



## Private Session Intake Form

Name:

Address:

City:

State:

Zip :

Country:

Current occupation(s) or profession(s):

Please select all that apply from the following:

Single

Married

Cohabiting Couple

Separated

Divorced

Your date of birth:

Number of siblings and your order of birth:  
(optional)

Do you have children of your own?  
How Many?

Ages and names of your children:

Current licenses, certificates, degrees etc:

A physical, emotional, or mental health concern I have is:

Are you or is anyone in your family currently in psychotherapy, or have you or anyone in your family ever received counseling or psychotherapy or been hospitalized or medicated for mental health reasons?

Will you need support after the Session? If so, clarify what sort of support you feel you might need:

Please check the following and sign below:

I take full responsibility for my well-being during and after the Private Session.

I am in good physical, emotional, and mental condition, and can participate.

I understand that Karlton Terry recommends all persons participating in or undergoing pre and perinatal processes to be in psychotherapy. Karlton Terry is not a psychotherapist or psychologist and may not be able to provide pre and perinatal services for you.

I understand that Private Sessions were not described as group or individual psychotherapy, and is not intended or designed to take the place of psychotherapy. I further understand that the purpose of the session is educational and/or for training.

I understand that Private Sessions with KT may bring up psychological material that requires psychiatric, psychological, or psychotherapeutic care, and I will take responsibility to schedule such care as deemed necessary by myself and/or my family and/or my healthcare practitioner.

By signing below I agree to take full responsibility for my emotional, psychological and physical process, and agree to hold Karlton Terry harmless and indemnify Karlton Terry from any injury, act, liability or loss I may incur as a result of taking Private Sessions.

Print Name:

Date:

Signature:

Karlton Terry  
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