



Maryellen Dabal  
M A L M F T

Date: \_\_\_\_\_

Other Household Members:

Client(s): \_\_\_\_\_

Name

Relationship

Age Sex

Age(s): \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Best number to use to confirm appointments: cell or home number?: \_\_\_\_\_

**Emergency Contact:** ( ) \_\_\_\_\_ **Relationship:** \_\_\_\_\_

May I correspond with you through **email/text** regarding appointments/other matters? Y N

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

How were you referred to me? **Internet:** [dabalmft.com](http://dabalmft.com) [psychologytoday.com](http://psychologytoday.com) [prepare-enrich.com](http://prepare-enrich.com)

**Referral from:** \_\_\_\_\_

**May I thank them? : Y N**

**Clinical Data:** ALL CALLS ARE CONFIDENTIAL BY LAW

Reasons for counseling: \_\_\_\_\_

**Previous/Current history of client(s):** *Circle those that apply and note previous or current.*

Depression (P C)	Gambling(P C)	Suicide Ideation(P C)	Family Problems(P C)
Alcohol/Drugs (P C)	Medical Problems (P C)	Peer/social Problems(P C)	Violence to you or by you (P C)
School Problems (P C)	Legal Problems (P C)	Stress (P C)	Other: _____(P C)

When did the problems begin? \_\_\_\_\_

Previous Counseling? Y N If yes, where and how long ago? \_\_\_\_\_

Name of previous therapist(s) \_\_\_\_\_

Current Medications? \_\_\_\_\_

Availability for appointments? Days \_\_\_\_\_ Evenings \_\_\_\_\_ Sat \_\_\_\_\_

**Financial Information:** \$200 per 50-55 minute session

Payment through Zelle is preferred and needs to be paid within 24 hours of appointment time.

**Cancellation Policy:** If canceling or changing appointment, please call or text **no less** than 24 hours before the appointment. If you notify clinician less than 24 hours before the appointment, you may be charged FULL FEE for that session. "NO SHOWS" WITHOUT PRIOR NOTIFICATION WILL BE CHARGED FULL FEE. Charging will be at the discretion of the therapist.