

COUNSELING INTAKE FORM

ADVENTURELORE LLC



WELCOME! Thank you for your interest in our program. The counseling staff at Adventurelore appreciates any input you may have to address your child/family needs more fully. We encourage you to call us with any necessary information and take your time filling out this form. However, respecting the importance of client confidentiality, we may be less informative regarding certain adolescent issues with our clients. Earning and maintaining the trust of our adolescent and adult clients is essential for an effective therapeutic relationship. There are some things that must be reported to the appropriate people when it is disclosed during session. This includes harm or threat of harm to self or others, abuse, and neglect.

Please fill out all information below to the best of your ability. If you have questions our counselors will answer them during the first session. You may also contact us with questions by calling 603-382-4661 or emailing Katharine@adventurelore.org.

We realize this is a lengthy form, but it is our belief that the more information we have about your child the better we will be able to serve them as their counselor.

Sincerely,

The Adventurelore Staff

ADVENTURELORE LLC

197 Long Pond Rd. Danville, NH 03819

(603) 382-4661 FAX (603) 382-0571

email: Katharine@adventurelore.org web: www.adventurelore.org

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CLIENT INFORMATION

Name (First MI Last): _____

Current Age: _____ Height: _____ Hair Color: _____

DOB: _____ Weight: _____ Eye Color: _____

Preferred Pronouns: _____

LEGAL ADDRESS

STREET: _____ TOWN: _____

STATE: _____ ZIP: _____

CURRENT MAILING ADDRESS

STREET: _____ TOWN: _____ STATE:

_____ ZIP: _____

Referred by: _____

Reason for attending counseling services at Adventurelore:

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What is the nature of symptoms or behaviors and when did they start (please be as detailed as possible):

PARENT/GUARDIAN AND FAMILY INFORMATION:

Parent/Guardian 1: Name (First, MI, Last): _____

Relationship to client _____

Phone #: Home _____ Work#: _____ Cell # _____

EMAIL: _____

Address: (If different than child) STREET: _____ TOWN:

_____ STATE: _____ ZIP _____

Parent/ Guardian 2: Name (First, MI, Last): _____

Relationship to client _____

Phone #: Home _____ Work # _____ Cell # _____

_____ EMAIL: _____

Address: (If different than child) STREET: _____ TOWN:

_____ STATE: _____ ZIP _____

Step-parents / Guardians:

Name (First, MI, Last): _____

Phone #: Home _____ Work# _____ Cell # _____

EMAIL: _____ Address: (If different than child)

STREET: _____ TOWN: _____ STATE: _____ ZIP: _____

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Siblings:	Name	Age	M / F
	_____	_____	M / F
	_____	_____	M / F
	_____	_____	M / F
	_____	_____	M / F
	_____	_____	M / F

MEDICAL INFORMATION / HISTORY

Name of primary care physician:

History of:

	Client	Family Member	Name
Seizures:	Y/N	Y/N	_____
Sleep Walking:	Y/N	Y/N	_____
Enuresis:	Y/N	Y/N	_____
Asthma:	Y/N	Y/N	_____
Diabetes:	Y/N	Y/N	_____
Heart Disease:	Y/N	Y/N	_____
Stroke:	Y/N	Y/N	_____
Concussion (s):	Y/N	Y/N	_____
Cancer:	Y/N	Y/N	_____
HIV / AIDS:	Y/N	Y/N	_____

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Please tell us more about these medical conditions

Known Allergies:

Medication/Epipen: _____

OTHER significant medical conditions of the client or family member:

Activity Level:

Average amount of exercise per week (Please Circle one per row)

• Intensity:	No Activity	Light	Moderate	High
• Duration:	20 min	30 min	45 min	1 hour or more
• Frequency:	1x per week	2 x per week	3 x per week	4 or more

Overall my child's physical health is (Please circle one):

Excellent Good Fair Poor

PRESCRIPTION MEDICATIONS:

Name of Medication	Dosage and Frequency	Reason for use
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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PSYCHIATRIC HISTORY

Has your child ever been to counseling before? Y / N

If yes please tell us where and with whom

Has your child EVER had a mental health diagnosis? Y / N

If yes, please tell us when and by whom

Examples: General Anxiety, Depression, ADHD, PTSD, Autism Spectrum

Diagnosis	When	Diagnosed By
_____	_____	_____
_____	_____	_____
_____	_____	_____

Is there a history of any of the following?

	Client	Family Member	Name
Anxiety	Y/N	Y/N	_____
Depression	Y/N	Y/N	_____
Autism Spectrum	Y/N	Y/N	_____
Attention deficit hyperactivity disorder	Y/N	Y/N	_____
Obsessive Compulsive Disorder	Y/N	Y/N	_____
Significant defiant behavior at home	Y/N	Y/N	_____
Significant defiant behavior at school	Y/N	Y/N	_____
Cognitive Problems	Y/N	Y/N	_____
Hallucinations	Y/N	Y/N	_____
Delusions	Y/N	Y/N	_____
Significant Grief / Bereavement	Y/N	Y/N	_____

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Mood Swings	Y/N	Y/N	_____
Somatic problems	Y/N	Y/N	_____
Sensory sensitivity (sound, light, feel)	Y/N	Y/N	_____
Self-harm	Y/N	Y/N	_____
Suicidal Ideation or attempts	Y/N	Y/N	_____
High risk behaviors	Y/N	Y/N	_____

If you answered YES to any of the above please elaborate:

EDUCATION INFORMATION / HISTORY

Current School: _____

School Address: _____

School Phone #: _____ Current Grade: _____

Contact person at school (If it applies to your child) Example: School counselor name, special education case manager name

Does your child receive accommodations at school such as a 504 plan or an Individual Education Plan (IEP)?

Y/N

Code:	Year	Age	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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Does your child receive special education services? If so please list those services below Examples: Para professional support (group or one to one), smaller classroom environment, access to counseling, OT, or PT, etc.

How would you describe your child's academic achievement?

How would you describe your child's ability to focus on work tasks in class?

How would you describe your child's ability to successfully socialize and make friends at school?

Does your child display any behavioral difficulties in the school setting? Please explain

Please share your child's interests

Strengths:

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Is your child involved in the community or afterschool programs?

How does your child fit in within the family unit?

Please tell us about any significant relationships and the impact it has on your child. Examples can be: Relatives, family members, mentors, friends, significant others, teachers, coaches, etc.

Does your child have any significant behavioral issues at home or in the community?

Please list any community resources your child is connected with: Examples: Vocational Rehabilitation, Community Crossroads, Moore Center, Family Strength, Easter Seals, Boys & Girls Club, Big Brother Programs, etc.

In your family, who does your child have the closest relationship with?

What does your child value the most?

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Does your child have any goals (big or small)?

Please tell us what your expected outcomes are from our counseling services here at Adventurelore.

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Acknowledgment of Risk and Liability Release Form

Adventurelore, LLC is extremely proud of our safety record. We encourage parents and participants to discuss any safety concerns with us. We bring together a carefully selected, trained, and experienced staff to provide quality programs. Safety is of paramount importance. However, despite our best capabilities, the possibility of an accident does exist and it is impossible to guarantee that injury will not occur. Therefore, as a condition of acceptance and participation in our program, we ask that you read and sign this form.

In consideration of the services of Adventurelore, LLC (including all counseling components), its agents, owners, officers, employees, sub-contracted members and all persons or entities acting in any capacity on its behalf, I agree to release and discharge Adventurelore, LLC on behalf of myself, my heirs, assigns, personal representative, and estate as follows:

1. I understand and acknowledge the activity my child will engage in bears known and unanticipated risks that could result in injury, illness, disease, emotional distress, death, and/or damage to third parties. The following describe some, but not all risks of injury and/or damage as a result of hiking, canoeing, kayaking, sailing, water skiing, camping, bouldering, rock climbing, fishing, wrestling, trampoline use, ropes course, rappelling, bicycling, swimming, boating, white water rafting, games and activities. (Note: your child's participation may not include all of these mentioned activities. In order to insure safety, we reserve the right to alter program formats due to weather and/or other unforeseen circumstances.)
2. I agree to accept all risks existing in our activities. My child's participation is purely voluntary, not forced.
3. I agree to hold harmless, release, forever discharge and indemnify Adventurelore, LLC, its agents, owners, officers, employees, sub-contracted members and all persons or entities acting in any capacity on its behalf, from any and all claims, demands, liability and/or actions that may occur with my child's participation in activities including those allegedly attributed to the negligent acts or omissions of Adventurelore, LLC.

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4. Should Adventurelore, LLC or anyone acting on its behalf be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and reimburse them for such fees and costs.
5. I certify my child has health, accident, and liability insurance to cover any bodily injury or property damage caused while participating in your program. I agree to bear the costs of such damage or injury.
6. I fully understand and acknowledge this agreement includes but is not limited to any bodily injury or property damage that is sustained on or in connections with the use of any premises, property or real estate owned or leased in whole or in part by Adventurelore, LLC.
7. By signing this document, I acknowledge that if anyone is hurt or property is damaged during my child's participation in this program, I will have no right to make a claim or file a lawsuit against Adventurelore, LLC, its agents, owners, officers, employees, sub-contracted members, or any other person or entity acting in any capacity on its behalf even if they negligently cause such injury or damage.
8. I hereby consent to the authorization of medical treatment by an employee of Adventurelore, LLC if I am unable to be reached in case of emergency.

My signature indicates I have read, understand and agree to its terms, and hereby give my child permission to participate in said programs of Adventurelore, LLC.

Signature & Date _____

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APPOINTMENTS

Appointments are scheduled afternoons Monday – Thursday. Please call our office 603-382-4661. We send reminders for all appointments.

CANCELLATION POLICY

24 hour advance notice is required for all cancellations/rescheduling. Please know we send out 2 appointment reminders prior to scheduled appointment. You have the option to respond/cancel if the appointment needs to be changed. We realize that sometimes children get ill and may be sent home from school. For the first late cancellation due to this, there is no charge. For a second missed appointment, you are responsible for ½ of the counseling rate. For a third missed, you are responsible for the full hourly rate. We do our best to help out. If we can fill the cancellation, you will not be charged.

PAYMENT POLICY

Counseling sessions are \$145 per hour, payable at each session. We accept checks, health savings debit cards and major credit cards. Further counseling appointments will not be scheduled unless payment is received.

INSURANCE

We do not direct bill insurance companies. We will gladly provide a paid receipt for you to submit to your insurance company.

PHONE CALLS

Situations arise where a phone call may be the best way to address an issue. For phone calls, our same counseling rate applies prorated per 15 minute increments.

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SCHOOL MEETINGS / PROFESSIONAL VISITS

We are happy to provide this service in order to provide the best therapeutic direction for your child. The fee is the same as our counseling rate which includes meeting preparation, attendance and travel time.

WRITTEN REPORTS / CONSULTATIONS

Preparation of reports, letters and treatment requests will be charged at the counseling rate.

REFERRALS

We have excellent contacts for psychiatry and psychological testing. Please ask!

CRISIS

If an emergency crisis occurs, always call 911. We will assist you as promptly as possible however we are not an emergency service. We strive to provide you with necessary services including the comforts of a phone call, giving educational information, or connecting you to other resources you or your family may need at critical moments.

I understand and agree to the above Adventurelore policies.

Parent/Guardian Signature