Jeremy H. Broussard, PhD, LPC
Children, Adolescents, Adults, & Families

Practice Address #1
404 Pere Megret Street
Abbeville, LA 70511
(225) 573-5140

Practice Address #2
321 Travis St.
Lafayette, LA 70503
(225) 573-5140

Today's Date: _____

Client's Name: _____ _____ _____
(Last Name) (First Name) (Maiden, if applicable)

Name of Responsible Party:_____

Mailing Address: _____

Physical Address: _____

Email Address: _____
*****optional: Counselor may email self-help documents to you between sessions.

City: _____ **State:** _____ **Zip Code:** _____

Home Phone: _____ **Work/Daytime Phone:** _____ **Cell Phone:**_____

Date of Birth: _____/_____/_____ **Age:** _____ **Social Security Number:** _____

Gender: ☐ Male ☐ Female ☐ Other_____

Race: ☐ Caucasian ☐ African American ☐ Asian ☐ Hispanic ☐ Other: _____

Marital Status: ☐ Married ☐ Divorced ☐ Single ☐ Widowed ☐ Separated ☐ Remarried ☐ Cohabitating

Type of Counseling: ☐ Individual ☐ Couple ☐ Parent and Child ☐ Family

Referred by: _____

Reminder: If services are for a minor, your signature below indicates that you understand that court documents regarding domiciliary custody of the minor child must be provided to Jeremy H. Broussard, PhD, LPC before the minor can be seen.

☐ No legal documents regarding custody exist at this time.

My signature indicates that all information provided is accurate and true.

Signature of Responsible Party: _____ Date: _____

Who lives with this client?

Name	Age	Nature of Relationship	Name of school he/she attends
_____	____	_____	_____
_____	____	_____	_____
_____	____	_____	_____
_____	____	_____	_____
_____	____	_____	_____

Please briefly describe the reason(s) for seeking counseling at this time:

_____
_____
_____
_____

Please check the following feelings and behaviors that describe the client:

- ☐ Academic problems
- ☐ Addictive behavior
- ☐ Aggressiveness
- ☐ Anger
- ☐ Anxiety
- ☐ Compulsive behaviors
- ☐ Crying
- ☐ Depression
- ☐ Domestic Violence
- ☐ Difficulty concentrating
- ☐ Divorce Adjustment
- ☐ Fatigue/loss of energy
- ☐ Fears/Phobias
- ☐ Financial problems
- ☐ Guilt
- ☐ Helplessness
- ☐ Hopelessness
- ☐ Impulsive behaviors
- ☐ Indecisiveness
- ☐ Job stress
- ☐ Loneliness
- ☐ Low motivation
- ☐ Mood swings
- ☐ Nightmares
- ☐ Obsessive thoughts
- ☐ Panicky
- ☐ Relationship problems
- ☐ Sexual Abuse
- ☐ Sexual problems
- ☐ Social problems
- ☐ Social withdraw
- ☐ Stress
- ☐ Substance abuse (drugs or alcohol)
- ☐ Suicidal thoughts
- ☐ Sleep problems
- ☐ Trauma
- ☐ Weight loss
- ☐ Weight gain
- ☐ Other:_____

Is there a history of alcohol and/or drug use in your family? ☐ Yes ☐ No If yes, by whom? _____

Does the client have a history of alcohol and/or drug use? ☐ Yes ☐ No

Is the client on any medication? ☐ Yes ☐ No

Name of medication:	Prescribed by:	Reason for:	Dosage:	Length of time taken
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Counseling Service Policies:

Regarding Arrival Time: Please arrive on time. All appointments are scheduled at the top of each hour and last 50 minutes.

Regarding Children: Children are not to be left alone or unattended in the waiting room. When parents are in a counseling session, I require that parents arrange for another responsible adult to care for their minor children. When children are in a counseling session, I require that a parent remain in the waiting room until the session ends.

Regarding Rescheduling: Clients are encouraged to reschedule a follow-up appointment at the end of each counseling session.

Regarding Cancellations: Clients will be charged a $45 fee in the event of:

(a) Appointments cancelled LESS than 24 hours in advance
(b) NOT showing up for a scheduled appointment

Payments for missed appointments MUST be paid in full at the next scheduled appointment. Cancellations can be made by contacting Jeremy H. Broussard, PhD, LPC by cell phone (225) 573-5140.

Regarding Emergencies: Clients with emergency medical or mental health situations are directed to call 911 or to present to the local emergency room for intensive crisis assessment.

After hours emergency line is (225) 573-5140 and is only to be used in the event of an emergency, or to cancel or reschedule an appointment.

a) Text messages: I do not receive text messages on my phone.
b) Email: I try to respond to emails within 72 hours; however, there may be delays.
c) Cell Phone: This is the most effective method of reaching me.

Regarding Insurance: I will bill your insurance carrier as a courtesy to you; however, in the event that your insurance does not pay for services rendered, you will be responsible for paying the entire contracted rate designated by your insurance provider. I do use Progressive Medical Services, Inc to assist with billing insurance companies; therefore, if payment is denied by your insurance company you may receive a letter from them. Remember that all checks and other forms of payment are made out to Jeremy H. Broussard, PhD, LPC.

I have read and I understand this policy statement.

Client's name_____

Printed Name of Responsible Party: _____

Signature of Responsible Party: _____

□ Client request a copy of the Counseling Service Policies □ A copy was provided to the client

Insurance & EAP

Client Name: _____ Client D.O.B.: _____

Name of Insured: _____ Insured D.O.B.: _____

Insured's Address: _____ Effective Date of Policy: _____

_____

_____

Insured's Employer: _____

Insured's Social Security Number: _____

Insurance Company's Information

Name: _____

Address: _____ Policy #: _____

_____ Group #:_____

Insurance Company's Phone Number: _____

Authorization to release information to insurance carrier

I authorize Jeremy H. Broussard, PhD, LPC to release any information necessary to the above named insurance carrier and benefits be made payable to Jeremy H. Broussard, PhD, LPC in my behalf.

Client's Signature: _____ Date: _____

For Office Use Only: Tax I.D.: 80-0609182

Billing Address: _____ Billing Form: _____ CPT Initial: _____

_____ Follow: _____

_____ Deductible _____ Met: Yes/No

Co-Pay: Yes/No—If yes, amount: $_____ Contracted Rate: _____

Authorization #: _____ Effective Date: _____

# of Approved Sessions: _____ Exclusions: _____

Verified By: _____