

# INTAKE FORM

Nancy L. Willbern, PhD, LPC  
nwillbern@gmail.com  
Austin, Texas

Date \_\_\_\_\_

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

Address \_\_\_\_\_ Zip \_\_\_\_\_

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

Email Address \_\_\_\_\_

May we contact you at the above numbers? \_\_\_\_\_

Occupation \_\_\_\_\_ Place of Employment \_\_\_\_\_

Education: High School \_\_\_\_\_ Years attended \_\_\_\_\_

College \_\_\_\_\_ Years attended \_\_\_\_\_

Degree & Major \_\_\_\_\_

Grad School \_\_\_\_\_ Years attended \_\_\_\_\_

Degree & Major \_\_\_\_\_

Who referred you to Dr. Willbern and what is your relationship to them?

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MARITAL STATUS

Single \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_

Spouse's Name \_\_\_\_\_

Spouse's Education \_\_\_\_\_

Spouse's Place of Employment \_\_\_\_\_

Primary Duties \_\_\_\_\_

Length of Marriage \_\_\_\_\_ Length of Courtship \_\_\_\_\_

If Separated, Date of Separation and Explanation \_\_\_\_\_

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

\_\_\_\_\_ Divorced

Ex-Spouse's Name \_\_\_\_\_ Age \_\_\_\_\_

Length of Marriage \_\_\_\_\_ Length of Separation \_\_\_\_\_

Date of Divorce \_\_\_\_\_ Reason for Divorce \_\_\_\_\_

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

\_\_\_\_\_ Previous Marriages:

Date(s): From-To \_\_\_\_\_ Cause of Divorce \_\_\_\_\_

\_\_\_\_\_

Date(s): From-To \_\_\_\_\_ Cause of Divorce \_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_ Widowed:

Spouse's Name \_\_\_\_\_

Length of Marriage \_\_\_\_\_ Date of Death \_\_\_\_\_ Age of Death \_\_\_\_\_

Cause of Death \_\_\_\_\_

CHILDREN

Name	Age	School Year	Living Arrangement	Spouse/Parent
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

PHYSICAL/MEDICAL

Do you presently have any pressing physical health problems? If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Describe any significant health problems you have had in the past three years:

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Do you use any medications? Please explain: \_\_\_\_\_

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Do you have any physical symptoms related to your presenting problem?  
(headaches,, nausea, weight loss, insomnia, etc..)

Y/N \_\_\_\_\_ Please explain: \_\_\_\_\_

FAMILY OF ORIGIN

Father \_\_\_\_\_ Age \_\_\_\_\_ Mother \_\_\_\_\_ Age \_\_\_\_\_

Health Condition \_\_\_\_\_ Health Condition \_\_\_\_\_

If deceased, date of death \_\_\_\_\_ If deceased, date of death \_\_\_\_\_

Cause \_\_\_\_\_ Cause \_\_\_\_\_

Occupation (Current or Previous) \_\_\_\_\_ Occupation (Current or Previous) \_\_\_\_\_

Are your parents: ( ) married ( ) separated ( ) divorced ( ) remarried

If raised in a step family, please describe the arrangement: \_\_\_\_\_

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Brother/Sisters   Age   Marital Status   Children   Where Living   Occupation  
(living or deceased)

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THERAPY HISTORY

Have you had previous psychotherapy? \_\_\_\_\_ When? \_\_\_\_\_

With whom? \_\_\_\_\_ Where? \_\_\_\_\_

How would you describe your previous psychotherapy experience? \_\_\_\_\_

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## CLINICAL POLICIES

### LENGTH OF APPOINTMENT

The regular clinical session lasts 50 minutes. Sessions will begin at 10 minutes after the appointment time and will end on the hour. I do all of my sessions now by phone. I will call you at the designated time.

### PROFESSIONAL FEES

To avoid any confusion, please understand that responsibility for payment of professional services is yours. The fee is \$175.00 per 50-minute session, to be paid by Zelle (my preference) or Venmo at the conclusion of the session. You will be charged this amount for other professional services you may need as well, 5-25 minutes at \$87.50, 25-50 minutes at \$175. Other services include report writing, telephone conversations lasting longer than five minutes, attendance at meetings with other professionals that you have authorized, preparation of records or treatment summaries, and the time spent performing any other service you may request of me.

Court Related Work: I do not work with clients who are involved in court cases that are needing a therapist to be able to participate in testifying in court. It is my experience and belief that this compromises the therapist client relationship every time. If you become involved in legal proceedings that require a therapist to testify, I will refer you to a forensic psychologist. If I am subpoenaed to court against the terms of our relationship as established in this document, my out of court preparations will be billed at my regular 50-minute rate. In court involvement will be billed at a rate of \$400/hour, from door to door. Any fees I incur from my own professional legal representation that are not covered by my liability insurance will also be charged to you. I will also require at a minimum a phone consultation with the attorney who plans to issue the subpoena prior to the issuance to clarify what the expectations are around my involvement which will be billed at the rates indicated above.

## CANCELLATION POLICY

You will be charged for canceled appointments unless notice is received *at least twenty-four (24) hours prior to the appointment time* so that the time may be scheduled for another client. Late cancellations will be billed as a missed appointment at the rate of \$175.00. *The cancellation policy applies regardless of the reason for cancellation.* Please feel free to leave an email at [nwillbern@gmail.com](mailto:nwillbern@gmail.com)

*Exceptions: 1.) Each person gets one free pass. 2.) The fee is waived if an appointment can be rescheduled within a day or two of the original date.*

## INSURANCE

I do not file insurance claims for you, but I will assist you in filing by providing a written statement at your request. You will be billed for any additional work needed by an insurance company (in one-half hour increments) at a rate of \$87.50 per one-half hour.

## CONFIDENTIALITY

Information presented during therapy is confidential. However, I would like you to know that there are some exceptions where ethics and/or Texas state law require confidential information to be shared. These include indications of clear intent to harm yourself or someone else, and indications of child abuse, elder abuse or abuse of the disabled. In some cases, your file may be subject to a court subpoena. In addition, if you file for insurance reimbursement, insurance companies will require information about your diagnosis and progress.

## EMAILING

Routine email exchanges for scheduling are, of course, part of my service and are not billed. Email exchanges that are therapeutic in nature will be billed the standard fee. (25 minutes and under will be billed at \$87.50. Over 25 minutes will be billed at full rate - \$175)

## MISCELLANEOUS

If you are unable to reach me in an emergency situation, please call the 24-hour Emergency Hotline at 472-4357. (472-HELP)

You may terminate the therapeutic relationship at any time you desire without fault.

LPC Consumer Complaint Hot-Line 1-800-942-5540  
Texas State Board of Examiners of Professional Counselors  
1100 West 49th Street



Austin, Texas 78756-3183

Dr. Nancy Willbern received her B.S. from The University of Texas in 1972, an M.A. in Human Growth and Development/Family Relations from UT in 1978 and a Ph.D. in Developmental Psychology from The University of Texas in 1994. In addition, she has completed all of the counseling and clinical courses required by law to practice as a private therapist and is licensed by the state of Texas as a Professional Counselor.

**I understand and accept the clinical policies.**

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Signature

Date