseling to families and individuals. I agree to allow the counselor to be assisted by a co-counselor and/or consultation team if the counselor deems it appropriate. I will discuss with the counselor any questions or reservations I may have concerning the counselor's approach to therapy. * I understand that the purpose of such observation and discussion is to improve the guidance and counseling of the counselor and is not meant as an invasion of my rights of privacy. I specifically waive my rights of privacy for this purpose only.*

**The counselor will keep your counseling as confidential as possible within the bounds of federal and/or state law, and his/her professional ethics. Counselors may be required to breach confidentiality to protect you and/or others from possible harm. I may be referred to another counselor or referred off-site if my reservations cannot be resolved.*

**I agree to attend all scheduled appointments and that if I am unable to make an appointment, I will contact the Center at least 24 hours before the scheduled appointment to reschedule. I understand that if I miss an appointment without contacting the Counseling Center at least 24 hours prior, I will be billed for the missed appointment. If I am court ordered or referred for counseling, the court will be notified of scheduled appointments. If I am mandated by military authority to counseling, then the chain of command will only be notified for accountability purposes.*

**I agree to hold the counselor free of and harmless from or against any claims, demands, or suits of any kind based on or resulting or claimed to result from the purposes of this consent.*

**I authorize the counselor and/or Plenty and Grace, LLC/BANNER Consulting and Counseling to apply for and receive any and all insurance entitlements that they are due as a result of our counseling sessions.*

Client's Signature ____ Date ________________

Client's Signature ____ Date ________________

Client's Signature ____ Date ________________

Counselor's Signature ____ Date ________________

Banner Consulting and Counseling
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For INSURANCE PURPOSES

Your Name ________________________________ Date of Birth ____________________

Insured's Name _____________________________ Date of Birth ____________________

Relationship to Insured ____

Employer ____

Primary Insurance Company Name ____

Company Address ____

Company Phone Number _______________________________________

Insured's ID Number ____

Insured's Policy Group____

Insured's Plan Name ____

Co-payment amount (if any) $____________

Secondary Insurance Company Name ____

Company Address ____

Company Phone Number _______________________________________

Insured's ID Number ____

Insured's Policy Group____

Insured's Plan Name ____

Co-payment amount (if any) $____________

Banner Consulting and Counseling

Professional Disclosure Statement

Tracey R. Frink LMFTA
MS in Counseling, Couple and Family Therapy
Certified Equine Assisted Mental Health Provider
EMDR, Sex Therapy

This disclosure statement is a requirement of my licensure board and is provided to assist you in understanding our professional relationship.

I received my Master of Science Degree in Counseling specializing in Couple and Family Therapy from Prescott College, Prescott, AZ (2015). I also received a Post-Graduate Certificate in Equine Assisted Mental Health. I am currently enrolled in training as a Sex Therapist at the Institute for Sexuality Education and Enlightenment (ISEE). My previous training and education includes a Masters of Divinity (1995) from Central Baptist Theological Seminary, Kansas City, KS focusing on Pastoral Care and Counseling and Theology from a Native American Perspective. I have a Certification in Supervision of theology students from Andover Newton Theological School.

In my over 30 years of counseling and mental health work, I have had the privilege of helping many people find wholeness and healing. I see men and women, adults and families. I do individual, marital, pre-marital, group, family and multi-family therapy. I have experience treating many different life challenges and relationship issues.

In helping people, I take a Systems approach which means that I believe a significant change in one person can have a ripple effect of change for the client's different relationships. I also believe that a Cognitive (thought process) approach coupled with Behavioral changes is effective for many clients. I use a variety of techniques including, but not limited to the following: genograms (mapping family relationships), assessment tools, role-playing, and cognitive restructuring (learning how to think differently), Equine Assisted Interventions, trauma focused EMDR (eye movement desensitization and reprocessing), and somatic awareness. Should you choose to complete an assessment, it will become part of your permanent record as well as any diagnosis if required for treatment. Generally, all sessions will last 45 minutes. Fees are set as standard session reimbursement. Intake session is $245 and every session after that is $225 for couple/family and $170 for individual treatment. When insurance is approved, you are expected to pay the deductible or co-pay before each session. For those clients without insurance or the ability to pay full fee, an adjustable scale is possible for a limited number of clients. Please contact me if you are not able to keep a scheduled appointment. Failure to provide 24 hour notice of a cancellation may result in a no-show fee of $50.

I have a legal duty to keep our time together in the strictest of confidence so that you are able to share your emotions or concerns, and to reveal personal information with the assurance of both safety and privacy. However, I want you to understand that there are certain circumstances in which this agreement of confidentiality may be broken:

a. If I believe that you intend to take harmful or criminal action against another person or against yourself; it is my **legal duty** to protect persons in danger through contacting appropriate agencies or individuals.

b. If there is any suspicion of recent or current child or elder abuse, or domestic violence, it is my **legal duty** to report the abuse to appropriate social agencies to protect those being harmed.

c. If a court issues a subpoena for me to give testimony, it is my **legal duty** to comply to a direct court order.

If at any point in our relationship, you are dissatisfied with me or my behavior and wish to file a complaint, you may do so according to the American Counseling Association's (ACA) Ethical Guidelines. You should attempt to resolve your complaint with me directly, and if this is not successful, please discuss this issue with me directly. If you are still not satisfied with the results, you may place your concerns in writing, citing the ACA ethical codes you believe to have been broken, and submit them along with a completed NCBLPC Complaint Form to the NCBLPC board. Mail your complaint to North Carolina Board of Licensed Professional Counselors, P.O. Box 77819, Greensboro, NC 27417. You can also find more information at http://www.ncblpc.org/complaints.html

______________________________ ____________________
Client Name (print) Date

____
Client Signature

______________________________ ____________________
Counselor Name Date

____
Counselor Signature

[one copy provided to client and one copy kept in client confidential file]