



Weeds to Wishes
Counseling & Consulting

Client Information:

Today's Date: _____

Contact Information

Name: _____ DOB: _____

Preferred Name if Different: _____ Gender: _____ Pronoun: _____

Address: _____

City: _____ State: _____ Zip: _____

Occupation: _____

Home Phone: _____ Cell: _____

Is it ok to leave a message? Yes ___ No ___ Which number? Home ___ Cell ___

Email: _____

If client is a child or teen –

Parent/Guardian Name(s): _____

If parents are separated, is there legal shared custody? Yes ___ No ___

Spouse/Partner Name(s): _____

Live together? Yes ___ No ___ Do they live with you? Yes ___ No ___

Ages: _____

Emergency Contact Name: _____

Phone: _____ Relationship: _____

Weeds to Wishes
Counseling & Consulting
220 M St NE
Auburn, WA 98002
253.653.6217
weeds-to-wishes.com



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Health History

Are you currently working with a psychiatrist? Yes ___ No ___ How long? _____

Psychiatrist: _____ Phone: _____

Primary Care Physician: _____ Phone: _____

Please list any current medical conditions: _____

Current Medications: _____

Do you use drugs or alcohol? Yes ___ No ___ How often? _____

If so, please list: _____

Have you attended substance abuse treatment in the past? Yes ___ No ___

Your Current Concerns

What brings you to counseling at this time? _____

How much does your current concern disrupt your daily life activities?
0 being not at all, 5 being high frequency of distress 0 1 2 3 4 5

Are you having thoughts of suicide? Yes ___ No ___ How intense? 0 1 2 3 4 5

Have you attempted suicide in the past? Yes ___ No ___ Hospitalized? Yes ___ No ___

Have you worked with a counselor before? Yes ___ No ___

If yes, what was the concern? _____

Did you find it helpful? Yes ___ No ___ How long did you participate? _____

Do you have support from family or friends regarding your interest in counseling at this time? Yes ___ No ___ If yes, by who?

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How will you know when you have been successful in counseling? _____

What are some of your strengths? _____

Is there anything else you'd like to share about yourself or your expectations? _____

How did you hear about Weeds to Wishes? _____

Referred by: _____

I currently do not accept insurance for my services, so you are responsible for paying the total fee at each session unless we've made other arrangements in advance. I am open to negotiating these rates as needed in case of hardship. I am happy to provide you with an invoice and superbill to submit to your insurance provider if you would like to request reimbursement through a third-party payor.

- Individual counseling (50 minutes): \$140
- Comprehensive diagnostic intake (80 minutes): \$200
- Couples/polycule/family counseling session (75 minutes): \$200

Payment for Services: I accept cash or check payments made payable to Kathryn Chociej, or individual sessions via PayPal, and will provide a receipt upon your request. Payments are due directly to me at the time of service (at the start of each session). I do not currently accept insurance. If payments are made via PayPal, a \$5 processing fee above the published rate will be assessed. If a sliding scale payment arrangement has been made, it will be revisited each 90 days. Payments will increase in increments of \$5-10 per session. Phone conversations more than 10 minutes will begin to incur prorated fees.

_____ Client initials

(As a side note, leaving your insurance out of the loop can be beneficial. Insurance providers often prescribe session limits and tie counselors' hands as to the services we can provide and how we do our work. By leaving them out of the equation, we have more freedom to provide services in a way that works best for you, the client.)

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