



What brings you to therapy?

Physician:

Phone #

Are there any health conditions I should be aware of? Y  N  If yes, please describe.

Are you currently taking any medications? Y  N  If yes, please list and give the reason.

How important is spirituality to you in addressing the concerns that brought you to counseling?

Are you active in a church or other spiritual community? If yes, which?

Dr. Lyle wishes to acknowledge and thank members of the professional community for their trust in referring persons to him for counseling. Your signature below gives him permission to make such contact by phone or letter.

Name of Referring Individual: \_\_\_\_\_

Street Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

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

### **CANCELLATION AND RETURNED CHECK POLICIES**

Dr. Lyle charges for sessions canceled with less than 24 hours notice.

There will be a \$25 charge for each returned check or "do not honor" credit card payment.

I have read and understand these policies.

Signed: \_\_\_\_\_

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