Maryellen Dabal
MA LMFT

Date: _____

Client(s): _____ Other Household Members:
Name Relationship Age Sex

Age(s): _____ DOB: _____ _____
Address: _____ _____
_____ _____
Marital Status: _____ _____

Best number to use to confirm appointments: cell or home number ?: _____
Emergency Contact: ( ) _____ Relationship: _____

May I correspond with you through **email/text** regarding appointments/other matters? Y N
May I sign you up to receive my monthly email Newsletter entitled *From The Positive Perspective?* Y N
Email Address: _____

How were you referred to me? **Internet:** dabalmft.com psychologytoday.com goodtherapy.org
(please circle those that apply) weddingwire.com theknot.com prepare-enrich.com
Referral from:_____
May I thank them? : Y N

Clinical Data: ALL CALLS ARE CONFIDENTIAL BY LAW
Reasons for counseling: _____
_____
_____

Previous/Current history of client(s): *Circle those that apply and note previous or current.*

Depression (P C) Gambling(P C) Suicide Ideation(P C) Family Problems(P C)
Alcohol/Drugs (P C) Medical Problems (P C) Peer/social Problems(P C) Violence to you or by you (P C)
School Problems (P C) Legal Problems (P C) Stress (P C) Other: _____(P C)

When did the problems begin? _____
Previous Counseling? Y N If yes, where and how long ago? _____
Name of previous therapist(s) _____
Current Medications? _____

Availability for appointments? Days _____Evenings _____ Sat_____

Financial Information: $150 per 50-55 min session or your agreed upon insurance arrangement

Will you be using BCBS insurance to pay for sessions? YES NO Primary Card holder is _____

If paying by check, please make check payable to: Maryellen Dabal, MA, LMFT
Cancelation Policy: If canceling or changing appointment, please call or text no less than 24 hours before the appointment. If you call less than 24 hours before the appointment you may be charged FULL FEE for that session. "NO SHOWS" WITHOUT PRIOR NOTIFICATION WILL BE CHARGED FULL FEE. Charging will be at the discretion of the therapist. If using insurance, they do not pay for NO SHOW appointments and you are responsible for the full fee of the appointment.