

REFUGE SERVICES COUNSELING INTAKE INVENTORY

Date: _____

Counselor: _____

CLIENT INFORMATION	FAMILY/SPOUSE INFORMATION																														
<p>Name: _____ Sex: M F Address: _____ City, State, Zip: _____ Home Phone: _____ Employer: _____ Business Phone: _____ SS#: _____ DOB _____ Age _____ Married Remarried Single Engaged Widowed Separated Divorced</p> <p>Court Involvement: _____ Other agencies involved: _____</p>	<p>Spouse / Parent: _____ Address: _____ City, State, Zip: _____ Home Phone: _____ Employer: _____ Business Phone: _____ SS#: _____ DOB _____ Age _____ Married Remarried Single Engaged Widowed Separated Divorced</p> <p>Email: _____</p>																														
<p>Education 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17+ Other (list types and years) _____</p>																															
<p>Information on children—</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Name:</th> <th style="width: 10%;">Age:</th> <th style="width: 10%;">Sex:</th> <th style="width: 20%;">Living:</th> <th style="width: 35%;">School Grade:</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>M F</td> <td>In Home Out of Home</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>M F</td> <td>In Home Out of Home</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>M F</td> <td>In Home Out of Home</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>M F</td> <td>In Home Out of Home</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>M F</td> <td>In Home Out of Home</td> <td>_____</td> </tr> </tbody> </table>		Name:	Age:	Sex:	Living:	School Grade:	_____	_____	M F	In Home Out of Home	_____	_____	_____	M F	In Home Out of Home	_____	_____	_____	M F	In Home Out of Home	_____	_____	_____	M F	In Home Out of Home	_____	_____	_____	M F	In Home Out of Home	_____
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PARENTAL CONSENT																															
<p>MUST BE COMPLETED FOR ALL CLIENTS UNDER AGE OF 18+</p>																															
<p>I, legal guardian, give me authorization for REFUGE SERVICES to counsel with the above-mentioned minor Signature: _____ Date: _____</p>																															
HEALTH																															
<p>How would you rate your physical health? Very Good Good Average Poor If you are presently taking any medication please list medication: _____ For what condition? _____ Medical Doctor: _____ Name of referring physician, if any: _____</p>																															
COUNSELING DATA																															
<p>How did you hear about REFUGE SERVICES? Friend Family Member Phone Book Brochure Other _____ Have you ever been seen or treated by a psychiatrist, counselor, or therapist Yes, How long? _____ No Please state in a few sentences the major counseling need you have at this time. _____ _____ _____ _____</p>																															

DISCLOSURE AND CONSENT STATEMENT

The following is to inform you of the policies and therapeutic practices of REFUGE SERVICES, Inc. Please read this information carefully. If you have any questions please feel free to discuss this with your therapist.

CLINICAL AND THERAPIST INFORMATION

A primary commitment of this ministry is to provide you with quality counseling services. However, no counselor can guarantee that counseling services will be effective for you. This statement is intended to convey pertinent information regarding our services, allowing you to make choices based on correct information. All our therapists have either Masters or Doctoral level degrees. They are either licensed by the State of Texas as Professional Counselors, or they are working toward licensure under an approved supervisor. We endeavor to maintain a high level of competence and we adhere to professional, legal, and moral standards. Equine-Assisted Psychotherapy is a team approach to counseling with a therapist, horse professional, and a horse. We seek to integrate the emotional, spiritual, physical, relational, and mental elements in the counseling process. A variety of techniques and approaches are used. If you have any further questions regarding your therapist's training or professional approach, please feel free to ask your therapist.

APPOINTMENT AND FEE POLICY

- I. The normal fee for our services is \$60-\$150 per session depending on treatment design. Fees must be paid out of pocket. We are not set up to bill insurance directly. All those who have insurance to assist with this fee are expected to handle payment for services and bill their insurance company themselves. We are willing to provide receipts needed to do so. It is your responsibility to see that the fee is covered. If you will be filling on your insurance, it is IMPORTANT that you realize we must assign a diagnosis, and that diagnosis will permanently be on your medical record. If you choose to bill insurance, you void any scholarship options. Payment is due at the time services are rendered. With valid DD-214 paperwork (need copy for Refuge Services), this fee is fully covered by scholarship/grant funds.
- II. If you do not call at least 24 hours in advance to cancel your session, you will be charged half the price of the session. If you do not call or do not show for the session, you will be charged the full price (PLEASE NOTE: scholarship funds do not cover late cancellations or no-shows). This will ensure that Refuge Services can continue to operate and provide quality services to all. Failure to attend three sessions in a row could possibly result in loss of your time slot and scholarship. The fees are to be paid by the next appointment. I have read and understand the appointment and fee policy. _____ (initial).

CONFIDENTIALITY INFORMATION

- I. Content obtained in the counseling sessions will be handled professionally and confidentially. This information will be used by your therapist, the horse professional, and the supervisor for your therapeutic benefit. If for treatment purposes, we need information from another party, we will ask you to sign a Release of Information Form.
- II. To further maximize the benefits of therapy activities and to assess these benefits, you may be asked to complete a pre-test before starting therapy and post-test after completion of therapy. This data collected will be used to improve therapy services for others in the future and to provide data needed in grant applications. No personal information will be disclosed in these findings.
- III. Confidentiality is forfeited for any of the following:
 - A. If you pose serious physical danger to yourself or another person
 - B. If you disclose that you or another person has physically or sexually abused or molested a child or an incompetent or disabled person.
 - C. If you disclose that a child, an incompetent or disabled person is suffering from neglect.
 - D. Defense of claims brought by client against the therapist and/or horse professional of REFUGE Services.
 - E. Reporting to relevant agencies such as court and insurance co. as may be ordered by the Court system or for third party payment
 - F. If you disclose that you have committed a crime.

If any of A-F apply immediate action must be taken. I have read and understand the Confidentiality Information.
_____(Initial).

CONSENT TO TREATMENT

After thoroughly reading, understanding and receiving a copy of the above information, I give my consent to treatment (including assessment and therapy) to REFUGE Services. I have read and understand the policies and information stated above.

Signature

Date

Signature

Date

Medical History/ Physician Release

Name: _____ Date of Birth: _____
 Address: _____
 Name of Parent/Guardian: _____
 Tetnus Shot: Yes / No Date: _____ Height: _____ Weight: _____
 Medications taking: _____

Please indicate if client has a problem and/or surgeries in any of the following areas by checking yes or no. If yes, please comment, using back of form if necessary.

AREAS	YES	NO	COMMENTS
Auditory			
Visual			
Speech			
Cardiac			
Circulatory (incl. Hemophilia)			
Pulmonary			
Neurological			
Muscular			
Orthopedic (incl. Spinal/Joint Abnormalities)			
Allergies (incl. Asthma)			
Learning Disability			
Mental Impairment			
Psychological Impairment (incl. Behavioral)			
Diabetes (note restrictions if any)			
Other:			

PHYSICIAN MUST SIGN BELOW FOR ALL CLIENTS

In my opinion, this patient can participate in supervised equestrian activities.

Physician's Signature: _____

Physician's Name (please print): _____

Address/City/Zip: _____

Phone: () _____ Date: _____

Signature of Parent or legal guardian: _____

Registration and Release Form

Equine-Assisted Activities

REGISTRATION:

Client: _____ Date of Birth: _____ Age: _____
Street: _____
City: _____ Zip Code: _____
Home #: _____ Work #: _____ Emergency #: _____
Parent or Legal Guardian Name(s): _____
Home #: _____ Work #: _____ Emergency #: _____
School Attending: _____ Grade: _____
Court Involvement: _____ On Probation to: _____
Other Agencies involved with client: _____

CONSENT AND WAIVER OF LIABILITY:

I, _____, hereby request that the client named above be accepted into the equine-assisted psychotherapy program operated by REFUGE SERVICES, INC. I acknowledge that REFUGE SERVICES Personnel has fully explained to me the scope of the equine-assisted psychotherapy (EAP) program, including the potential for injury which can occur from riding horses, caring for horses or being involved in therapeutic activities that include horses. Because of the potential benefits of the EAP program, I hereby waive any claim which I or the client may have against REFUGE SERVICES, Inc., Randy or Patti Mandrell, REFUGE officers, employees, volunteer, or contract personnel arising out of any injury which the client may sustain while involved in the EAP program, unless caused by the willful misconduct or gross negligence of REFUGE SERVICES, Inc., its employees, officers, volunteer, or contract personnel.

The undersigned assumes the unavoidable risks inherent in all horse-related activities, including but not limited to bodily injury and physical harm to horse, rider and spectator. In consideration, therefore, for the privilege of riding and/or working and/or participating in activities around horses with REFUGE SERVICES, INC. located at _____

_____, the undersigned does hereby agree to hold harmless and indemnify REFUGE SERVICES, INC., its employees, officers, volunteers, and contract personnel including Randy and Patti Mandrell, and further release them from any liability or responsibility for accident, damage, injury or illness to the Undersigned or to any horse owned by the Undersigned or to any family member or spectator accompanying the Undersigned on the premises.

I have read this release.

Signature of client

Date

Signature of Parent or Guardian

Signature of therapist

Date

Authorization for Emergency Medical Treatment

Consent

The undersigned hereby grants to Randy and Patti Mandrell the authority to receive information pertaining to the medical care and health care of the client named below and to make medical care and health care decisions with respect to the client if the undersigned is unavailable to obtain such information or make such decisions. The terms, "medical care," "health care" and "health care decisions" as used in this form shall have the meanings set forth in Texas Health Code Section.

Client's Name: _____ Phone: _____
Address: _____

In the event I cannot be reached:

Contact: _____ Phone: _____

Contact: _____ Phone: _____

Physician's Name: _____ Phone: _____

Preferred Medical Facility: _____

Health Insurance Co.: _____

(please attach a copy of the front and back of your insurance card to this form)

Date: _____ Signature: _____

(Parent, Guardian or Adult Client)

Name (print): _____ Phone: _____

Address: _____

A COPY OF THE COMPLETED MEDICAL HISTORY SHOULD BE ATTACHED TO THIS FORM AS WELL AS A COPY OF THE FRONT AND BACK OF YOUR INSURANCE CARD. Please note on the back of this form any medical considerations including allergies (bee stings, asthma, etc.) conditions requiring regular physician's care, and prescribed medications taken regularly.

.....

NON-CONSENT****NON-CONSENT****NON-CONSENT

If the undersigned does not desire to grant Randy or Patti Mandrell authority to obtain health care information or to make health care decisions for the client if the undersigned is unavailable, please initial the box below and state on the reverse side of this form the procedures to be followed if the client becomes ill or is involved in an accident and the undersigned is unavailable.

_____ I DO NOT CONSENT to Randy or Patti Mandrell obtaining health care information or making health care decisions concerning the client.

Date: _____ Signature: _____

Name (Print): _____ Phone: _____

Refuge Services' Clothing Policy

*Please Note: ALL classes involving horses are held outdoors, in a barn, or in an arena. As such, you are exposed to unheated buildings and unpredictable weather conditions. It is **IMPERATIVE** that you dress appropriately. Below is a list of weather conditions and suggested apparel. Please note – there are no extra jackets, sweaters, boots, etc. in the barn. It is better to over-dress and be able to remove clothing than it is to under-dress and become chilled or uncomfortable. It is always advisable to wear sunscreen on exposed parts of the body. Please remember that you are dressing to work outside and with a horse – conditions are sometimes muddy and dirty. Very casual, warm and comfortable clothing is always appropriate. Even in the summertime, long pants (not shorts) are required in the barn or with the horse. Baggy pants are not permitted – you need to be able to move freely with no fear of tripping, falling, or becoming tangled in props or equipment because of baggy clothing.*

COLD WEATHER:

Wear layers of clothing: shirts, turtlenecks, sweaters, jackets, etc. Please wear multiple pairs of socks and warm, waterproof shoes or boots. Even if the weather is moderate, the ground may be cold, muddy or damp. Boots and gloves are required. Hats are recommended. Gloves are preferred to mittens so that you have use of your fingers.

WARM/COOL WEATHER:

Wear layers of clothing as the barn may be cool even if it's warm outdoors. Shirts under sweatshirts under jackets are ideal, as you'll be able to remove clothing if it gets warm or if we move outdoors where you'll be in the sun. Warm, waterproof boots or shoes are advisable.

HOT WEATHER:

The majority of our activities will be held outside; therefore, you will want to protect yourself from the heat. Hats are recommended during the summer season. We will take water breaks; so it is permissible to bring your own water bottle. Waterproof shoes (NO SANDALS!), or OLD shoes are recommended. Leather shoes as opposed to canvas shoes protect the foot better if the horse should step on you. Conditions may be muddy or dirty. Long pants (NO shorts) are required.

Comments: _____

**24 hours notification is
required for cancellations**

Questions? Please call:
Patti Mandrell
(806)790-6664