

**Loretta Carridan Luchau**

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## **Confidential - New Client Intake Form**

**Client Name:**

**Date:**

**Referred by:**

**Address:**

**Phone:**

**Email:**

What would you like out of working together?

What other kinds of practitioners have you seen in regards to this?

Are you now under the care of a physician, therapist, or other health practitioner?  Yes  No

If yes, whom, and for what?

Please list any medications you are currently taking:

(Bodywork clients) please check any that apply:

\_\_\_\_\_ Heart Condition \_\_\_\_\_ Osteoporosis

\_\_\_\_\_ Infectious or Contagious Conditions \_\_\_\_\_ Open Cuts or Sores

\_\_\_\_\_ Varicose Veins \_\_\_\_\_ Phlebitis/ Clotting

\_\_\_\_\_ Numbness/Tingling: \_\_\_\_\_ Chronic Pain:

Please describe any:

Surgeries in the last 3 years:

Major accidents, injuries, traumatic events, illnesses:

Any other conditions or history that I should be aware of:

**Fee Structure and Policies**

***Massage Therapy:***

60 minutes @ $80

90 minutes @ $110

***Minor’s rate:***

Range: 20-60 minutes / prorated @ above rates

***Counseling:***

60 minutes @ $80-$125 sliding scale

• **Miscellaneous policies:** the above prices include check/cash. Returned checks subject to a $25 fee. Payment is due at each session (or in advance for telephone sessions), unless other arrangements have been made in advance.

**• Health and Auto Insurance** may cover the cost of bodywork and counseling, especially if you have a physician’s referral. I do not bill insurance companies myself, but upon request can provide you with the necessary statements for reimbursement requests.

**•** As a part of my **commitment to make my services available** to a broad range of clients, I offer lower cost sliding-scale sessions for people in exceptional circumstances who could not otherwise afford to receive the work. These are arranged on a case-by-case and space-available basis; please ask in advance of your session if you are interested.

**• As much advance notice as possible is appreciated for appointment changes or cancellations.** Please do not use email alone for changes or cancellations with less than 24 hours notice—please telephone as well. Except for unforeseeable emergencies, **full payment is due for changes or cancellations made with less than 24 hours notice**.

**Disclosure Statement**

*In Accordance with Colorado State Law*

**1.** Although not all modalities are relevant to every client or to all sessions, the modalities I employ may include hands-on body therapy modalities (massage and bodywork) or body-centered psychotherapeutic modalities (e.g., counseling, process work, etc.). The Colorado Department of Regulatory Agencies regulates the practice of psychotherapy by licensed and unlicensed practitioners. Questions, concerns, or complaints should be directed to the State Grievance Board, 1560 Broadway, Ste. 1340, Denver CO 80202 (303) 894-7766.

**2.** My business address and telephone number are listed above; details about my professional credentials and education are attached.

**3.** Client Rights and Important Information:

1. You are entitled to receive information from me about my methods of therapy and techniques used, duration of therapy (if determinable), as well as policies and fee structure (attached).
2. You have a legal right to seek a second opinion from another therapist, or to terminate at any time. As a part of your work with me, I may ask that you commit in advance to a defined number of sessions. This in no way changes your legal rights.
3. You should know that in a professional relationship, sexual intimacy between therapist and client is never appropriate, and should be reported to the State Grievance Board.
4. All information provided by and to you will be held in strict confidence. You should know that there are certain circumstances under which I may be forced to divulge information without your consent (such as issuance of a subpoena by a court of law or client involvement in criminal or delinquency proceedings). Should these or other such circumstances arise in our work, I will identify and discuss them with you.

**4.** Please feel free to ask: questions; for additional information; for any additional agreements you might like to make with me.

I have read and agree to the information, and understand my rights as a client.

Client (and/or parent) signature Date