



Contact Information:

Name: _____ Today's Date _____

Gender: M F Age: _____ Date of Birth: _____

Address: _____

City, State, Zip _____

Phone numbers:

home: _____ work: _____ cell: _____

Email: _____ Referred by: _____

Emergency contact: _____ Phone: _____ Relationship: _____

Is it ok to leave a message on:

home phone work phone cell phone email

Initials: _____ Date: _____

Moving to Balance Services:

All services follow our 4-step Life Support approach:

1. Get Grounded.
2. Get Support.
3. Get It Together.
4. Get On With Your Life!

This framework will assess and address your experience of transition and change. Our approach is collaborative, individualized, and solution-focused. We will work with you to sort through the logistics of your transition and create an action plan to take home. While our work may help you determine additional resources that you need, Moving to Balance does not provide those additional services or guarantee a referral to other providers.

Scope of Services:

I hereby employ Chelsea Harper, MA of Moving to Balance (Transition Counselor) for the purpose of providing transition counseling services. Chelsea Harper agrees to render such services.

I fully understand and agree that:

- 1) Chelsea Harper is not providing psychotherapy or mental health treatment.
- 2) Chelsea Harper will not act as a psychotherapist.
- 3) In the event that I need psychotherapy it is my responsibility to seek out a professional therapist.

Confidentiality:

I fully understand and agree that the topics discussed in our sessions are confidential and Chelsea Harper agrees to hold any matters discussed in our sessions as confidential.

Client Responsibilities:

- 1) I fully understand and agree that I am free to accept, question, or reject any ideas or advice made by Chelsea Harper at any time.
- 2) I fully understand and agree that transition counseling does not guarantee any specific results.
- 3) I fully understand and agree that I am responsible for taking action on any plans that are created in our sessions.
- 4) I fully understand and agree that after my initial consultation I am responsible for choosing whether or not to schedule follow-up sessions.

Fees:

Initial consultation	\$125	1.5 hrs
4 follow-up session package	\$285	1 hour x 4
2 follow-up session package	\$155	1 hour x 2
Individual follow-up sessions	\$80	1 hour
Offsite follow-up sessions	above fees plus \$25 for travel	

I fully understand and agree that these follow-up fees apply for the period of three months from this date _____ and that if I choose to return for transition counseling services after the above date I will need to have another initial consultation.

Payment Policy: Payment is always due at the time of service. No services will be provided without full payment. We accept Paypal, cash and personal checks.

Cancellation Policy: If you need to reschedule or cancel an appointment, please do it as soon as possible by calling (971) 244-3648 or emailing chelsea@movingtobalance.com. Individual appointments that are cancelled with **less than 24 hours notice will be charged the full fee.**

I have read and agree to adhere to the policies listed above. I agree to receive transition counseling services from Chelsea Harper, MA of Moving to Balance under the above terms.

Client Signature _____ Date _____
Client Name _____

Counselor Signature _____ Date _____
Chelsea Harper, MA