

**Suellen Fagin-Allen, LMHC, NCC**  
**Leawood Professional Center**  
**1417 N. Semoran Blvd., Suite 102**  
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NEW CLIENT INFORMATION SHEET

Welcome to the counseling, coaching and consulting practice of Suellen Fagin-Allen, LMHC, NCC! I am pleased that you have chosen me to be a collaborator in your journey toward improved mental health and life balance. Below you will find some information which I hope will be helpful to you as you go through the process toward positive change. Please feel free to ask at any time to clarify any aspect of the information provided.

Services Provided:

Counseling: a process in which clients learn how to make decisions and formulate new ways of behaving, feeling, and thinking. Counselors focus on the goals their clients wish to achieve. Clients explore their present levels of functioning and the changes that must be made to achieve personal objectives. (Definition provided by American Counseling Association website <http://www.counseling.org>.)

Coaching: The process of helping people who want to improve their lives in specific ways, such as changing careers, finding a healthy relationship, taking their business to a new level, losing weight or deepening their self-understanding.

Consultation: The collaborative process involved in defining and finding solutions to a specific problem without having direct control over the outcome, for example, how to help a child improve performance in school or how to assist employees in becoming more productive.

Projected Length of Services: There is no fixed length of time during which an individual is expected to make an improvement in mood or overall functioning or reach a solution to a problem – this varies with the individual, the complexity or severity of the problem, and the outcome expected by the client. It is helpful for me to know your expected time frame, if you have one, at the outset of our relationship as it will help me tailor my approach to fit your needs. Please expect that your first one or two sessions will be spent getting to know you, to understand your needs, and determining – with your input – how I can be most helpful. Please also understand that I cannot guarantee results – only that I will give my best effort to assist you in meeting your goals.

Length of Sessions: Client services are provided based upon a 45-minute hour. Although every effort will be made to accommodate late arrivals, clients arriving more than 15 minutes after their appointment times may be asked to reschedule.

Fees for Services: My standard hourly fee for counseling, coaching and consulting services is \$90. In order to make services accessible to as many clients as possible, a sliding fee scale is available for those experiencing financial hardship.

Insurance: Although I am not currently accepting insurance, your policy may have benefits to reimburse you for services from out-of-network providers. Check with your employer or insurance carrier for more information.

Payment for Services: Payment is expected at the time of service. Currently only cash or personal checks are accepted forms of payment. This practice reserves the right to terminate services, making appropriate referrals for alternate care, if clients are delinquent in payment for 3 consecutive appointments.

Therapist Availability: General availability for appointments can be found on the website, <http://www.counselingfl.com>. Telephone access is during the normal business week, Monday through Friday from 9 am until 6 pm. Voicemail messages of a non-emergency nature will be acknowledged and calls returned within the next business day. In the event of a life-threatening emergency during which you are not able to reach me, call 911. Emergency calls can also be made to the We Care Crisis Hotline at (407) 425-2624. This number will automatically direct callers to the United Way 211 Crisis Hotline. In the event of an extended absence of the therapist, you will be given contact information for a professional colleague who will be available to assist you.

Confidentiality: Records related to your treatment are governed by Federal and State confidentiality laws: the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the Code of Federal Regulations, 42 CFR Parts 160 and 164, and Chapter 391 of the Florida Statutes, and cannot be disclosed to anyone without client consent, subject to the following exceptions:

- Suicidal thoughts, threats or gestures
- Threats of harm to others
- Child abuse
- Vulnerable adult abuse
- Disclosure pursuant to a court order signed by a judge having proper jurisdiction over a legal matter in which a client is involved
- Information necessary to process an insurance claim
- Client-signed authorization to release confidential information with specificity as to type, purpose, recipient and time limitation

Please be advised that once confidential information is released under any of these conditions, this practitioner has no control over the use of such information. Also be advised that while at times it may be necessary or desirable to bring family members or significant others into therapy sessions, this practitioner cannot guarantee that such other individuals will keep what is shared in these sessions confidential.

*I have read and I understand the information provided above. I further understand the limitations on confidentiality of records related to my treatment and that Suellen Fagin-Allen, LMHC, NCC has no control over the use of records released pursuant to my authorization. I therefore release Suellen Fagin-Allen, LMHC, NCC from liability for any damages that I may incur due to the unauthorized disclosure of such information by third parties.*

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Date Signed    Client Signature

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Date Signed    Parent Signature (if client under age 18)

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Date Signed    Witness signature

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Date: \_\_\_\_\_

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City and Zip: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Other) \_\_\_\_\_

Where do you prefer to be contacted? \_\_\_\_\_

Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Relationship Status: \_\_\_\_\_ Racial/ethnic identity: \_\_\_\_\_

Person we may notify in the event of an emergency:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone: \_\_\_\_\_ Alternate telephone: \_\_\_\_\_

Please briefly describe what has brought you here today:

\_\_\_\_\_

What symptoms have been most noticeable or distressing to you?

\_\_\_\_\_

What major areas of your life have been affected by this issue?

\_\_\_\_\_

Have you been treated for this issue in the past? \_\_\_\_ Yes \_\_\_\_ No

If so, please describe. \_\_\_\_\_

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Who is your primary care provider? \_\_\_\_\_

Provider address: \_\_\_\_\_ Phone: \_\_\_\_\_

Are you currently being treated for any medical issues? \_\_\_\_ Yes \_\_\_\_ No

Please briefly describe \_\_\_\_\_

Are you currently taking prescription or over-the counter medications,  
herbal preparations or supplements? \_\_\_\_ Yes \_\_\_\_ No

Please indicate name, frequency and dosage of each medication.

\_\_\_\_\_

What is your typical caffeine use per day? \_\_\_\_\_

What is your typical tobacco use per day? \_\_\_\_\_

What is your typical alcohol intake per day? \_\_\_\_\_

How many hours of good quality sleep do you usually get per night? \_\_\_\_\_

What forms of exercise do you engage in during a typical week?

\_\_\_\_\_

How would you describe the religious or spiritual aspect of your life?

Very satisfactory \_\_\_\_ Moderately satisfactory \_\_\_\_ Not satisfactory \_\_\_\_\_

What is your preferred learning style? \_\_\_\_\_ Auditory \_\_\_\_ Visual  
\_\_\_\_ Hands-on

Please describe your goals for the counseling process:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_