

**Jeremy Manalis, MA, LMT**  
Manalis Mind-Body Therapies, LLC  
15 SE 16<sup>th</sup> Ave  
Portland OR 97214  
503.349.2281  
jeremy@jeremymanalis.com

---

## Individual Counseling Intake Form

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Today's Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Email \_\_\_\_\_ Occupation \_\_\_\_\_

How were you referred to Jeremy? \_\_\_\_\_

Please list any relevant current health issues, past injuries, traumas, accidents, surgeries and/or serious illnesses. Use additional space if necessary.

Dates \_\_\_\_\_

Area(s) Affected \_\_\_\_\_

Treatment(s) \_\_\_\_\_

Are you currently under the care of other health care providers? Y / N

What kind of provider(s)? (MD, LMT, ND, LAc, etc.) \_\_\_\_\_

What medications have you taken in the past 6 months? \_\_\_\_\_

What has been your previous experience with counseling? \_\_\_\_\_

Why are you seeking counseling services at this time? \_\_\_\_\_

## Client Agreement

I willing decide, with enough knowledge, to receive counseling services with Jeremy Manalis of Manalis Mind-Body Therapies, LLC. I will keep Jeremy fully up to date about any changes in my feelings, thoughts and behaviors. I expect us to work together on any difficulties that occur, and to work them out in my long-term best interest. If I am not satisfied by our progress toward goals, I will attempt to make changes in this agreement and if I decide to stop sessions I will attend one last meeting with Jeremy.

This agreement shows my commitment to pay for counseling services. It also shows Jeremy's willingness to use and share his knowledge and skills in good faith. I agree to pay \$75 per 60 minute session, and to pay at the end of each session. I agree to pay for uncanceled appointments or those where I fail to give 24 hours notice that I will not attend. The only exceptions are unforeseen or unavoidable situations arising suddenly. I understand that this agreement will become part of my record of treatment.

My signature below means that I understand and agree with all the points above.

---

Signature of Client

Date

I, Jeremy Manalis of Manalis Mind-Body Therapies, LLC, have discussed the issues above with the client. My observations of this client's behavior and responses tell me that this person is fully competent to give informed and willing consent.

---

Jeremy Manalis, MA, LMT

Date

## Client Agreement

I willingly decide, with enough knowledge, to receive counseling services with Jeremy Manalis of Manalis Mind-Body Therapies, LLC. I will keep Jeremy fully up to date about any changes in my feelings, thoughts and behaviors. I expect us to work together on any difficulties that occur, and to work them out in my long-term best interest. If I am not satisfied by our progress toward goals, I will attempt to make changes in this agreement and if I decide to stop sessions I will attend one last meeting with Jeremy.

This agreement shows my commitment to pay for counseling services. It also shows Jeremy's willingness to use and share his knowledge and skills in good faith. I agree to pay \$75 per 60 minute session, and to pay at the end of each session. I agree to pay for uncanceled appointments or those where I fail to give 24 hours notice that I will not attend. The only exceptions are unforeseen or unavoidable situations arising suddenly. I understand that this agreement will become part of my record of treatment.

My signature below means that I understand and agree with all the points above.

---

Signature of Client

Date

I, Jeremy Manalis of Manalis Mind-Body Therapies, LLC, have discussed the issues above with the client. My observations of this client's behavior and responses tell me that this person is fully competent to give informed and willing consent.

---

Jeremy Manalis, MA, LMT

Date