



**As we grow, we are blossoming and embracing greatness!!!**  
"The only person you are trying to be better than is the person you were yesterday....."

## Counseling Agreement/Intake

This Counseling Agreement is between \_\_\_\_\_ and Coach Nakira, BA, MS, M.Spec.Ed. This process is confidential and this agreement represents both parties' full participation to the process.

The agreement will begin on \_\_\_\_\_ and end on \_\_\_\_\_.  
There will be \_\_\_\_\_ sessions included. The sessions will occur \_\_\_\_\_.  
The cost per session will be \_\_\_\_\_ for 60 minutes, payable in cash, by check, credit card, or cash app.

*Through counseling we may address specific personal issues, concerns, relationships, goals or projects, business endeavors, life experiences/situations, and/or general conditions/issues/concerns in your life. I will partner with you to counsel, identify and achieve your personal and/or professional goals.*

### Coach Nakira's Commitment to you as your Counselor

- To maintain total confidentiality
- To have high expectations for you and want the best for you at all times
- To demonstrate belief in you by taking you and your desires seriously
- To encourage you to show faith in yourself and believe in yourself
- To work with you to devise a plan of action. To be honest and straight forward
- To provide the environment, structure and guidance that supports you on your journey
- To believe in your phenomenal potential to be, do, and have the life you desire

### Your commitment to the process

- You will agree to participate fully and open
- You will carry out any assignments and/or challenges that you set for yourself, within agreed time line
- You will put forth the effort to keep going when the challenge seem difficult
- You will communicate the truth of your experiences at all times
- You will choose to adopt a more positive and enthusiastic perspective within your life from this moment on
- You will suspend your disbelief when necessary

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

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



***This relationship and any information between Counselor and Client is Confidential and will not be disclosed without written consent from client.***

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Cell \_\_\_\_ Home \_\_\_\_ Work \_\_\_\_

Emergency Contact - Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Phone Number/Address: \_\_\_\_\_

Insurance: \_\_\_\_\_ SS# \_\_\_\_\_

Have you been diagnosed with a Mental Health Condition: Yes \_\_\_\_ No \_\_\_\_

Disorder: \_\_\_\_\_

Are you on any medications – Yes \_\_\_\_ No \_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Do you have any health issues/conditions or concerns: Yes \_\_\_\_ No \_\_\_\_

If so, what? \_\_\_\_\_

Are you married? If so, how long? \_\_\_\_\_

Do you have any children? If so, ages? \_\_\_\_\_

No call no show/Cancelled appointments after the allowed 48 hours allotted, payment of \$50 will be charged and/or due prior to next scheduled session. All scheduled appointments need to be rescheduled prior to 48 hours before appointment. If not, fee listed above is due as stated above.

Signature: \_\_\_\_\_

What are you looking to get out of Therapy? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever had therapy/counseling in the past? Yes \_\_\_\_ No \_\_\_\_ If so, what was your experience? \_\_\_\_\_

\_\_\_\_\_

Are you willing to set regular appointments/need sliding fee schedule/having a difficult time paying for services? \_\_\_\_\_



## Confidentiality of Individual/Family Counseling Agreement

I understand that it is Ms. Darden's role to provide therapeutic services so that I might feel better and/or improve my functioning, especially as it relates to my family. Ms. Darden's role is not intended to gather information for the courts or to make judgments related to my family.

Therefore, I agree that I will not call upon Ms. Darden to provide treatment records or to testify in a future divorce or custody action. I understand that courts can appoint professionals who have had no prior contact with my family to conduct independent evaluations and make recommendations to the court.

I understand that it is Ms. Darden's policy to have no court involvement in my case because that could harm our professional relationship and the ability to achieve my goals. My goals include resolving personal concerns so that I might preserve my marriage and/or be a better parent. Since I need to speak freely, my spouse is also agreeing never to ask Ms. Darden to testify or have his records of my treatment in court.

By signing this form we are both agreeing not to use any of my therapeutic intervention records or testimony in any future court proceedings.

SIGNATURE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_