



**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 \_\_\_\_\_

3. \_\_\_\_\_ taken for \_\_\_\_\_

4. \_\_\_\_\_ taken for \_\_\_\_\_

Why are you seeking counseling? \_\_\_\_\_  
\_\_\_\_\_



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**

Amy Dojahn, M.Ed., LPC-S holds a master's degree in mental health counseling from the University of North Texas and is licensed in the state of Texas as a Licensed Professional Counselor-Supervisor.

\_\_\_\_\_ The psychotherapy and/or counseling will be conducted by a qualified psychotherapist/counselor.

\_\_\_\_\_ I understand according to the professional licensing law and professional ethics, these professional counselors are 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 counselor 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 counselors are ethically and legally responsible to protect and maintain the counseling relationship while not in conflict with the basic laws of society.

\_\_\_\_\_ I understand that counselor, Amy Dojahn, 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 counselor. 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 counselor will not initiate conversation.

\_\_\_\_\_ Should I believe that a referral is needed, Amy Dojahn 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 Amy Dojahn, LPC. 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 me, Amy Dojahn, 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 a **\$95.00** cancellation fee 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)*



**AUTHORIZATION FOR EMERGENCY MEDICAL**

Please Print

In case of Emergency, contact: \_\_\_\_\_ Phone(s): \_\_\_\_\_  
Please indicate any allergies: \_\_\_\_\_  
Please indicate any medical issues that may affect your/your child's participation at Runnin' Free Ranch.  
\_\_\_\_\_

\_\_\_ **I 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.

\_\_\_ **I DO NOT GIVE CONSENT** for emergency medical treatment/aid in the event of 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. In the event emergency treatment/aid is required, I wish the following procedures to take place:

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

Signature of Client or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

**PHOTO RELEASE**

\_\_\_ **I consent** to and 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

\_\_\_ **I do not** consent to nor do I 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

\_\_\_\_\_  
Client Signature (parent or guardian if minor client) Date: \_\_\_\_\_



### **LIABILITY RELEASE**

I **OR** the undersigned parent or legal guardian of \_\_\_\_\_, 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.

\_\_\_\_\_

Date \_\_\_\_\_

Client Signature (parent or guardian if minor client)

Runnin' Free Ranch ask for your voluntary response to the following questions are we grow and expand our services. The information will be used ONLY for purposes of fund raising, obtaining financial and in-kind support from foundations and other support agencies as well as from government agencies. Your responses will, in no way, influence your participation at Runnin' Free Ranch.

Total Household Income:     less than \$24,999                                     \$25,000-\$45,999  
    \$46,000-\$69,000                                     more than \$75,000

Client Race/Ethnicity         Native American                                     Black or African American  
    Hispanic or Latino                                     White  
    Asian     Indian

Do attend church regularly? Yes or No

If so name of church and location? \_\_\_\_\_

**Runnin' Free Ranch Relies Solely on Donations to continue to offer services at no cost to our clients.  
Any donation of any amount is greatly appreciated.**