

**The Moore Institute  
4126 Autumn Lane  
Cahaba Heights, Al. 35243**

**Intake Form**

Date: \_\_\_\_\_

Name/S: \_\_\_\_\_

SS#: \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Date Of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Anniversary Date \_\_\_\_\_

List length and reason for divorce/separation of any previous marriages \_\_\_\_\_  
\_\_\_\_\_

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

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

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

Referral Source: \_\_\_\_\_

OK To Call Home  Yes  No

OK To Call Work  Yes  No

When Was The Last Time You Examined By A Physician: \_\_\_\_\_

List Any Major Health Problems:  
\_\_\_\_\_  
\_\_\_\_\_

Past Mental Health Chemical Dependency Treatment Or Counseling:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

May we contact your previous therapist? The Therapist name and if known contact information.  
\_\_\_\_\_  
\_\_\_\_\_

The Reason For This Visit:

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

Legal Problems: \_\_\_\_\_

Emergency Notification: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Name Of Responsible Party:  
\_\_\_\_\_

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

Phone: \_\_\_\_\_ Ss No. \_\_\_\_\_ Driver's License No: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_

The charges for my services are based on our professional training, expertise and experience and are the usual, customary and reasonable fee profiles for this area. **The Fee for individual services is \$115.00 per clinical hour. For couples the fee is \$150.00 per clinical hour.** This fee also includes our time on your behalf, including record keeping and preparation. **We encourage you to discuss fees at any time, and our clients are expected to pay for services when provided unless arrangements have been made in advance. We request payment be made out in advance so that our entire time may be spent attending to your concerns. You may pay by check, cash, Master Card or Visa.** It is not the practice of The Moore Institute to provide legal testimony for our clients. We do not provide documentation or records for legal cases. We do not respond to subpoenas. Therefore, if the need for legal testimony is anticipated, we will be glad to refer you to another professional. If there is an additional charge this fee will be discussed with you before a service is rendered.

\_\_\_\_\_  
Signature Of Responsible Party

\_\_\_\_\_  
Date

The Moore Institute  
4126 Autumn Lane  
Cahaba Heights, Al. 35243  
205-967-3277

Welcome to our practice. We are pleased to have the opportunity to serve you and hope that this handout will provide information helpful in making an informed decision concerning our services. Please ask questions at any time.

Both Steve & Pam Moore are Licensed Clinical Social Workers. Pam has a Master's degree and have been counseling individuals, families and groups for 14 years. Steve has a Master's degree in Social work with a focus in mental health. Pam has training and experience in a number of areas including individual, family and group therapies for adolescence and adults.

The both have training and experience in a number of areas including primary addictions, stage two recovery issues, grief, relationships and intimacy.

If our work together leads to problems beyond our training and expertise, we will help you to obtain the necessary services from the appropriate specialist. Our resumes, licenses and credentials are available for review.

#### APPOINTMENTS:

Services are available by appointment only. The length of the appointment time varies on the basis of services provided. Individual therapy is generally scheduled for **45 to 50** minutes, and this is known as the "clinical hour." Because the appointment is reserved for you, it is necessary to charge for appointments which are not canceled 24 hours in advance, unless in fact they are occasioned by circumstances which we would both define as an emergency. Failure to provide a 24 hour notice of cancellation generally means that some other person is unable to use that appointment time. There are not set office hours.

#### Legal Issues

It is not the practice of The Moore Institute to provide legal testimony for our clients. We do not provide documentation or records for legal cases. We do not respond to subpoenas. Therefore, if the need for legal testimony is anticipated, we will be glad to refer you to another professional. We do provide peer review with office professionals to ensure the best quality of services are being provided.

#### INITIAL CONTACT

Our initial appointment is often called an "initial evaluation." This appointment is scheduled for you to discuss your concerns and problems from your point of view. There may be time during this appointment to obtain historical and other background data or this information may be gathered at subsequent sessions. In times of crises, the usual format of an initial evaluation is not followed in the hope that the time might be used to resolve or relieve the immediate crisis. As part of the "initial evaluation" new clients are requested to complete at least one questionnaire concerning their beliefs, experiences, thoughts and feelings. This information will help us in understanding your concerns and problems.

## TREATMENT:

We expect and encourage you to obtain knowledge of the procedures, goal and possible side-effects of psychotherapy. We expect to make our professional contact one where you receive the maximum benefit, and will also keep you informed about alternatives to psychotherapy. Psychotherapy 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, anger, fear, guilt or anxiety. It is important to remember these feeling may be natural and normal and are an important part of the therapy process. Other risks of therapy might include: recalling unpleasant life events, facing unpleasant thoughts and beliefs, increased awareness of feelings, values, and experiences, alteration of an individual's ability or desire to deal effectively and harmoniously with others in relationships. In therapy, major life decisions are sometimes made, including: decisions involving separation within families, development of other types of relationships, changing employment settings and changing lifestyles. These decisions are a legitimate outcome of the therapy experience as a result of an individual's calling into question many of their beliefs and values. As your therapists, we will be available to discuss any of your assumptions, problems, or possible negative side effects of our work together.

## ASSESSMENT:

In addition to the intake administered as a part of the "initial evaluation," it is often beneficial to conduct a "formal" assessment in the early stages of therapeutic services or in consultation for others. If requested, the assessment will be discussed. A written report can also be provided; however written assessments require additional time to prepare and are more expensive to the client.

## TERMINATION:

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

## CLIENTS WHO ARE DEPENDENTS:

If you are requesting our 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 therapist, it is important that our child be able to completely trust us. As such, we keep confidential what your child says in the same way that we 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 we must use our clinical discretion as to what is an appropriate disclosure. In general, we will not release specific information that the child provides to us; however, we feel it appropriate to discuss with you, the parent or guardian, your child's progress and your participation in their treatment.

## CHARGES:

The charges for my services are based on our professional training, expertise and experience and are the usual, customary and reasonable fee profiles for this area. The fee for individual therapy is 110.00 per clinical hour and the fee for couples therapy is \$160.00 per clinical hour. These fees also includes our time on your behalf, including: record keeping and preparation. We encourage you to discuss fees at any time, and our clients are expected to pay for services when provided unless arrangements have been made in advance. Payment can be made by cash, check, Master card or Visa. When a psychological report is sent to a third party, payment in full is necessary prior to release of my findings. We will be glad to file

for insurance reimbursement for you, but payment is due at the time of service. Other charges are based on the fee discussed above.

#### AFTER HOURS CONTACT

No after hours contact is provided. In case of an emergency clients are to contact the nearest hospital emergency room or the Crisis Line at 205-323-7777. Text messages are used only to schedule and cancel sessions during normal business hours.

I have read and understand the above information. By accepting services, I accept the fee charged as a lawful debt and promise to pay the fee as outlined above and to include the cost of collection, attorney fees, and court costs if such is necessary, waiving now and forever the right to claim exemption under the constitution and the laws of the State of Alabama or any other states. I also understand that failure to pay the fee may result in the release of my name and other information on this sheet during the fee collection process.

I also acknowledge the opportunity to see The Moore Institute Privacy Practices.

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Responsible Party

Date