

Counseling Care Circle  
20 South Third Street  
Suite 210  
Columbus, Ohio 43215  
614-568-3233  
www.CounselingCareCircle.com

Therapist: Ellice Park  
MA, LPC  
C. 1500556  
Attending Therapists:  
Stefanie J. Day, LPCC-S, Ed.D.  
E. 0003309-SUPV.

## Counseling Care Circle Consultation Intake Form

Client Name: _____	Client Identified Gender: _____
Client Date of Birth: _____	Social Security Number: _____
Street Address: _____	Apartment/Unit Number: _____
Town/City: _____	State: _____
Zip Code: _____	Home Phone: _____
Cell Phone: _____	Referred By: _____
Email 1: _____	Email 2: _____
Emergency Contact: _____	Relationship to Emergency Contact: _____
Emergency Contact: _____	Relationship to Emergency Contact: _____
Previous History of Therapy?: <input type="checkbox"/> Y <input type="checkbox"/> N	Previous History of Coaching?: <input type="checkbox"/> Y <input type="checkbox"/> N
If yes to therapy or coaching: _____	
Reason for Consultation: _____	

### Consultation Informed Consent

*About Consultations:* Consultations are offered as opportunities to learn more about the self-care programming, and psychotherapy healthcare services provided at Counseling Care Circle. Clients are encouraged and empowered to make informed decisions, so they can reach their goals, and get where they want to go.

Clients are encouraged to reflect on their reasons for seeking treatment and or coaching help. Clients are encouraged to share as much of those ideas and feelings, as they feel comfortable, at the time of the consultation. The therapists at Counseling Care Circle will review the information and determine whether a client's goals are best reached through healthcare interventions, or through the guidance of coaching. The therapist will be able to provide this information based on the client's disposition and preference for therapy vs. coaching, and also whether the client has a presenting diagnosis necessitating healthcare. Consultations are not commitments to therapy. Clients have access to opting for unlimited consultation sessions, for clients to be able to make fully informed decisions, provided there are no causes for professional concern for neither imminent danger nor severe mental or emotional health disturbances, as noted by the Consultant.

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In many circumstances, clients may not qualify for mental or emotional health disorders for diagnoses at all, which the consultant will provide information and clinical rationale to the client: In such cases, clients have the option to receive coaching services through the format of, consultation conversations, to reach higher levels of functioning, performance, and satisfaction in their personal wellness.

*Informed Consent for Safety:* Counseling Care Circle's professionals are licensed clinicians in the state of Ohio. This means the client's consulting professional is held to ethical standards issued by the licensing Board's bylaws. Clients are encouraged to understand that if they disclose suicidal or homicidal thoughts or inclinations during the time of consultation, Counseling Care Circle and its consulting clinicians, are ethically and legally mandated to report such concerns. If the client discloses suicidal or homicidal intentions, the consulting clinician will, at minimum, assess the client for imminent danger and discuss possible next steps. The consulting clinician does this as part of healthcare's oath to "Do no harm", and in the Rogerian spirit of having unconditional positive regard for every client.

*Fee Schedule:* Consultations are charged at \$40 per half hour. Payment is due at the start time of service. Invoices are sent electronically. A 60-day grace period is provided to pay the bill in full. At the end of the grace period, unpaid bills are automatically processed to an outside entity for collections.

*I have received and read Counseling Care Circle's Consultation Informed Consent. I have had opportunity and time to ask questions about any portion I did not understand. I consent to receiving consultation services with Counseling Care Circle until I decide to pursue psychotherapy counseling interventions, coaching support, or neither at this time. I understand this Consultation Informed Consent is equivalent to neither Coaching Informed Consent, nor Counseling Informed Consent. If I decide to pursue psychotherapy counseling interventions or coaching support, I understand I will have to fill out intake paperwork accordingly. I acknowledge that my electronically typed name below, combined with the last four digits of my social security number, acts as my legally tendered signature for this informed consent, and all future electronic paperwork I sign with Counseling Care Circle.*  
Revised 28 August 2019

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Client Signature, & Last 4 of SSN

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Date of Signature

Please complete this form and submit to  
[CounselingCareCircle@gmail.com](mailto:CounselingCareCircle@gmail.com)  
with Subject Line: "Consultation Form, & Request for Scheduling Appointment"