*Sherry Stolp, MA, LPC*

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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**

_____crying spells
_____unable to have fun
_____feelings easily hurt
_____lacking in confidence
_____feeling stressed
_____feeling grouchy
_____always tired
_____poor appetite
_____depressed
_____trouble sleeping
_____feeling lonely
_____loss of weight
_____not enjoying things
_____suicidal thoughts
_____feeling inferior
_____loss of sexual interest
_____no one understands me
_____worried about health
_____can't concentrate
_____can't "get going"
_____feeling angry
_____don't like being alone
_____lack energy

_____fast heartbeat
_____always worried
_____frequent sweating
_____dizziness
_____shaky hands
_____stomach trouble
_____nightmares
_____feeling tense
_____cold feet and hands
_____feeling panicky
_____diarrhea
_____shy with people
_____muscle twitching
_____nausea or vomiting
_____can't make decisions
_____can't make friends
_____headaches
_____mood swings
_____unable to relax
_____feeling fearful
_____overly sensitive
_____anxious inside
_____weight gain

_____money problems
_____relationship concerns
_____work difficulties
_____sexual problems
_____can't hold a job
_____excessive drinking
_____excessive medication use
_____excessive drug use
_____problems with children
_____problems with parents
_____poor physical health
_____fighting and quarreling
_____dislike my body
_____full of energy
_____overly ambitious
_____easily excited
_____quick tempered
_____impatient with people
_____binge eating
_____very restless
_____feel like hurting someone
_____feel like smashing things
_____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? _____

_____

_____

_____

_____

_____

***Professional Disclosure Statement***

**Sherry H. Stolp, M.A. LPC**
**3725 National Drive Ste 210**
**Raleigh, NC 27612**
**919-909-6010**

***Professional Qualifications:*** I hold a Master of Arts in Professional Counseling and am a Licensed Professional Counselor, license number 8059. Additionally, I am a Certified Imago Therapist and 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 husband, Rick Stolp, Ph.D. 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.

***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 95.00 for a 50-minute session and $125.00 for a 75-minute session. Group sessions are $60.00 per 90-minute sessions. I do not accept insurance and the full fee is due upon completion of each session. I can provide a superbill for those who wish to file their own insurance. Please be aware that if you chose to file for out of network mental health benefits, I must provide a diagnostic code on your superbill. This 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 a 24 hours cancellation notice, will be charged the full fee.**

***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:
1) Expressions of potential harm to yourself or others
2) Suspicion of abuse or neglect to minor child or elderly person aged 65 or older
3) Court ordered directive.
Sessions notes are stored in secured files. I may ask for written consent from you in order to discuss your case in peer supervision sessions. However, your name or other identifiers will not be used. If you have any questions regarding confidentiality, please discuss them with me.

***Emergency Situations:*** In the event of an emergency, please call 911, the Holly Hill Respond Line at 919-250-7000, or visit your nearest emergency room.

***Complaints:*** If you would like to register a complaint about my services, you have the right to file a complaint in writing to the North Carolina Board of Licensed Professional Counselors. Information regarding the complaint process and the appropriate form may be downloaded at: http://www.ncblpc.org/complaints.html

The form must be completed and mailed to:
North Carolina Board of Licensed Professional Counselors
P. O. Box 77819
Greensboro, NC 27417

The NBLPC phone number is: 844-622-3572. I will not retaliate against you in any way for filing a complaint.

Your signature below indicates that you have carefully read the information in this document and agree to abide by its terms during our mutual relationship.

| _____ | _____ | _____ |
|---|---|---|
| (Printed name) | (Signature) | (Date) |
| _____ | _____ | _____ |
| (Therapist's name) | (Signature) | (Date) |

You may request a copy of this document for your records.