Ed Wojniak, PhD
Daybreak Counseling
Clinical and Consulting Psychology, Ohio License 5
www.daybreakcounseling.com

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(614) 268-3939
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A. Client data.

Today's date: _____

Client's name: _____ Date of birth: _____
First Last

Marital status: _____ Age: _____ Sex: _____ Race: _____

Address: _____
Street City State Zip

Home phone: _____ ☐ Work phone: _____ ☐

Cell phone: _____ ☐ Emerg. contact name & phone: _____

Email: _____ ☐ Relationship to emerg. contact? _____

Please place a check-mark in the BOXES ABOVE where messages may be left.

Client's Social Security #: _____

Who referred you to us? _____

B. If client is a minor, please complete the following section.

School: _____ Current grade: _____

School adjustment (academic and social): _____

C. Please provide the names of family members and other requested information. If the client is an adult, list the names of spouse or partner and children, if any. If the client is a child, list the names of the child's parents and siblings, if any.

	Name	**Date of birth**	**Level of education**
Father/husband/partner			
Mother/wife/partner			
Siblings or children			

D. Medical History

Family physician: _____ Date of last exam: _____

Condition of health (circle one excellent good fair poor

Describe any medical problems: _____

Allergies: _____ Hospitalizations: _____

List past medications taken (dosage): _____

List current medications taken (dosage): _____

E. Payment arrangements.

Person responsible for payment of services: _____

Employer: _____ Occupation: _____

Spouse's employer: _____ Occupation: _____

F. Please give a brief description of the concerns you, your child, or your family is experiencing along with an estimate of how long you have had these concerns.

_____

_____

Please list other counseling or treatment you and/or your family has received in the past and approximate dates.

_____

What are the main objectives you want to accomplish through coming here?

_____

What are your main suports? (circle) family friends church work associations spouse other (name) _____

G. Please check each statement below and sign and date at the bottom of this form.

O I voluntarily consent for myself (or my child, if a minor) to be evaluated and/or treated by Dr. Wojniak.
O All information shared with Dr. Wojniak is kept under the strictest confidence except for the following reasons:
1) Serious harm to the client or another is being threatened.
2) Child or elder abuse, or neglect is suspected.
3) A court case requires disclosure of otherwise privileged information.
4) Dr. Wojniak may consult with a colleague(s) regarding your situation.
5) Notification of services being provided is made to your physician via your consent.
6) Minimal billing information is provided to your insurance company.
O I understand that if at any time I become a risk to myself or someone else, Dr. Wojniak will contact the persons as needed, including family members, to assure that I receive the necessary treatment.
O I agree to be responsible for fees charged for services and to verify insurance coverage and authorizations needed.
O I agree that if I am unable to keep any appointments, I will call in (no emails or texts, please) AT LEAST 24-HOUR CANCELLATION NOTICE to avoid a late charge ($50.00 for 1st time; $75.00 for 2nd time; $100.00 for 3rd time).
O I have been given an opportunity to receive a copy of Daybreak Counseling's policies and practices to protect my health information.
O I give my permission for Dr. Wojniak to communicate with my health care providers.
O I give my permission for Dr. Wojniak and staff to communicate with me via unencrypted text and email.
O I understand that Dr. Wojniak is not a forensic psychologist and therefore does not typically testify in legal matters, including providing court testimony or participating in depositions, etc. Nor does he wish to become involved in legal proceedings. However, if he is subpoenaed as a result of his work with me, regardless of whether I or another party subpoenas him, he will typically resist the subpoena. If he must testify, I agree to be responsible for the payment of his fees related to the subpoena and the legal matter. That will include Dr. Wojniak's attorney's fees, payment for time preparing for the testimony, and costs for travel time and court time (including waiting outside of the court for a hearing). I agree that Dr Wojniak is entitled to a $1,000 retainer prior to testimony and that his fee for legal involvement of any kind will be $250.00 an hour, plus out of pocket expenses.

Signature _____ Date _____