



Ashley C. Collins, M.Ed, CPC
She/Her/Hers
OmTara Counseling
503-381-4562

Client Intake Form

Your Name:

Today's Date:

Home Address:

Email:

Phone: (cell)

OK to leave message? Yes No

Phone: (home/work)

OK to leave message? Yes No

Date of Birth:

Age
:

Preferred Gender Pronoun:

She/Her/, He/ Him, They/Them, Other:

Two Emergency Contacts:

First Contact: Name:

Phone Number:

Second Contact: Name:

Phone Number:

Please list the current members of your household:

Name:

Age:

Relationship to You:

Name:

Age:

Relationship to You:

Name:

Age:

Relationship to You:

Name:

Age:

Relationship to You:

Name:

Age:

Relationship to You:

Briefly describe your reason(s) for seeking counseling:

What do you hope to gain from counseling?

Please describe any history of trauma. Sexual, physical, emotional abuse, neglect, accidents, surgeries, etc.:

Please list significant losses you have experienced. Deaths, divorce, perinatal and health related loss, etc.:

Please list any medical problems or physical symptoms. Major medical issues, surgeries, accidents, falls, illness.

May I contact your Primary Care Physician? Yes No

Primary Care Physician's Name:

Address:

Phone:

Please list any current prescription medication you are taking:

NAME OF MEDICATION	DOSE	TAKEN FOR	PRESCRIBED BY

Personal history of alcoholism, mental illness or violence. Including suicide, depression, hospitalizations in mental institutions, abuse, etc.:

Family medical history. Describe any illness that runs in the family: cancer, epilepsy, etc.:

Family history of alcoholism, mental illness or violence. Including suicide, depression, hospitalizations in mental institutions, abuse, etc.:

Friendships, community and spirituality. Describe quality, frequency, activities, etc.:

What are your hopes for the future? Activities, goals, dreams, ways of being:

Who suggested that you contact me for services?

OmTara Counseling
Ashley C. Collins
omtaracounseling@gmail.com
503-381-4562

AGREEMENT FOR SERVICES

OUR COLLABORATIVE JOURNEY: Welcome! It's important before we begin our work together that you are clear about what you can expect from counseling. This consent to treatment and disclosure statement will inform you about my background, fees and your rights and responsibilities as a client. I am happy to answer any questions you might have about the information included on this form.

OFFICE POLICIES AND GENERAL INFORMATION:

Hakomi and Body Centered Therapy: The particular form of touch used by Hakomi and somatic/body-centered work is used at specific times during therapy to either support the body and/or to facilitate a deepening of experience. This could look like you, the client, noticing your own internal body-sensations, the use of blankets or other props, or safe and therapeutic touch. The type of touch used in Hakomi is very respectful. It is not massage nor does it involve any removal of clothing. Other kinds of touch may include compassionate touch and hand-holding. All effort is made to ensure that touch is done with client permission and cooperation, and discontinued immediately should it become unwelcome. Touch of a sexual nature is never appropriate from either client or therapist.

FORMAL EDUCATION AND TRAINING:

- M.E.T.A. (Mindful Experiential Therapy Approaches) Hakomi Institute of Oregon, 2017-2019
- Internal Family Systems Training, 2019-2021
- Training in 300 plus hours in Trauma Informed Approaches, 2015-present
- Death Doula Training, A Sacred Passing, 2015-2016
- Certified Professional Coach: World Coaching Institute, 2015
- Educator in Portland Public Schools, French American International School, Portland State University, 1995-2015
- Masters Degree In Education, Saint Michael's College, Winooski, Vermont, 1993

PROFESSIONAL DISCLOSURE: I do not assess, diagnose or treat mental health disorders. Given the nature of my practice, I have chosen to operate as “exempt from licensure.” If you have specific mental health concerns, I am happy to connect you with like-minded, licensed mental health professionals.

CONSULTATION: I consult regularly with other professionals regarding my clients; however, client's identity remains completely anonymous, and confidentiality is fully maintained.

CONFIDENTIALITY: All information disclosed within sessions and the written records related to those sessions are confidential and may not be revealed to anyone without your (client's) written permission, except where disclosure is required by law.

EXCEPTIONS TO PRIVACY: It is important for you to know that some things, by law, cannot be kept private. They include the following: 1) If I learn that you intend to harm yourself, I will inform other people who can help you to protect yourself. 2) If I am subpoenaed or court ordered to testify in court, I may have to give information about you without your permission. If I am subpoenaed or receive a court order, I will make an effort to contact you. If you oppose release of information, a court may nevertheless order me to disclose information about you. 3) If you were to bring suit against me, I may need to break confidentiality in a legal defense. 4) If I learn that you have harmed a child or elderly or disabled person, I will make a report to authorities. I may inform family members, other health care providers or the police. Oregon law does not require me to report your intention to hurt another, but I reserve the right to tell that person if I believe they are in danger. 5) Providing information concerning case consultation or supervision.

FEES: I accept cash, checks, PayPal and Venmo. I may raise my fee during the course of your counseling, and if so I will discuss this with you in advance. I do not bill insurance. If desired, I will provide a receipt upon request. My current rates for 2022 are a sliding scale of \$95-\$135 for a 60-75 minute session.

CANCELLATION POLICY: If you miss an appointment or cancel with less than 24 hours notice, you will be asked to pay the full appointment fee. Exceptions are given with family and medical emergencies.

RISKS TO COUNSELING: Counseling is not without risk. Some people experience an increase in feelings of stress especially during the early stages of counseling. Exploring long-standing, deeply seated issues can sometimes initially seem to aggravate rather than offer relief. Some people find themselves feeling emotions and having insights that are new and uncomfortable, sometimes leading to feelings of discouragement and thoughts of quitting counseling. Some people are surprised by how others in their lives respond as counseling progresses. These dynamics are natural and to be expected. You may also experience other unique consequences of counseling. I encourage you to talk with me about them as and if they occur.

EMERGENCIES: If there is an emergency during our work together, or in the future after termination where I become concerned about your personal safety, the possibility of you injuring someone else, or about you receiving proper psychiatric care, I will do whatever I can, within the limits of the law, to prevent you from injuring yourself or others and to ensure that you receive the proper medical care. For this purpose I may also contact the person whose name you have provided on the intake sheet.

PHONE CALLS: My business phone number is (503) 381-4562. I prefer text messaging if possible. I may not always be able to answer my phone, but do check my messages regularly and will try to return your call within 24 hours. I am not equipped or licensed to provide emergency mental health services. If you need an immediate response or assistance please call the Multnomah County Crisis Line at (503) 988-4888 or call 911.

CONSENT TO COUNSELING: By signing below you are confirming that you understand and agree to the policies and terms outlined in this document, have had the opportunity to have your questions answered, and understand the limits of confidentiality. I look forward to our work together!

Client Name:

Signature:

Date:

Ashley C. Collins

Date:

