

CLIENT CONFIDENTIAL INFORMATION FORM

Below, you will find an information form for those desiring Counseling Services from Riana Milne. Please print it out and fax it directly to Riana Milne's confidential **FAX line at (609) 601-7884.**

Please call Riana first before you attempt to fax the form.

(Scroll below to see form after reading warning below).

Upon receipt, Riana will then call you for an appointment. Should you have questions about this form, insurance issues, or Riana's style of counseling, please email her at Therapy@RianaMilne.com or call her office at **(609) 601-7884. Thank you!**

NOTE:

If you are having any Suicidal Thoughts, have previously attempted suicide and are seriously depressed, STOP NOW and phone 911 or go to your local hospital emergency room.

Scheduling a counseling appointment is not appropriate for those who are actively contemplating suicide or are suffering from a severe mental or emotional disorder. It is suggested you find a local mental health professional in your area immediately.

TEENS:

If you are under 18 years old, before you may acquire counseling with Riana, you must have your parent's permission unless you can prove emancipation. Call and ask me for the Parental Permission Form. As soon as I receive their written permission, and verify it, I will contact you through phone or email to schedule your appointment day and time.

If you have any questions while filling out the form below, please email Riana at Info@RianaMilne.com or call her at 609-601-7884. Thank you.

Therapy by the Sea, LLC Client Confidential Information Form
Please fill out and email to TherapybytheSea@aol.com

Confidentiality & Privacy

Confidentiality is important to your therapeutic healing & growing process, and I will safeguard your personal information just the same as I would for my current in-office counseling clients. Your personal information that you share on the Client Confidentiality form will not be sold, rented, shared, or traded to anyone. There are several things you can do to help enhance email security from your end:

- Do not send your email from work (unless you want to take the chance that everyone at work will know your business!)
- Anyone who has the usage of your computer can get your email unless you have a secure sign-in code. Be sure to have a secret code that nobody else knows and use it every time.
- There is a slight possibility that information security over the Internet is breached during transit, yet this is extremely rare.

Ms _____ Age _____ DOB _____ Gender _____

Mrs.

Mr.

Legal Name (First) _____ (Middle Int) _____ (Last) _____

First name you prefer/Nickname _____

Email Address to be contacted regarding your Sea Therapy sessions:

Home

Address: _____

City _____ State _____ Zip _____

Relationship status: (Pull down) Single _____ Married _____ Divorced _____ Widow _____ Living together _____ Gay/Lesbian Partner _____ Other Situation _____

Current living arrangement: (pull down) Alone _____ Roommate _____ Separated _____ Divorced _____

Living with Partner _____ Living with Parent _____ Living with child _____

Other _____

Home Phone- _____ Best time to be reached _____ Ok to call _____ Don't call there _____

Work phone- _____ Best time to be reached _____ Ok to call _____ Don't call there _____

Remote phone- _____ Best time to be reached _____ Ok to call _____ Don't call there _____

Phone number Riana is to contact you regarding your Counseling time

() _____

FAX number: () _____ for Credit Card or Parent Permission
Signature Forms

Name of Significant other/Spouse/closest Family member to notify in an
emergency: _____

Address: _____

Home Phone _____ Work Phone _____ Remote
phone _____

Self Pay? Yes/No _____

Insurance Information: Name of Insurance _____

Group Number _____ DOB of Insured _____

Policy Number _____ Referred by Insurance Co? _____

Education completed (Pull down)

Middle School – grade 6,7,8

High School – grade 9,10,11,12

Tech School

2-yr College Student

4-yr College Student

Grad Student

PHD program

Other or Certifications: _____

Current employment: _____

(pull down)

Not employed or in school

Blue-collar worker

Professional

Business Owner

Entertainment industry

Actor/model

Other: _____

(Optional) My favorite Beach resort ☺

is: _____

Checklist of Symptoms or Concerns Check all that may apply to you & your current concerns. The most common Topics at the end of the Month will be those chosen for the Quarterly Sea Newsletter.

- | | |
|--|---|
| <input type="checkbox"/> Anger/Conflict Management | <input type="checkbox"/> Excessive/problematic Drug use |
| <input type="checkbox"/> Anxiety or Restlessness | <input type="checkbox"/> Feeling a Loss of Control |
| <input type="checkbox"/> Addictive Habits (drugs, alcohol, gambling, sex, eating, etc) | <input type="checkbox"/> Goal setting problems |
| <input type="checkbox"/> Compulsive/Obsessive Behavior | <input type="checkbox"/> High Risk Behaviors |
| <input type="checkbox"/> Confusion about Sexual Identity | <input type="checkbox"/> Image & Self Pride |
| <input type="checkbox"/> Decision making & Planning | <input type="checkbox"/> Integrity & Moral Values |
| <input type="checkbox"/> Decreased need to Sleep | <input type="checkbox"/> Job Dissatisfaction |
| <input type="checkbox"/> Decreased/increased Appetite | <input type="checkbox"/> Life Stages/Changes |
| <input type="checkbox"/> Depressed or Irritable Mood | <input type="checkbox"/> Motivation to Change or Achieve |
| <input type="checkbox"/> Diet & exercise Obsessions | <input type="checkbox"/> Parental Problems |
| <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Relationship issues |
| <input type="checkbox"/> Eating Disorder or Obsessions | <input type="checkbox"/> Self-esteem or Confidence problems |
| <input type="checkbox"/> Emotional/Verbal Abuse | <input type="checkbox"/> Sexual Desire or Performance |
| <input type="checkbox"/> Excessive/problematic Alcohol use | <input type="checkbox"/> Unhappiness at home |
| <input type="checkbox"/> Excessive Gambling/spending | <input type="checkbox"/> Violence at school, home or work |

Other: _____

Goals you hope to get from Therapy:

- 1)
- 2)
- 3)

PLEASE FAX COMPLETED FORM to RIANA MILNE – ***AFTER calling to confirm that she is there personally to receive it.*** Your confidentiality is important to us!
Phone & Fax number – 609-601-7884. Thank you!