Footsteps Counseling, LLC
Christie Widger, MS, LPC, NCC

475 Providence Main St. Suite 303-I
Huntsville, AL 35806
(256) 655-6762
christie@footstepscounseling.net
www.footstepscounseling.net

CLIENT INFORMATION

Today's Date: _____

Client's Name:_____ Date of Birth: _____ Age: _____
Address: _____ City: _____ State: _____ Zip code: _____
May I send mail to this address: ____yes ____no

Home phone: _____ Cell phone: _____ Work phone: _____
May I call and/or leave messages at these number: ____yes ____no If no, specify restrictions:_____
Email address: _____May I send emails to this address: ____yes ____no

Who should be contacted in case of emergency? Name: _____
Relationship: _____ Phone #: _____ Alternate #: _____

How were you referred to Footsteps Counseling? Please circle:
Physician Friend Yellow Pages WAY-FM Footsteps Website Internet Insurance Co. Other

How do you plan to pay for services? _____Pay out of Pocket _____Insurance benefits

INSURANCE INFORMATION

Insurance Company: _____ Insurance phone: _____
Contract #: _____ Group #: _____
Name of Policy Holder: _____ Date of birth: _____ Employer: _____
Policy Holder's Address: _____
Client's Relationship to Insured: _____ Co-pay: _____ Unmet deductible: _____

COUNSELING AGREEMENT & CONSENT FOR TREATMENT

My signature below indicates my understanding and agreement of the following:

**I have received a copy of the *Information for New Clients* and *Notice of Privacy Practices*and agree to abide by the policies stated therein.

** I agree not to voluntarily involve Christie Widger in any legal matters or proceedings.

**I understand that all fees are due at the time of service, and I am responsible for late cancellation and no-show fees if I do not provide a 24 hour notice by phone.

**If using insurance, I authorize Christie Widger to release information related to my care including financial and medical data to my insurance company or any organization contracting with my insurance company that may be necessary now or in future for purposes of treatment, payment, or healthcare operations. I understand that a mental health diagnosis will be submitted to my insurance company. I am responsible for my co-pay, unmet deductibles, fees for services not covered by insurance and all fees that are not paid by my insurance company for any reason for more than 90 days.

**I understand that Christie Widger does not provide 24-hour assistance and in an emergency, I should seek help immediately by calling 911 or going to the nearest Emergency Room. I authorize Christie Widger to contact my Emergency Contact listed above if needed.

**I agree to enter therapy and give my consent to Christie Widger to provide me with counseling services.

_____ _____
Client's Signature Date

CLIENT INFORMATION

Marital Status: ____married ____divorced ____separated ____widowed ____never married
Number of children: _____

Current health problems: _____
Previous health problems: _____
Current medications: _____

Have you taken medication for a mental health condition (depression, anxiety, ADD etc)? _____yes _____no
Is there a family history of mental health or substance abuse issues: _____yes _____no
Have you been in counseling previously? _____yes _____no

Have you ever experienced any of the following:

Attempted suicide: _____yes _____no If yes, when: _____
Abuse: _____physical _____sexual _____emotional _____never
Recent loss (death of loved one, job loss, divorce etc): _____yes _____no

Please check any of the symptoms you have experienced within the past 4 months:

_____ Appetite Disturbances
- _____ eating less or more
- _____ weight loss or gain
- _____ binging or purging

_____ Sadness or tearfulness
_____ Decreased interest in activities or relationships
_____ Sexual disturbances or dissatisfaction
_____ Worry or anxiety
_____ Mood swings
_____ Feeling hopeless
_____ Difficulty concentrating or easily distracted
_____ Hyperactive or excessive energy
_____ Financial difficulties
_____ Panic attacks
_____ Feeling nervous
_____ Feeling out of control
_____ Obsessive or compulsive thoughts/behavior
_____ Perfectionism
_____ Addictive behaviors
_____ Difficulty getting along with family/friends/co-workers
_____ Hallucinations (auditory or visual)
_____ Marital dissatisfaction or conflicts
_____ Thoughts about death

_____ Sleep Disturbances
- _____ trouble falling or staying asleep
- _____ sleeping too much or too little
- _____nightmares

_____ Fatigue/decreased energy
_____ Isolating from others
_____ Feeling worthless
_____ Racing thoughts
_____ Anger or irritability
_____ Guilt, shame or regret
_____ Procrastination
_____ Feeling paranoid
_____ Excessive behavior (spending sprees,etc)
_____ Feeling stressed
_____ Self-Harming or destructive behaviors
_____ Fearful
_____ Work-related problems
_____ Impaired impulse control
_____ Low self esteem
_____ Legal problems or involvement
_____ Job loss, job change or retirement
_____ Thoughts about hurting yourself
_____ Thoughts of hurting someone else