

COUNSELING SERVICES CLIENT DATA SHEET

PRIMARY CLIENT (The person who will be receiving counseling.)

Legal Last Name:	_____	Home Phone:	() _____		
First Name:	_____	MI:	_____	Work Phone:	() _____
Address:	_____	DOB:	__ / __ / __	Sex:	M / F
City, State & ZIP:	_____	Social Sec. #:	_____		
Employer/School:	_____	Occupation:	_____		
Education (circle the highest grade completed):	K 1 2 3 4 5 6 7 8 9 10 11 12 GED College 1 2 3 4 5 6+				
Emergency contact name/relationship:	_____	Phone:	() _____		
Current Physician:	_____	Phone:	() _____		
Significant medical history:	_____				
Current Medications:	_____				
Other previous counseling history (counselor, minister):	_____				
Please describe briefly why you are seeking counseling and what you hope to accomplish through therapy:					

Please state the nature of any special accommodation you or another participant may need: _____					

RESPONSIBLE PARTY (The person or entity assuming financial liability for services **if other than the client.**)

Full Name:	_____	Relationship:	_____
Address:	_____	Home Phone:	() _____
City, State & ZIP:	_____	Social Sec. #:	_____
Employer:	_____	Work Phone:	() _____

Jeffrey J. Larson, Ph.D., Psychologist

DISCLOSURE STATEMENT

for Counseling Clients of Jeffrey Larson, Ph.D.

Dr. Jeffrey Larson provides professional counseling to families, couples, and individuals. Thank you for choosing my services. Please read the following information and discuss any concerns with myself.

EXPERIENCE AND METHODS OF YOUR THERAPIST.

Dr. Jeffrey Larson is a clinical psychologist licensed by the state of Washington, a member of the Washington State Psychological Association, a member of the American Psychological Association, and a pastoral counselor certified with the American Association of Pastoral Counselors. He completed his Master of Divinity at Boston University where he specialized in pastoral psychology and biblical studies. He received his doctorate in Theology and Personality with an emphasis in Counseling from the School of Theology at Claremont, California, completed training through the Gestalt Therapy Institute, the Pomona Valley Chemical Dependency Center, and has done significant post-doctoral studies (organizational management, neuropsychology, psychological testing, psychopharmacology, ethics, etc.). Dr. Larson has been in practice since 1985 and is an ordained Lutheran minister employed by Vashon Lutheran Church.

Washington State License Number: PY00001608

PHONE NUMBERS. Dr. Larson cannot be reached directly by phone, but you may leave a message at his direct voicemail number, (206) 463-6359. Dr. Larson checks his messages throughout the week.

APPOINTMENTS. Therapy sessions are usually scheduled for 50 minutes and their frequency will be arranged by mutual agreement with Dr. Larson.

Please provide at least 24 hours notice if it is necessary to cancel your appointment or you will be charged the full fee for the missed session. Call Dr. Larson's voicemail at (206) 463-6359 if you need to cancel and/or reschedule an appointment.

Client(s):(please print) _____ / _____ Date: _____

Signature(s): _____ / _____ Therapist: Jeff Larson, Ph.D.

*** "Counselors practicing counseling for a fee must be registered or certified with the Department of Licensing for the protection of the public health and safety. Registration of an individual with the Department does not include a recognition of any practice standards, nor necessarily implies effectiveness of any treatment." (State of Washington, Department of Licensing).*