

# Foundational Truth for Marriage

620 Cambridge, Midland MI 48642 | 989-280-3685 | drbrad33@gmail.com

## Family History Client Information

### Initials on Page 2 and Signatures on Page 3

**This is a confidential form and will not be shared with anyone without your written permission. All items are optional, but the more information provided to me, the more helpful it is to you.**

Date: \_\_\_\_\_

Name (age): \_\_\_\_\_ (     ) DOB: \_\_\_\_\_

Name (age): \_\_\_\_\_ (     ) DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Message: Yes No

Telephone: \_\_\_\_\_ Message: Yes No

Email: \_\_\_\_\_

Occupation(s) of client(s): \_\_\_\_\_

Approximate Annual Income: \_\_\_\_\_

Spirituality / Religion / Denomination: \_\_\_\_\_

Are you married/in a committed relationship: Yes No For how long: \_\_\_\_\_

Children & Ages: \_\_\_\_\_  
\_\_\_\_\_

Reason(s) for seeking assistance:

History of previous therapy or counseling for this concern or for other reasons:

How did you hear about Foundational Truth for Marriage? \_\_\_\_\_

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## Couples Therapy Contract with Dr. Brad Larner

Couples Therapy will begin with an assessment of the problems you face, the current state of your relationship, and a history of the events that brought you to the office.

Clients understand that the information discussed in therapy is for therapeutic purposes and is not intended for use in any legal proceedings involving partners. Clients agree not to subpoena the therapist to testify for or against either party or to provide records in a court action. This is intended to protect the sacredness of the very sensitive topics we will discuss and explore.

Working toward change may involve discussing difficult experiences and can bring up intense feelings, some of which may be painful, in order to reach your goals. Please be thoughtful to each other during this process. **Remember, while it is my responsibility to assist you, your success ultimately rests on you.**

### Confidentiality

Confidentiality is important to me. Information shared in your therapy sessions will not be disclosed to other parties without your written permission. *Exceptions to this are when the safety of you or someone else is in danger (e.g., suicide or threatening the life of another); sexual, physical, or emotional abuse or neglect of children; or when court-ordered to reveal the content of sessions.* Individual reports of abuse, threats, or intended violence may be disclosed to others particularly if the disclosure is made with the purpose of warning or protecting them. By signing this form, you agree to receive text messages, phone calls, and emails, unless you opt out.

### Fees and Scheduling

A typical therapy session is about 60 minutes in length. Payments should be made at the time of the appointment. Since I do not always keep change in the office, I ask that you write a check, use a credit card, Venmo payment app, or bring the exact fee amount with you. Your first session is billable.

#### Fees:

\$180 per hour

**Session fee will be charged for same-day cancellations or no-shows.**

**Initial Here:** \\_\_\_\_\_/

**In the event that you need to cancel or reschedule your appointment, please leave a message or text me at least 24 hours in advance from your scheduled appointment.**

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## Emergency Care

**If emergency care is needed, please contact:**

**Community Mental Health for Central Michigan at 989-631-2320,  
or your pastor if you are a part of a local church.**

**If you have a medical emergency, please call 911.**

If you agree to proceed with Couples Therapy with Dr. Brad Lerner, LMFT please sign below and we will get started on our initial strategy session to help you build the life and/or marriage you deserve.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(print name) (sign name) (date)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(print name) (sign name) (date)