Sage
Education & Therapy
www.sageeducationcenter.com

Name_____DOB_____ Age_____

Address_____

Phone_____Email_____

Briefly describe your reason/s for seeking therapy.

Do you have a current mental health diagnosis? Describe including treatment methods.

Are you currently using any recreational drugs including alcohol and tobacco?

Have you had a substance abuse problem in the past? Please include treatment.

Do you have a history of physical, sexual or emotional abuse?

What do you know about your birth?

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Adult Disclosure Form

www.sageeducationcenter.com

About my Practitioner
Stephanie Johnson MA, R-DMT, LPC

My credentials: LPC Licensed Professional Counselor, MN Board of Behavioral Health and Therapy
MA Somatic Psychology/Dance Therapy. Naropa University Boulder CO
Dance Therapist Registered by the American Dance Therapy Association

Professional memberships: MN Dance Educators Coalition, American Dance Therapy Association, National Dance Education Organization

Client Rights and important information:

Please read and initial each item.

___ 1.You are entitled to receive information from me about my methods of therapy, the techniques I use, the duration of your treatment (if I can determine it), and my fee structure.

___ 2.You can seek a second opinion from another therapist or terminate treatment at any time.

___3. Session fee is $ 120.00 per session and is paid by credit card online at time of booking. Paper work is provided to those who wish to submit claims to insurance companies.

___4.Please be on time, if you are late to a session it may not be possible to receive the total session time of 55 minutes.

___ 5.Please do your best to cancel a session with 24 hours notice. Your card will be charged a no show fee of $50 if you cancel less than 24 hours before your session.

___6 Developmental Movement Therapy often requires there to be touch between the therapist and client. This touch is used to guide movements and/or indicate to the client to focus on a particular body part. The client and/or his/her custodial guardian can always request information regarding why touch is being used and guardians are also welcome to be in the treatment room during therapy.

I, _____ have read the above disclosure and agree
Print your name here

to the conditions stated in this disclosure.

_____Date_____
Client Signature

_____Date_____
Stephanie Johnson, MA, DTR, LPC Sage Education Center

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612.251.6352
www.sageeducationcenter.com
Stephanie Johnson MA, R-DMT, LPC

Consent to Disclose

I give permission to Stephanie Johnson to disclose information regarding my assessment, treatment and progress to other professionals as it is relevant to their common work with me.

Clients name_____DOB_____

_____Date_____
Signature

Please list other care providers and contact information of those you give permission for us to contact.