Driving Directions

Willamette 205 Building

1800 Blankenship Road, Suite 200
West Linn, Oregon 97068

Directions From 205 South:

1. Take the **10th STREET EXIT** (Exit number 6) Towards West Linn.
2. Take an immediate **RIGHT** off the freeway ramp.
3. Take an immediate **LEFT ONTO BLANKENSHIP ROAD**.
4. The Willamette 205 Building is immediately on your right.

Directions From 205 North:

1. Take the **10th STREET EXIT** (Exit number 6) Towards West Linn.
2. Take an immediate **LEFT** off the freeway ramp.
3. Take an immediate **LEFT ONTO BLANKENSHIP ROAD**.
4. The Willamette 205 Building is immediately on your right.

PARKING & OFFICE LOCATION

The best place to park is in **THE BACK OF THE BUILDING**. Suite 200 is the first door on your left as soon as you enter the building from the back side. You'll see Sharon, the receptionist. Just have a seat in the waiting room. I'll be out shortly and take you on a tour of the new place.

paulelmore
1800 Blankenship Rd. Suite 200
West Linn, OR 97068
(503) 863-4074

Date _____

Intake Form

Contact Information

Name: _____ DOB: _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Messages Okay?: O Yes O No

Email: _____

Emergency Contact

Name: _____

Relationship: _____ Phone: _____

Who Referred You?

Organization: _____

Individual: _____

Occupation

Employer: _____ Title: _____ How Long: _____

Counseling Services

Counseling Services

Which type of counseling services are you seeking?

O Individual O Couples O Family O Assessment O Consultation

Please describe the issues for which you're seeking counseling. _____

_____

Issues

Check all that apply

O Suicidal Thoughts
O Mood Swings
O Lack of Energy
O Excess Energy
O Racing Thoughts
O Slowed Thinking
O Guilty Feelings
O Pornography
O Depression
O Anxiety
O Panic Attacks
O Confusion
O Alcohol/Drugs
O Sexual Acting Out
O Relationship Problems
O Family Issues
O Marriage Problems
O School Problems
O Unusual Experiences
O Trauma/PTSD
O Emotional Extremes

Suicide Evaluation

Are you feeling suicidal currently: O Yes O No Intensity: (1-10 scale) _____

Time Frame: _____ Method: _____

Past suicidal behaviors: O Contemplated O Attempted O Multiple Attempts

Past Interventions: _____

Physical Health

Rate Your Overall Physical Health: O Good O Fair O Poor

Current health concerns: _____

Are you in any physical pain? Describe: _____

Current Alcohol Use: O None O Occasionally O Frequent O Problematic

Current Drug Use: O None O Occasionally O Frequent O Problematic

Medications

Medication	Dosage/Amt	Prescribed	Physician
		O Yes O No	
		O Yes O No	
		O Yes O No	
		O Yes O No	

Recent Changes

Any recent changes in any of the following:

O Sleeping Patterns
O Eating Patterns
O Behavior
O Energy
O Physical Activity Level
O General Disposition
O Weight
O Anxiety/Depression
O Other: _____

History

Counseling History

Previous Counseling Experiences: O None O Positive O Negative O Uncertain

Most Recent Counselor

Name: _____ Dates: _____

Agency: _____ Phone: _____

Phone: _____

Diagnosis/Evaluation: _____

Why did you stop? _____

Past Counseling

Previous Diagnosis/Evaluations: _____

Hospitalizations

When: _____ Facility: _____

Reason: _____

Family History

Family Mental Health Problems: Please check all that apply.

- O Depression
- O Anxiety
- O Alcohol Abuse
- O Drug Abuse
- O Sexual Abuse
- O Psychiatric Disorders
- O Schizophrenia
- O OCD
- O PTSD
- O Suicide
- O Anxiety/Panic Attacks
- O Eating Disorders

Personal History

Have you experienced any of the following situations? Please check all that apply.

- O Neglect
- O Emotional Abuse
- O Physical Abuse
- O Sexual Abuse
- O Teenage Pregnancy
- O Violence In The Home
- O Parental Illness
- O Frequent Relocation
- O Homelessness
- O Financial Crisis
- O Divorce
- O Suicide
- O Loss Of A Loved One
- O Natural Disaster
- O Victim Of A Crime

Relationship Information

Current Relationships

Marital Status:

- O Single
- O Married—How long _____
- O Separated—How long _____
- O Divorced—How long _____
- O Partner—How long _____
- O Number of Marriages _____
- O Divorce in Progress—How long ____
- O Widowed—How long _____

Problems in Current Relationship:

- O Money
- O Physical Abuse
- O Addiction/Alcohol/Drugs
- O Sexual Issue
- O Child Rearing/Parenting
- O Religious/Spiritual
- O Mental Illness
- O Other _____

Children (& ages):

#1: _____ #4: _____

#2: _____ #5: _____

#3: _____ #6: _____

Family of Origin Information

Parents/ Guardians:

Father: _____ Step-Father: _____

Mother: _____ Step-Mother: _____

Additional: _____

- O Parents Legally Married (# Years _____)
- O Parents Separated
- O Parents Divorced—What age were you?_____
- O Parents Never Married
- O Mother Remarried (# of times _____)
- O Father Remarried (# of times _____)
- O Mother Affairs (# of times _____)
- O Father Affairs (# of times _____)

Siblings/ Birth Order

In birth order, list all the children in your family. **Be sure to include yourself.**

#1: _____ #4: _____

#2: _____ #5: _____

#3: _____ #6: _____

Social Support System

What is your social support system? Check all that apply.

- O Adequate Social Support
- O Difficulty Establishing Friendships
- O Difficulty Maintaining Friendships
- O Difficulty Establishing Romantic Relationships
- O Difficulty Maintaining Romantic Relationships
- O Conflict With Peers

You feel lonely… O Rarely O Sometimes O Often O Most of the time

Have you informed your **immediate family** that you are seeking counseling? O Yes O No

Have you informed your **friends** that you are seeking counseling? O Yes O No

Personal Information

Interests & Hobbies (Optional)

Check all that apply:

- O Art
- O Music
- O Crafts
- O Sports
- O Books/Film
- O Physical Fitness
- O Outdoors
- O Diet/Health

Current Memberships (Clubs, Organizations): _____

Do you participate in any cultural activities related to your ethnic background? O Yes O No

Sexuality (Optional)

Are you currently sexually active? O Yes O No

Have you been sexually active in the past? O Yes O No

What is your sexual preference? O Male O Female O Both O Uncertain

Are there any sexual issues you'd like to discuss in the counseling process? O Yes O No

Spirituality Practices (Optional)

Was faith, spirituality, or religion part of your childhood? O Yes O No

What faith system were you raised in? _____

What faith system do you ascribe to now? _____

Church Attending: _____ How Long: _____

Do you want issues of faith to be integrated into your counseling experience? O Yes O No

Education (Optional)

- O Graduated High School
- O High School Diploma (GED)
- O Did Not Graduate High School—Last Grade Completed _____
- O College Graduate—Degree in _____ O Currently enrolled
- O Graduate Degree—Degree in _____ O Currently enrolled
- O Vocational School—Type _____ O Currently enrolled
- O Other _____

Special Circumstances (learning disabilities, gifted programs, special education, etc…)

_____

Military Experience (Optional)

Branch: _____ Type of Discharge: _____

Enlistment Date: _____ Rank at Discharge: _____

Discharge Date: _____ Combat Experience (where): _____

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Date _____

Couples Intake Form

Personal Information

Name: _____ Age: _____

Partner's Name: _____

Relationship Evaluation

Relationship Status

Please check ALL that apply

- O Married
- O Separated
- O Divorced
- O Dating
- O Cohabitating
- O Living Together
- O Living Apart

Length of time in CURRENT relationship? _____

Issues

As you think about your current relationship, how would you rate it's frequency and your overall level of concerning?

CONCERN

- O No Concern
- O Little Concern
- O Moderate Concern
- O Serious Concern
- O Very Serious Concern

FREQUENCY

- O No Occurrence
- O Occurs Rarely
- O Occurs Sometimes
- O Occurs Frequently
- O Occurs Nearly Always

Primary Issues

What is the primary issue you're seeking help for? _____

What do you hope to accomplish through counseling? _____

What steps have you already taken to deal with the difficulties? _____

Overall Satisfaction

Please rate your overall satisfaction with the relationship.

1	2	3	4	5	6	7	8	9	10
Extremely Dissatisfied									Extremely Satisfied

Counseling History

Couples Counseling History

Have you receive prior couples counseling related to the above issues? O Yes O No

If YES, the previous counseling experiences was: O Positive O Negative O Uncertain

Most Recent Counselor

Name: _____ Dates: _____

Agency: _____ Phone: _____

Diagnosis/Evaluation: _____

Why did you stop? _____

Personal Counseling History

Have you received personal counseling in the past? O Yes O No

If YES, the previous counseling experience was: O Positive O Negative O Uncertain

Most Recent Counselor

Name: _____ Dates: _____

Agency: _____ Phone: _____

Diagnosis/Evaluation: _____

Why did you stop? _____

Partner Counseling History

To your knowledge, has your partner ever received personal counseling? O Yes O No

Were you part of that counseling process? O Yes O No

Safety Information

Physical Safety

Have you every done any of the following to your partner?

O Verbally yelled or screamed
O Physically restrain or limit movement
O Injured the other person
O Initiated unwanted sexual contact
O Hit or slapped
O Punched
O Kicked

Has your partner ever done any of the following to you?

O Verbally yelled or screamed
O Physically restrain or limit movement
O Injured the other person
O Received unwanted sexual contact
O Hit or slapped
O Punched
O Kicked

Emotional Safety

Have either one of you threatened divorce (if married)? O Yes O No

If YES, whom? O Me O My Partner O Both

Relationship Investment

Do you perceive that either you or your partner has emotionally or relationally withdrawn from the relationship? ○ Yes ○ No

If YES, whom? ○ Me ○ My Partner ○ Both

Sexual Relationship

How frequently have you been sexually intimate with your partner in the last month? _____ Times

How enjoyable is your sexual relationship overall?

1	2	3	4	5	6	7	8	9	10
Extremely Dissatisfied									Extremely Satisfied

Are there any sexual issues you'd like to discuss in the counseling process? ○ Yes ○ No

Spirituality Practices (Optional)

Was faith, spirituality, or religion part of your childhood? ○ Yes ○ No

What faith system were you raised in? _____

What faith system do you ascribe to now? _____

Are matters of faith or spiritual practice a source of conflict in your current relationship? ○ Yes ○ No

Do you want issues of faith to be integrated into your counseling experience? ○ Yes ○ No

paulelmore
Licensed Professional Counselor

Paul Elmore Counseling
1800 Blankenship Rd.
Suite 200
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503-863-4074
paul@paulelmore.com
www.paulelmore.com

Personal Disclosure Statement

This information is provided for your protection and assistance in making an informed choice about the counseling relationship.

Benefits & Risks

Before beginning the counseling process, there are several important things you should know:

Counseling has some risks. The counseling process may involve discussions about personal challenges and experiences that can elicit unpleasant responses, arouse intense emotions, and/or alter close relationships.

Counseling has been shown to have many benefits. It can often lead to better interpersonal relationships, improved academic or professional performance, solutions to specific problems, and reductions in your feelings of distress.

It is important to know that there is no assurance of these benefits.

Educational Experience

I have received two Masters degrees—the first is a Masters of Science in Human Services with a specialization in Counseling from Capella University in 2006. I completed my second Masters of Arts degree in Counseling from Western Seminary in 2014. Course work included ethical practices, cultural diversity, human development, helping relationships, group work, research, diagnosis, and assessment.

Counseling Experience

I have experience working with individuals, couples, families, and groups around a variety of issues including depression, anxiety, survival of physical and/or sexual abuse, relationship and marital concerns, adjustment to life transitions, grief, parenting skills, and spiritual concerns.

Counseling Philosophy

I believe you are influenced by your biological temperaments, life experiences, past and present relationships, your understanding of and relationship with God, and your core values.

My approach to therapy incorporates a Christian worldview. Out of care and respect to you, I will not impose my beliefs or opinions onto you as a client. I view counseling as a collaborative effort in helping you recognize your strengths, identify needs, understand conflicts, discover new options, set personal growth goals, and make informed choices.

To help you do those things I incorporate a variety of counseling approaches as dictated by your specific needs. During therapy, we may use any of the following:

- Cognitive Therapy—examining your thoughts and beliefs.
- Reality Therapy—examining the universal human condition.

Counseling Environment

When you talk about personal information I will always attempt to respond with respect and authenticity. This may make the sessions feel emotionally intimate. To maintain a safe and beneficial environment, the counseling relationship will remain professional and limited to sessions in the office or over the phone, focusing on your stated concerns.

For your benefit, you and I will not engage in any sexual contact, socialize, give gifts to each other, nor establish any relationship other than the professional counseling relationship. Cultural sensitivity may require some minor modification.

Some clients need only a few sessions to achieve their goals, while others may require sessions over several months or years of counseling. By working together we will determine the best course of therapy for your given situation.

You may choose not to seek treatment at this time. Alternative options include other therapists, books, support groups, self-help resources, medical treatment, pharmacological therapy, and/or other modes of treatment.

You have the right to terminate counseling at any time, however, it is understood that terminating prematurely may result in the return or worsening of symptoms.

If you become dissatisfied with the services received, need a second opinion, want a referral, or intend on discontinuing appointments you are encouraged to talk with me directly.

Communication and Records

Because of the therapeutic relationship, any communication between you and I is considered to be part of the clinical record. To view or obtain copies of your records you need to submit a request in writing. Your records will be maintained for a period of seven years from the date of termination. Records of minor clients will be retained for a period of seven years after their 18th birthday or seven years from the date of termination, whichever is the later.

Supervision & Continuing Education

In keeping with generally accepted standards of practice, periodic supervision/consultation is made regarding the management of cases with other health professionals. I am also required to participate in continuing education courses to stay current on best practices for my clients.

Scheduling

All sessions are by appointment only. Cancellations must be received by phone or email at least 24 hours prior to your scheduled session time. All cancellations received with less than 24-hour notice and/or no-shows will be charged the full session fee and will be due on or before the next scheduled session. A waiting list is available when regular session times are currently filled.

The Client Bill Of Rights

You have the right:

- To expect that I, as your counselor, have met the minimum qualifications of training and experience required by state law.
- To examine public records maintained by the Board and to have the Board confirm my credentials as a counselor.
- To obtain a copy of the Code of Ethics.
- To report complaints to the Board.
- To be informed of the cost of professional services before receiving the services.
- To be free from being the object of discrimination on the basis of age, color, culture, disability, ethnicity, national origin, gender, race, religion, sexual orientation, marital status, or socioeconomic status while receiving services.

Confidentiality

All counseling services are kept private and confidential. Neither the fact that you are seeking counseling, nor any information discussed in the counseling sessions will be disclosed to anyone. Information can only be released with your written consent.

The following are exceptions to confidentiality as outlined by the Oregon Board of Licensed Professional Counselors and Therapists:

- Reporting suspected child abuse.
- Reporting imminent danger to yourself or others.
- Reporting information required in court proceedings or by your insurance company or other relevant agencies.
- Providing information concerning case consultation or supervision.
- Defending claims brought by you against me as your counselor.

Please be aware that communication via e-mail, cell phone, Internet, or other electronic device cannot be guaranteed to be confidential. Emails and voice mails may not be receive or read in a timely fashion. Electronic communication is best kept to scheduling and non-therapeutic issues.

Bank employees and business accountants may view client information printed on payments made by check or calendars used for scheduling.

State Licensing Board

You may contact the Oregon Board of Licensed Professional Counselors and Therapists, obtain information about myself, and/or view any disciplinary action at: Oregon Board of Licensed Professional Counselors and Therapists, 3218 Pringle Road SE, #250, Salem, OR 97302-6312. Their phone number is (503) 378-5499. www.oregon.gov/OBLPCT, lpct.board@state.or.us

Emergency Services

I do not provide emergency counseling services.

In the event of an emergency, you may call 911, contact the Metro Crisis Hotline at (503) 988-4888, call the suicide hotline at (800) SUICIDE, or report to one of the major hospital emergency rooms.

ACKNOWLEDGMENT

I have received a copy of Paul Elmore's Professional Disclosure Statement. I have read the information, was given the opportunity to ask questions, and I understand the contents. I understand that Paul Elmore Counseling does not offer emergency services or residential treatment and there are no additional hospital or room fees.

As a contingency of my/our counseling, I agree to pay the counseling fee with the following conditions:

(A) Individual & couples session fees are $150.00 for each 50-minute session.
(B) Session fees are to be paid at the start of each session.
(C) The counseling fee may be periodically adjusted or discounted based upon demonstrated and/or specific need.
(D) The full session fee will be charged if I fail to cancel without a minimum of 24 hours prior notice to any scheduled appointment or no-shows for the appointment.
(E) A prorated hourly fee will be charged for phone calls made to the counselor at my request.
(F) I understand I am responsible for all financial obligations, regardless of insurance coverage or reimbursement.

Any checks returned non-sufficient funds (NSF) will be charged a $35 banking fee per check. If 2 or more NSF checks are received within the same 6-month period I understand that I will be required to pay all future counseling fees in cash and maintain a zero balance on my account at all times.

Name (Print) _____

Signature _____ Date _____