



Catch23 Performance  
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Nashville, TN 37215  
615-517-6900

## Client Intake (Minor)

**Demographic Information:** *This form is to be completed by the adult responsible and legally authorized to seek services for the primary person receiving services. Their name should be entered in the space immediately below and the child/adolescent under 18 years of age should be listed under "primary person receiving services."*

**Adult Responsible:**

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

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

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

*It is customary practice at Catch23 to mail a letter of termination at the end of treatment. If the above is **not** a safe or preferred mailing address for you to receive mail, please provide an alternate mailing address here:*

Date of Birth: \_\_\_\_\_ Social Security: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Marital Status: (Circle One)    Single    Married    Separated    Divorced    Widowed    Cohabiting

Spouse/Partner's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

If applicable, is the other parent/guardian aware that the minor listed is seeking services from our offices? (Yes/No) \_\_\_\_\_ have they given you consent to bring them? \_\_\_\_\_

Print (Your) Name: \_\_\_\_\_

Signature: \_\_\_\_\_

*In cases of divorce or separation consent to treat from both parents is requested, or copy of parenting plan indicating custody and who is responsible for decision making with regards to health care related decisions.*

**Custody Arrangements:** (if applicable)

Primary Residential Parent: \_\_\_\_\_

Visitation Schedule:

Child is with \_\_\_\_\_ on \_\_\_\_\_

Child is with \_\_\_\_\_ on \_\_\_\_\_

According to your Parenting Plan, who is authorized to make health care related decisions? (Circle)

Father                      Mother                      Joint                      Other (specify):

**Client Information**

**Primary Person Receiving Services:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Social Security:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Gender:** \_\_\_\_\_ **Religious Affiliation:** \_\_\_\_\_

**For Students:** (Circle) Fr Soph Jr Sr Collegiate Other

**Who Referred You/ How Did You Find Catch23 & Kaci Allen:**

\_\_\_\_\_

**Previous Performance Coaching/Counseling:**

Previous Sessions? Yes No Who and When? \_\_\_\_\_

**Medical/Mental Health Information**

What, if any, medical health problems do you have? \_\_\_\_\_

Current Medications: \_\_\_\_\_

Have you ever been hospitalized for a mental or emotional condition? \_\_\_\_\_

If so, please list where/when: \_\_\_\_\_

What is helpful to you in the when dealing with difficult situations? Examples: journaling, exercising, workbooks, prayer, support groups etc.

\_\_\_\_\_

**Athletes:**

What competitive sports do you currently play? \_\_\_\_\_

What sport have you played previously? \_\_\_\_\_

Teams Currently On: Middle School High School Travel Team Age you began playing: \_\_\_\_\_

Is your goal: Collegiate Team Professional Level Coaching Position

Additional information you would like us to know about your sport: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Entertainers:**

What is your primary art? (performing artist, actor, comedian, public figure etc.

\_\_\_\_\_

Age you began:: \_\_\_\_\_

Are you signed to a recording/publishing/management deal? Yes No

Signed with: \_\_\_\_\_

Additional information you would like us to know: \_\_\_\_\_

\_\_\_\_\_

**Reasons For Seeking Performance Coaching/Counseling:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**If you could “fix” one thing right now in your life or performance what would it be?**

\_\_\_\_\_

\_\_\_\_\_

**Emergency Contact Information for (Client):** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Client Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Staff Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Informed Consent

Kaci Allen and Catch23 Performance, LLC are committed to offering the highest quality, professional counseling/coaching services. **We request that cancellations be made 24 hours in advance; otherwise, you will be billed for a full session.**

*(We understand emergencies happen and will offer consideration when we can).* Phone sessions may be available in lieu of missing an appointment, but cannot guarantee for various reasons. For those paying per session, we take payment and schedule the next session before or at the beginning of each appointment. If you do not have payment we may have to reschedule. At your next session you will owe for that session as well as the previous one.

If we currently do not have openings to accept insurance, we can provide an invoice if you wish to submit to your insurance for out of network reimbursement, however we cannot guarantee benefit coverage and are not responsible for outstanding claims. We accept cash, venmo, credit card or check. A \$30 fee will be assessed for any returned checks in addition to the full session fee. Individual sessions start at \$175. Some packages are available for committed clients and any deposits, or pre-payments for workshops, groups, intensives, programs, individual, couples or family sessions are non-refundable. We base much of our planning on caseloads and client need and limit the number of spaces we offer to provide the most focused, individualized treatment possible. When we reserve your spot, we do not offer to other clients and often turn others away.

## Confidentiality

Professional ethics, and Tennessee State law, indicate that the client controls confidential information. This means that, as a general rule, information shared in sessions with a counselor will be held in confidence. There are exceptions to this general rule, however. In the case of an emergency where the counselor believes the client is at risk of hurting himself/herself or another person, the counselor may breach confidentiality because of a duty to warn and protect. Tennessee law requires that child abuse or abuse of an older person or vulnerable adult in any form be reported to the Department of Human Services or other authorities. Additional reasons for breach of confidentiality would be if a court orders the records, or to release records of minor clients to parents and/or legal guardians, or in the case of supervision/consultation where minimum information is used.

Catch23 Performance staff and outside consulting colleagues may share necessary and pertinent information with one another, when it is necessary for individual and family health. This practice and policy is put in place to ensure that you and your family are getting the highest level of quality care.

Clients sometimes prefer to communicate questions or appointment changes via text messaging or email. Ability to do this will vary by counselor/coach. It is important for the client to understand that email and text are not a secure mode of communication. The correspondence is at risk of being intercepted, can be monitored by third party providers, stored on a device and later read by others, and human error could result in someone else receiving the email other than the intended therapist/client. If the client chooses to correspond with via text messaging or email, you knowingly assume such risk and messages/emails may be printed off and kept in the client's file.

## Professional Services

We are available for counseling/coaching services by appointment only, both in office and on location ie. in-home, on tour, field/travel. You may reach my office at 615.517.6900 to leave a voicemail, or via email at [kaci@kaciallen.com](mailto:kaci@kaciallen.com) If you have an emergency, call 911. You may obtain assistance after hours by calling the Crisis Help Line at 615-244-7444, or by going to your nearest emergency room. For a crisis with minors you can call the mobile crisis line at 866-791-9222. I will be unable to respond to texts and emails in a timely manner, therefore do not text or email me if you are in a crisis, feeling suicidal, overwhelmed, or unsafe. Please call the crisis line or go to your nearest emergency room in these instances and have me called.

When working with minors, if the parents of the minor are in a legal separation or are divorced, a copy of the parenting plan must be given at the intake appointment. If the parents of the minor have legal joint custody, I must have the signature of both parents before I will meet with the minor for any counseling sessions.

I/we are not certified Custody Evaluators or Expert Witness, as defined by the legal system. I do not testify in court unless required by a court order at which time you will be responsible for my out of office fee at a minimum of \$350 per hour with a minimum of four hours. Any additional hours will be billed at \$350 per hour. Mileage will be billed at \$.56 per mile to and from the location. Deposition fees will be billed at \$350 per hour with a minimum of two hours, plus \$.56 per mile to and from the location. Any attorney fees or additional costs incurred by the counselor/coach will be the responsibility of the client.

You have a right to your personal clinical records. Record requests must be made in writing with an original, not copied, signature. Catch23 Performance reserves the right to provide actual documents, or a summary of documents at their discretion. Fees for copying the record are \$20 for 0-20 pages and \$.35 per page for each page copied after the initial 20-page limit, plus the cost of mailing. If a summary is requested and provided, this will be done at \$20 per page, plus postage.

## Benefits and Risks of Counseling

Persons contemplating counseling should realize they might make significant changes in their lives. People often modify their emotions, attitudes, and behaviors. They may also make changes in their marriages or significant relationships, such as with parents, friends, children, relatives etc. While I will assist the client in effecting change, I cannot guarantee a specific outcome. Clients are ultimately responsible for their own growth.

## e-Counseling/Coaching and tele-consulting

Some practitioners offer the option of virtual consulting. This may be in the form of counseling, coaching or consulting and may take place via video conferencing or telephone sessions depending on provider and client availability. Many clients find this service appealing when they are in another location than their provider, but wish to engage in continued growth. Since consistency is key, it is often an excellent alternative when being physically present isn't an option. Please consult with your provider on the availability and risks/rewards for this service.

**Athletes/Entertainers/Public Figures:**

Because of the nature of our work, consistency is important, especially in the beginning. I also understand the intense nature of your schedule and if necessary, or preferred due to tours/training/travel schedule, I have some availability to travel on site to your location(s), or home. While I strive to maintain the utmost level of confidentiality, it is no secret what my job entails. Should we ever unexpectedly cross paths in public, it will be up to you to engage in conversation, unless/until a norm is established. Since a large part of my work deals with optimizing performance and professional goals, most clients are comfortable sharing our connection with others as a positive. What we work on is between us and only you are authorized to discuss within confidentiality parameters. **I do not give comments to media, scouts, agents, attorneys, spouses or any third party without your expressed written consent and release.** Even *with* such consent, we will discuss specifically what you may wish to disclose prior to any statement/comment being made. In addition to accepting only a limited number of clients for increased focus and attention, what sets my work apart is extensive professional training to also work with clinical issues such as anxiety, depression, relationship issues, family matters, family planning, couples counseling or other life stressors. It is my first priority to protect your best interest, and that commitment and focus distinguishes me from many firms.

Legal Name:

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Preferred Name:

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DOB: \_\_\_\_\_ Password: \_\_\_\_\_

Please initial the following:

o Do you agree with the conditions, fees and provisions of these and other Policies?

Yes \_\_\_\_\_ No \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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**Financial**

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Patient Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Social Security: \_\_\_\_\_ DOB: \_\_\_\_\_

**Financially Responsible Third Party:**

I, \_\_\_\_\_, authorize the below financial information to process payment for services for \_\_\_\_\_.  
This payment will be authorized until expressed written revocation is received.

Name on card: \_\_\_\_\_

Card #: \_\_\_\_\_ Exp \_\_\_\_\_ Security \_\_\_\_\_

Social Security: \_\_\_\_\_ DOB: \_\_\_\_\_

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

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Printed Name: \_\_\_\_\_

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

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_