

Free Your Mind Therapy Service, LLC

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[www.freeyourmindtherapyservices.com](http://www.freeyourmindtherapyservices.com)

**Client Information**

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

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

Gender: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Telephone: Cell: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_

Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Ph #: \_\_\_\_\_

Emergency Contact Relationship: \_\_\_\_\_

Would you prefer appointment reminders by: (circle one)    Text    Email    None

Referred by: \_\_\_\_\_

### Reason for Seeking an Appointment

Briefly describe the problem for which you are seeking help.

What factors contribute to this problem existing?

What are your goals for a successful outcome?

Have you sought help before with this problem? If so, when, where, how, and what were the results?

**Informed Consent for Treatment, Payment, and Privacy**

I have been provided with Free Your Mind Therapy Services, LLC detailed Informed Consent and Privacy Practices. Sessions are approximately 50 minutes and payment is \$73 per session, unless otherwise specified. All payments are due in full at the time services are rendered. Cash, checks, major credit cards, and HSA/FSA cards are accepted. A \$3 discount will be applied for all payments made by cash or check.

I will make every effort to be on time for my appointments. If I am late for my appointment, I understand that time will be forfeited from my session. If I need to cancel or reschedule, I will do so at least 48 hours before my scheduled appointment. ***If I do not cancel within 48 hours or no show to my appointment, I understand that my credit card on file will be charged the full session fee (\$73) at the time of the missed appointment.***

I acknowledge that, in compliance of HIPAA regulations, my records and communications are considered confidential and privileged information. This privilege may be waived if there is clear and immediate probability of physical harm to the client, to other individuals, or to society and the therapist must warn any potential victim, law enforcement, or other appropriate authorities.

Signature \_\_\_\_\_ Date \_\_\_\_\_