

*Rick Stolp, Ph.D.*

*Imagocouple.com*

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### Confidential Client Intake

Date \_\_\_\_\_

Name \_\_\_\_\_ Partner's Name \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Best phone contact number \_\_\_\_\_ May I leave a message? \_\_\_\_\_

May I contact you via e-mail? If so, please provide that address \_\_\_\_\_

Birth date \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

Are you single, married, living with a significant other, divorced or widowed? \_\_\_\_\_

If in relationship, how happy are you with this relationship? \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to client \_\_\_\_\_

Referred by \_\_\_\_\_ May I thank him/her? \_\_\_\_\_

#### **MEDICAL INFORMATION**

Physician \_\_\_\_\_

Describe any health problems you have \_\_\_\_\_

What medications do you take? \_\_\_\_\_

**PLEASE MARK ALL THAT APPLY**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> crying spells           | <input type="checkbox"/> fast heartbeat       | <input type="checkbox"/> money problems            |
| <input type="checkbox"/> unable to have fun      | <input type="checkbox"/> always worried       | <input type="checkbox"/> relationship concerns     |
| <input type="checkbox"/> feelings easily hurt    | <input type="checkbox"/> frequent sweating    | <input type="checkbox"/> work difficulties         |
| <input type="checkbox"/> lacking in confidence   | <input type="checkbox"/> dizziness            | <input type="checkbox"/> sexual problems           |
| <input type="checkbox"/> feeling stressed        | <input type="checkbox"/> shaky hands          | <input type="checkbox"/> can't hold a job          |
| <input type="checkbox"/> feeling grouchy         | <input type="checkbox"/> stomach trouble      | <input type="checkbox"/> excessive drinking        |
| <input type="checkbox"/> always tired            | <input type="checkbox"/> nightmares           | <input type="checkbox"/> excessive medication use  |
| <input type="checkbox"/> poor appetite           | <input type="checkbox"/> feeling tense        | <input type="checkbox"/> excessive drug use        |
| <input type="checkbox"/> depressed               | <input type="checkbox"/> cold feet and hands  | <input type="checkbox"/> problems with children    |
| <input type="checkbox"/> trouble sleeping        | <input type="checkbox"/> feeling panicky      | <input type="checkbox"/> problems with parents     |
| <input type="checkbox"/> feeling lonely          | <input type="checkbox"/> diarrhea             | <input type="checkbox"/> poor physical health      |
| <input type="checkbox"/> loss of weight          | <input type="checkbox"/> shy with people      | <input type="checkbox"/> fighting and quarreling   |
| <input type="checkbox"/> not enjoying things     | <input type="checkbox"/> muscle twitching     | <input type="checkbox"/> dislike my body           |
| <input type="checkbox"/> suicidal thoughts       | <input type="checkbox"/> nausea or vomiting   | <input type="checkbox"/> full of energy            |
| <input type="checkbox"/> feeling inferior        | <input type="checkbox"/> can't make decisions | <input type="checkbox"/> overly ambitious          |
| <input type="checkbox"/> loss of sexual interest | <input type="checkbox"/> can't make friends   | <input type="checkbox"/> easily excited            |
| <input type="checkbox"/> no one understands me   | <input type="checkbox"/> headaches            | <input type="checkbox"/> quick tempered            |
| <input type="checkbox"/> worried about health    | <input type="checkbox"/> mood swings          | <input type="checkbox"/> impatient with people     |
| <input type="checkbox"/> can't concentrate       | <input type="checkbox"/> unable to relax      | <input type="checkbox"/> binge eating              |
| <input type="checkbox"/> can't "get going"       | <input type="checkbox"/> feeling fearful      | <input type="checkbox"/> very restless             |
| <input type="checkbox"/> feeling angry           | <input type="checkbox"/> overly sensitive     | <input type="checkbox"/> feel like hurting someone |
| <input type="checkbox"/> don't like being alone  | <input type="checkbox"/> anxious inside       | <input type="checkbox"/> feel like smashing things |
| <input type="checkbox"/> lack energy             | <input type="checkbox"/> weight gain          | <input type="checkbox"/> excessive overeating      |

Have you had prior counseling or therapy? \_\_\_\_\_ When? \_\_\_\_\_

What was the concern? \_\_\_\_\_

Who was your therapist? \_\_\_\_\_

Have you ever been hospitalized for psychiatric treatment? \_\_\_\_\_ When? \_\_\_\_\_

What brings you to counseling today? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How long have your current problems existed? \_\_\_\_\_

Rate your present concerns:    Mild    Moderate    Moderately Severe    Severe    A Crisis

Is there anything else you would like me to know before starting treatment? \_\_\_\_\_

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# **Professional Disclosure Statement**

**Richard D. Stolp, PhD**  
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**Professional Qualifications:** I hold a Doctorate in Psychology - NC license # 1881. Additionally, I am a Certified Imago Therapist and Instructor as well as a Certified Imago Workshop Presenter.

**Counseling Approach:** I enjoy helping adolescents, individuals, couples, and families develop a fuller understanding of themselves, their interpersonal style, their goals, and their own personal power. I specialize in couples counseling and have worked closely with couples in all stages of relationship, from those considering marriage to those considering divorce, in my private practice and during the Getting the Love You Want weekend workshops that I teach with my wife, Sherry Stolp M.A.. To date, we have led over 100 workshops around the country and helped over 1000 couples learn the skills and tools necessary to create a passionate, committed and safe coupleship. My counseling style is designed to be fairly moderate in duration and in terms of frequency. My intention is for you to experience a safe, warm and empathetic environment. My goal is to help you strengthen, deepen and/or repair the significant relationships in your life through improved communication skills and a greater awareness of how you show up and participate in relationships of all kinds.

My work is predominately derived from the experiential, humanistic, and relational fields of psychotherapy. I believe that the greatest level of healing and growth occurs in the relational context. I primarily use the Imago Relationship Therapy and Emotionally Focused Therapy models in my practice. The need to be empathically heard and understood by the significant people in our lives cannot be overstated. The need to be totally right and triumphant is only an obstacle to intimacy and interpersonal relatedness. Imago Relationship Therapy and Emotionally Focused Therapy, for me, weave together a number of dynamic modalities that enrich our understanding of others and ourselves, allows for heart to heart dialogue and subsequent empathic attunement. One cannot underestimate the power of detoxified dialogue in healing. But true healing does require time, effort, and commitment on both our parts. The time, effort, and commitment we invest together will help you gain a better understanding of yourself and provide beneficial tools and skills that will help you begin, create, or sustain the kind of relationship you really want in the social and/or personal arenas of your life.

I also work with individuals in order to help them manage or overcome their depression, anxiety, anger and various other issues using mindfulness techniques, and cognitive therapy.

**Counseling Relationship:** Our relationship, based on trust and honesty, will work to deepen and strengthen your relationships with the significant people in your life. As I will be, I expect you to be a full participant in this process. Our relationship is strictly voluntary and you may leave any time you wish. You agree that our mutual relationship is not to be used in lieu of other professional advice. As such, you agree to seek other assistance for specific professional advice on legal, medical, financial, educational, business, spiritual or other matters. You understand that all decisions in these areas are exclusively yours. You acknowledge that your decisions and actions regarding them are your responsibility.

**Fee Schedule:** The fee for my services is \$145.00 for a 45-minute session and \$170.00 for a 75-minute session. Group sessions are \$60.00 per 90-minute sessions. I accept Blue Cross Blue Shield only. Insurance does not cover couples counseling per se, unless one of the partners has a medically necessary condition. I can provide a superbill or file insurance for you. A diagnosis becomes part of your permanent health record. For payment, I accept cash, check, MasterCard, Visa, Discover and American Express. Our time together is reserved solely for you. As such, **missed appointments, without 24 hours cancellation notice, will be charged at the rate of \$90.00 for a regular session and \$120.00 for an extended session.**

**Confidentiality:** Your confidentiality is extremely important and I will not discuss you or the content of our sessions with others without your prior written consent except in cases of:

