

# Chuck Sugar Counseling, PLLC

*Chuck Sugar, LPC, MHSP*

**Licensed Professional Counselor & Mental Health Service Provider**

## New Client Questionnaire

(Please print)

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Years Married (if applicable)

\_\_\_\_\_  
Referred by whom?

\_\_\_\_\_  
Spouse/Partner/Child Information

\_\_\_\_\_  
Name(s)

\_\_\_\_\_  
Name(s)

\_\_\_\_\_  
Occupation

\_\_\_\_\_  
Occupation

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Other Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Other Phone

\_\_\_\_\_  
Street Address  
(if different)

\_\_\_\_\_  
Street Address (if

\_\_\_\_\_  
City

\_\_\_\_\_  
ST

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
City

\_\_\_\_\_  
ST

\_\_\_\_\_  
ZIP

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

\_\_\_\_\_  
Age

\_\_\_\_\_  
Social Security #  
xxx-xx-

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

\_\_\_\_\_  
Age

\_\_\_\_\_  
Social Security  
xxx-xx-

\_\_\_\_\_  
Email address

\_\_\_\_\_  
Email address

Marital Status: Single \_\_\_ Engaged \_\_\_ Married \_\_\_ Separated \_\_\_ Divorced \_\_\_ Remarried \_\_\_

List members of your family and/or all others living in your home:

Name:	Gender	Age	Relationship to you
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Briefly describe your reason for seeking help:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

When were you last examined by a physician? \_\_\_\_\_

Name of Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

List any major health problems for which you currently receive treatment:

\_\_\_\_\_

List all medications you are now taking:

\_\_\_\_\_

Have you received psychiatric or psychological treatment or counseling before? \_\_\_\_\_

If yes, please give name(s) of provider(s), location(s) and treatment dates:

\_\_\_\_\_

Please check all that apply to you:

- |                                              |                                                |
|----------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> NERVOUSNESS         | <input type="checkbox"/> DEPRESSION            |
| <input type="checkbox"/> LOSS / GRIEF ISSUES | <input type="checkbox"/> SLEEP PROBLEMS        |
| <input type="checkbox"/> DRUG/ALCOHOL USE    | <input type="checkbox"/> LONELINESS            |
| <input type="checkbox"/> ANGER               | <input type="checkbox"/> MARITAL PROBLEMS      |
| <input type="checkbox"/> PORNOGRAPHY         | <input type="checkbox"/> SELF-WORTH            |
| <input type="checkbox"/> FINANCIAL CONCERNS  | <input type="checkbox"/> PARENTING PROBLEMS    |
| <input type="checkbox"/> SEXUAL COMPULSIVITY | <input type="checkbox"/> LACK OF CONCENTRATION |
| <input type="checkbox"/> SUICIDAL THOUGHTS   | <input type="checkbox"/> HEADACHES             |
| <input type="checkbox"/> STRESS              | <input type="checkbox"/> PROBLEMS AT WORK      |
| <input type="checkbox"/> ANXIETY/FEARS       | <input type="checkbox"/> HEALTH CONCERNS       |
| <input type="checkbox"/> SEPARATION          | <input type="checkbox"/> TROUBLE WITH FRIENDS  |
| <input type="checkbox"/> EATING DISORDER     | <input type="checkbox"/> LOSS OF FAITH IN GOD  |
| <input type="checkbox"/> OTHER _____         |                                                |

Have you ever tried to commit suicide? \_\_\_\_ If so when and how? \_\_\_\_\_

**Do you currently intend and/or have plans to commit suicide?** \_\_\_\_\_

Are you currently being sexually, physically or emotionally abused? \_\_\_\_\_ (which)

If yes, please explain \_\_\_\_\_

\_\_\_\_\_

Have you ever been physically or sexually abused? \_\_\_\_\_ If yes, please explain  
(generally if desired) \_\_\_\_\_

\_\_\_\_\_

Do you feel safe to go home today? \_\_\_\_\_ If not, please explain \_\_\_\_\_

\_\_\_\_\_

# Chuck Sugar Counseling, PLLC

*Chuck Sugar, LPC, MHSP*

I am pleased to have the opportunity to serve you and hope that this handout will provide information helpful in making informed decisions concerning my services. Please ask questions at any time.

## ***Appointments:***

My services are by appointment only. The length of the appointment is generally a 50-minute session, and this is known as the “clinical hour.” Because the appointment is reserved for you, it is necessary to charge the full hourly rate for appointments that are not canceled 24 hours in advance. If we can reschedule for a session later *in the same week*, I often will not charge a penalty for the session canceled with less than 24 hours notice. Similarly, the full fee is charged if you are scheduled to come, have not provided 24 hour notice of cancellation, and “no show” for our appointment. Failure to provide a 24 hour notice of cancellation generally means that some other person is not able to use that appointment time. **If you are running late**, please call me at (615) 369-0650 and tell me. Otherwise, if you are over 15 minutes late, I will assume you are not coming and I may leave the office.

## ***Messages:***

As we work together, you will notice that I do not accept phone calls while I am with my clients. During those times and at other times during the day or evening, my calls are answered electronically. Email is usually the best way to reach me during the day. However, **If you are in crisis** and you can't reach me, please call the crisis hotline at **244-7444, call 911, or go to a nearby emergency room.**

## ***Counseling:***

I expect and encourage you to obtain knowledge of the process, goals and possible side effects of the counseling. I expect my counseling will give you the maximum benefit and I will also keep you informed about alternatives to my counseling. Counseling may be tremendously beneficial for some individuals, while at the same time there are some risks. The risks may include the experience of intense and unwanted feelings, including sadness, fear, anger, guilt, or anxiety. It is important to remember that these feelings may be natural and normal and are an important part of the counseling process. Other risks of counseling may include: recalling unpleasant life events, facing unpleasant thoughts and beliefs, increased awareness of feelings, values and experiences, alteration of an individual's thinking, and calling into question some or even many of your beliefs and values. As your counselor, I will be available to discuss any of your assumptions, problems, or possible negative side effects of our work together.

Infrequently, a patient's distress remains or becomes so high that hospitalization or the use of medication must be considered. I am not a physician and consequently do not prescribe medication; however, at times I may encourage you to consider hospitalization or other in or out-patient care. In cases where hospitalization and/or medication may be required, this will be discussed in advance with you and if necessary, with other responsible parties. I work with several psychiatrists in the area, and I often collaborate on the issues of medication, hospitalization, and second opinions; in this way your needs are better served.

**INITIAL HERE** \_\_\_\_\_ **DATE** \_\_\_\_\_

# Chuck Sugar Counseling, PLLC

*Chuck Sugar, LPC, MHSP*

## **Client Rights:**

At any time you may question and/or refuse my counseling or diagnostic procedures or methods, or gain whatever information you wish to know about the process and course of counseling. My clients are given the respect of the highest level of confidentiality. There are, however, important exceptions to confidentiality that are legally mandated. In general terms, these exceptions require:

- 1.) that I notify relevant others if I learn that a client has any intention to harm either themselves or another individual
- 2.) report any incident of *suspected* child abuse, neglect, or molestation in order to protect the child or children involved.
- 3.) that in legal cases, I or my records may be subpoenaed by the court. Confidentiality will be respected in all cases, except as noted above. In those additional cases where, in my judgment, the maintenance of confidentiality is, in fact, destructive to you, I will inform you of my concern, and you will have the final decision as to whether or not I maintain confidentiality.

When deemed necessary, you will be *asked* to sign a “Consent for Release of Confidential Information” form which will allow us to discuss your evaluation and/or treatment with others (e.g. physicians, previous counselors, pastoral staff, etc.). If you wish, you may also limit the time of release by an expiration date, and/or limit what I have permission to discuss by writing these instructions on the release form.

## **Education and Licensure:**

I have a Master’s Degree in Counseling, LPC and I am **Nationally Board Certified** by the NBCC and a **Licensed Professional Counselor in the State of Tennessee**. (License #2255) I am also a **Mental Health Service Provider (MHSP)**.

## **Chuck Sugar Counseling, PLLC:**

Chuck Sugar provides counseling services for Chuck Sugar Counseling, PLLC, which is a Professional Limited Liability Corporation registered with the state of Tennessee EIN# 26-0637927. Please understand that all checks should be made payable to Chuck Sugar Counseling, PLLC and that you are doing business with Chuck Sugar Counseling, PLLC, not Chuck Sugar as an individual. If a check is made payable to Chuck Sugar or Chuck Sugar Counseling, it will be assumed that the check was intended for Chuck Sugar Counseling, PLLC and will be deposited into its checking account.

## **Termination:**

Termination of counseling may occur at any time and may be initiated by either the client or the counselor. I request that if a decision to terminate is being made, that there be a minimum of a seven day notice in order that a final termination session or process may be scheduled to explore the reasons for termination. Termination itself can be a constructive, useful process. If any referral is warranted, it will be made at that time.

**INITIAL HERE** \_\_\_\_\_ **DATE** \_\_\_\_\_

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## ***Clients Who Are Dependents:***

If you are requesting my services as the guardian or parent of a child, or the guardian of a dependent adult, the same general practice as outlined above will apply. However, as your child's counselor, it is important that your child be able to completely trust me. As such, I keep confidential what your child says in the same way that I keep confidential what an adult says. As the parent or guardian, you have the right and responsibility to question and understand the nature of my activities and progress with your child, and I must use my discretion as to what is an appropriate disclosure. In general, I will not release specific information that the child provides to me. However, I would like to discuss your child's progress in broader terms and value your participation in their counseling experience.

## ***Counseling Fees:***

My standard rate for a 50 minute counseling session is \$145. Because I want to provide counseling services to as many people as I can, a sliding scale is available for those who are unable to afford the full rate. If you need to use the sliding scale to establish a reduced fee, you will be asked to complete a brief application during the initial session. You will be asked to indicate your annual household income and then be charged the rate that coincides with your scaled range. A review of the financial contribution will be evaluated between the client and counselor after 10 sessions. Please understand that my sliding scale is based on an honor system. In order to help as many people as I can, I request that you monitor and adjust the amount of your fees when and if your ability to pay changes.

My charges are based on a 50-minute counseling hour. The fee also includes my time on your behalf, including record keeping and preparation. I encourage you to discuss fees at anytime, and I ask that you pay for services at the time of the session, unless other arrangements have been made in advance. I accept checks or cash. If you need to use a credit or debit card, there is a \$5.00 processing fee. If you pay with a check, I request that your check for payment be made out in advance to Chuck Sugar Counseling, PLLC so that our entire time may be spent attending to your concerns. If a check bounces, you will be responsible for the bank fees.

## ***Court Appearances:***

(This is in the event that a client wants me to testify in court on his or her behalf) You agree to the following: If I or my attorney subpoena Chuck Sugar to testify in court, I agree to pay Chuck Sugar Counseling, PLLC for the time to prepare and set aside for court as follows: \$200/hr, with a minimum amount of 10 hours (\$2,000), to be paid to Chuck Sugar Counseling, PLLC **and received** by Chuck Sugar at 205 Powell Place Suite 129, Brentwood, TN 37027 at least 10 business days in advance of the court date. I agree to release Chuck Sugar from responding to any subpoena issued by my attorney if I have not complied with these payment terms.

**INITIAL HERE** \_\_\_\_\_ **DATE** \_\_\_\_\_

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**Insurance:**

I do **not** take insurance nor file insurance claims. I will gladly print out a receipt for you with the appropriate Diagnostic and Procedural codes most insurance companies require in the event that **you** want to file a claim with your insurance company yourself. Though some clients are reimbursed for some or all of their counseling fees, I cannot guarantee your insurance company will reimburse you for the counseling sessions. Please check back regularly or email me if this is an issue for you. **If you would like a receipt, please request it at the beginning of each session.**

**Email Confidentiality:**

When communicating via email, it is important to know that my email system is not HIPAA Compliant and that confidentiality cannot be guaranteed. If this is a concern for you, please discuss it with me. I take all measures to insure that my email account is confidential on my end, but I can't prevent someone from hacking into your emails to me or my emails to you. Also, since you can't see my facial expressions or hear my tone of voice, my responses will be kept brief. And I cannot provide counseling services via email due to HIPAA regulations. By signing below you are stating that you have considered and understand the limitations of confidentiality as it relates to our email correspondence.

**INITIAL HERE** \_\_\_\_\_ **DATE** \_\_\_\_\_

Again, I look forward to our work together and anticipate that it will be a very beneficial process for both you and me.

Sincerely,

*Chuck Sugar, LPC, MHSP*

**Licensed Professional Counselor & Mental Health Service Provider**

Chuck Sugar Counseling, PLLC

205 Powell Place Suite 129

Brentwood, TN 37027

[Chuck@ChuckSugar.com](mailto:Chuck@ChuckSugar.com)

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

**Please sign and date below acknowledging that you have read this document in its entirety, understand it, and agree to its terms.**

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_