



Due to the nature of outside activities it is mandatory that all participants wear closed toe shoes.

Client Information

Client's Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell _____ Work _____

Email _____

	Yes	No
Are you a veteran	<input type="checkbox"/>	<input type="checkbox"/>
In active service	<input type="checkbox"/>	<input type="checkbox"/>
A first responder	<input type="checkbox"/>	<input type="checkbox"/>
A family member of any of the above	<input type="checkbox"/>	<input type="checkbox"/>

Check the box if you would like to receive monthly newsletters from Runnin' Free Ranch.

Check the box if you agree to brief communications from Runnin' Free Ranch through texts.

Gender _____ DOB _____ Age _____ Education Completed _____

Occupation/Employer _____

Health

Who is your doctor? _____

City _____ State _____ Phone _____ Last visit? _____

Any concerns shared by the doctor?

Please List All Current Medications

1. _____ taken for _____

2. _____ taken for _____

How would you rate the intensity of the problem or concern that brought you in? (Circle number):

1 2 3 4 5
Not Intense Moderately Intense Extremely Intense

Approximately how long have you had the current problem? _____ How were you referred? _____



What do you most hope to gain from coming to counseling? _____

If you were to pick 3 goals to work on, what would they be?

Goal 1: _____

Goal 2: _____

Goal 3: _____

Family Status

List all family members living within the household from oldest to youngest (including client):

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Marital Status

___ Single ___ Married ___ Divorced ___ Remarried ___ Widowed

If engaged, wedding date? ____ / ____ / ____

If married, when? ____ / ____ / ____

If divorced, when? ____ / ____ / ____

If widowed, when? ____ / ____ / ____

Professional Disclosure Statement and Informed Consent: Please Initial Each Item

_____ The psychotherapy and/or counseling will be conducted by a qualified therapist.

_____ I understand according to the professional licensing law and professional ethics, the therapist is qualified to help me be released to experience further interpersonal and intrapersonal development.

_____ Specific objectives and methods are to be agreed upon in consultation with the therapist.



_____ The therapist is a consultant and resource professional. His/her suggestions may be freely accepted or rejected by the client. Therefore, decisions made during and after therapy are the responsibility of the client.

_____ Consultations, test results and disclosures between the therapist and the client will be held in confidence within the restrictions of Texas State Law. These exceptions to confidentiality include cases in which: (1) illegal activity is occurring (such as physical or sexual abuse); (2) the purpose of counseling is to obtain a court evaluation; or (3) legal action regarding the therapy itself (such as a malpractice suit) is in progress. The therapist is ethically and legally responsible to protect and maintain the counseling relationship while not in conflict with the basic laws of society.

_____ I understand the therapist nor Runnin Free Ranch, does not provide 24- hour crisis counseling. Should I experience an emergency necessitating immediate mental health attention, I will immediately call 9-1-1 or go to an emergency room for assistance.

_____ I understand that I am in control of the counseling relationship and may choose at any time to end our therapeutic relationship. If at any time I am dissatisfied with the counseling services provided me, I have the right to inform my therapist. If I do not feel that my complaint is resolved, I may file a formal complaint through contact with the Texas Board of Examiners of Licensed Professional Counselors at 1-800-942-5540.

_____ I understand that our paths may cross in social situations but that our therapeutic relationship comes first, along with protection of my confidentiality, and my therapist will not initiate conversation.

_____ Should I believe that a referral is needed, my therapist will provide some alternatives including programs and/or people who may be able to assist me.

_____ I understand that my records and all of our communications become part of the clinical record. Records are the property of Runnin Free Ranch. Adult client records are disposed of seven (7) years after the client has stopped receiving services.

_____ I understand that while most of our communication is confidential there are, however, circumstances when disclosure can occur without my prior consent. The following are typical, but not exhaustive, examples of situations and circumstances under which information may be disclosed without prior consent:

- I am a danger to myself or someone else.
- In situations of suspected child, spouse, or elder abuse, it is the duty of the mental health provider to notify medical, legal or other authorities.
- You disclose sexual contact with another mental health professional.
- If you are involved in legal action/proceedings, your records may be subject to subpoena or lawful directive from a court.
- If ordered by a court to disclose information.
- You direct the therapist, in writing to release your records.
- Required by law to disclose information.
- If required by foster care and/or CPS agencies.



Missed Appointment Policy

Runnin Free Ranch ask that clients maintain responsible relations regarding appointment times. For respect of Runnin Free Ranch's time and the need of others on a waiting list, we require that Runnin Free Ranch is given a **24 hour prior notice of cancellation.**

There will be **NO CHARGE** for **the first appointment missed without 24 hours' notice given.** But after the first **GRACE** period of **ONE** missed appointment, in which 24 hours' notice was not given, the client will be charged **\$25.00 OR the sliding fee scale amount, whichever is greater,** to be paid in full before scheduling next appointment.

Thank you for understanding our Missed Appointment Policy. Please let us know if you have questions or concerns.

I have read, understand, and agree to be bound by the policy contained in this document.

Signature of Client or Guardian

Date

POLICY OF CONFIDENTIALITY

I agree to respect and observe privacy and confidentiality of the participants, volunteers and donors of Runnin' Free Ranch and not discuss or disclose any sensitive information about any person or their family.

Client Signature _____ Date: _____

Signature of Parent/Guardian _____
(If participant is under 18 years of age)

Please Print

In case of Emergency, contact: _____ Phone(s): _____



AUTHORIZATION FOR EMERGENCY MEDICAL

Please check ONE of the statements below:

I GIVE CONSENT **I DO NOT GIVE CONSENT**

for emergency medical treatment/aid (including x-ray, surgery, hospitalization, medication, and any treatment procedure deemed "life saving" by the physician) In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services, any participation on my part at Runnin' Free Ranch, or while being on the property of Runnin' Free Ranch, I authorize Runnin' Free Ranch to:

1. Secure and retain medical treatment and transportation, if needed.
2. Release records upon request to the authorized individual or agency involved in the medical emergency treatment.

In the event emergency treatment/aid is required, I wish the following procedures to take place:

Please disclose any other medical information or condition that you feel would affect you or your child's participation in Runnin Free Ranch's programs, i.e allergies, medications prescribed, etc.:

PHOTO RELEASE

I GIVE CONSENT **I DO NOT GIVE CONSENT**

to authorize the use and reproduction by Runnin' Free Ranch of any and all photographs and any other audiovisual materials taken of me or my child for promotional printed material, educational activities, exhibitions, or for any other use for the benefit of the program

Signature of Participant or Guardian _____ Date: _____



LIABILITY RELEASE

I acknowledge the risks and potential hazards of equine assisted activities; however, I feel that the possible benefits to myself/my son/my daughter/my ward are greater than the risks assumed. I hereby, intending to be legally bound, for myself, my heirs and assigns, executors or administrators, waive and release forever all claims for damages against Runnin' Free Ranch, its Board of Directors, Instructors, Therapists, Aides, Volunteers and/or Employees, for any and all injuries and/or losses I/my son/my daughter/my ward may sustain while participating in Runnin' Free Ranch programs.

WARNING

I understand that under Texas Equine Liability Act (Chapter 87, Civil Practice and Remedies Code), an equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities.

I, the undersigned, have read this waiver of liability in its entirety. I understand the terms of this release and have signed this release voluntarily and with full knowledge of the effects thereof.

Client Signature (parent or guardian if minor client)

Date _____

Runnin' Free Ranch ask for your **voluntary** response to the following question. Your response will not influence your participation at Runnin' Free Ranch.

- Client Race/Ethnicity
- | | |
|---------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Native American | <input type="checkbox"/> Black or African American |
| <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> White |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Indian |

Runnin' Free Ranch Relies on Donations to continue to offer services at no to low cost to our clients.



Please Print

Name of Client: _____

Name of Parent or Guardian: _____

It is our goal at Runnin Free Ranch to remove barriers that may prevent anyone from getting the help they need. Runnin Free Ranch offers 3 sessions, at NO cost to the client thanks to fundraisers, grants and individual donors. After these 3 sessions have been allocated, we use a sliding-scale fee system to determine an affordable fee based on each individual's financial circumstances.

Please check the appropriate box below that reflects your annual household income

Sliding Fee Scale	Annual Household Income	Fee
	0 – 9,999	\$5
	\$10,000 - \$19,999	\$10
	\$20,000 - \$29,999	\$20
	\$30,000 - \$39,999	\$30
	\$40,000 - \$49,999	\$40
	\$50,000 - \$59,999	\$50
	\$60,000 - \$69,999	\$60
	\$70,000 - \$79,999	\$70
	\$80,000 - \$89,999	\$80
	\$90,000 - \$99,999	\$90
	>\$100,000	\$100

Additional family members who come for counseling at a separate time will be charged one-half the rate of the first family member.

Financial Agreement

Based upon the above annual household income of _____ and other individual circumstances stated here

The agreed upon session fee per 45-60 minutes for first family member is \$_____ and additional family members at a separate time will be \$_____

By signing below I acknowledge that I agree to pay the sliding scale fee for each session after the first 3 sessions at no cost, have been utilized.

Client Signature (parent or guardian if minor client)

Date