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Today's date: _____

Partner A

Date of birth: _____ Age today: _____

Preferred name and gender:

Legal name (if different):

Mailing address:

City, State, Zip code:

Daytime phone: _____ Eve. phone: _____

E-mail address:

Are you taking any medications? Please include cannabis, herbal remedies, and hormones.

What has your previous experience of therapy been? (Please continue on back if needed)

Signing here indicates I have read and received a copy of the Professional Disclosure Statement:

Partner A: _____

Partner B

Date of birth: _____ Age today: _____

Preferred name and gender:

Legal name (if different):

Mailing address: (if same as partner A, check here [])

City, State, Zip code:

Daytime phone: _____ Eve. phone: _____

E-mail address:

Are you taking any medications? Please include cannabis, herbal remedies, and hormones.

What has your previous experience of therapy been? (Please continue on back if needed)

Signing here indicates I have read and received a copy of the Professional Disclosure Statement:

Partner B: _____

* * * * *

How long have you been in this relationship? _____

Are there children involved in this relationship? If so, list ages:

Who would you prefer I contact (usually about scheduling an appointment)?

_____ Partner A _____ Partner B _____ Email us both simultaneously

Payment Agreement Form:

We _____ and _____ agree to pay our counselor _____ the amount of \$_____ per session for counseling services. We intend to meet with our counselor _____ times per month for _____ months. Sessions will be _____ minutes in duration. If we cannot make our scheduled appointment, we agree that we will call or send an email to my counselor at least 12 hours before session begins. If we fail to alert our counselor to a cancellation and we do not arrive for an appointment, we will be held responsible for _____% of the counseling fee.

Printed Legal Name (partner A)

Signature and Date

Printed Legal Name (partner B)

Signature and Date

Sue Ujvary, MS, Mental Health Counselor