



No Judgment. Just Relief.SM

K² Organizing, LLC Intake

Client Name	D.O.B.	Referral Source	Today's Date
Address	City	State	Zip
Email	Home Phone	Work Phone	Cell Phone
Where Can I Contact You? <input type="checkbox"/> Email <input type="checkbox"/> Home Phone <input type="checkbox"/> Work Phone <input type="checkbox"/> Cell Phone - text <input type="checkbox"/> Cell Phone – Voice		Where Can I Leave a Message? <input type="checkbox"/> Email <input type="checkbox"/> Home Phone <input type="checkbox"/> Work Phone <input type="checkbox"/> Cell Phone - text <input type="checkbox"/> Cell Phone – Voice	
Emergency Contact	Relationship	Phone Number(s)	
Reason for Seeking Help			

Services

	Deluxe Package	Premium Package	Hourly
Organizing/De-cluttering	<input type="checkbox"/> 15 pre-paid hours \$900	<input type="checkbox"/> 10 pre-paid hours \$650	<input type="checkbox"/> \$70/hour
Consulting/Coaching	<input type="checkbox"/> 15 pre-paid hours \$900	<input type="checkbox"/> 10 pre-paid hours \$650	<input type="checkbox"/> \$70/hour
	Insurance Rates	Self-Pay	
Individual Psychotherapy	<input type="checkbox"/> \$125/hour billed to insurance	<input type="checkbox"/> \$80/hour self-pay	
Family Psychotherapy	<input type="checkbox"/> \$125/hour billed to insurance	<input type="checkbox"/> \$80/hour self-pay	
Group Psychotherapy	<input type="checkbox"/> \$50/hour billed to insurance	<input type="checkbox"/> \$40/group self-pay	

_____ I have read, understand, and agree to comply with K² Organizing Policies and Agreement for Services. I understand that these policies will always be available to me on the K² Organizing website and that I can always request a hard copy if desired.

_____ I have received the HIPAA Privacy Notice and I know who to contact with questions. I understand that this will always be available to me on the K² Organizing website and that I can always request a hard copy if desired.

To help my professional development, I send a brief survey to clients within six months after we have completed our work together. Completing this survey is optional. Please initial one of the following:

_____ Yes, email me the link to the survey **OR** _____ Please do not email me the survey link

Signature of Client, Parent, or Legal Guardian	Date	Signature of Witness	Date
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