

Donna W. Upchurch, Ph.D.

BRIEF AND IN-DEPTH

NAME: _____ DATE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBERS: Home _____ Cell _____

E-MAIL ADDRESS: _____

BIRTHDATE: _____ AGE: _____

EDUCATION: _____ EMPLOYER: _____ PHONE: _____

NAME OF SPOUSE OR RELATIVE: _____ RELATIONSHIP: _____

ADDRESS: _____ PHONE: _____

CITY: _____ STATE: _____ ZIP: _____

ADDITIONAL EMERGENCY CONTACTPERSON: _____

ADDRESS: _____ PHONE: _____

CITY: _____ STATE: _____ ZIP: _____ RELATIONSHIP: _____

MEDICAL DOCTOR: _____

ADDRESS: _____ PHONE: _____

CURRENT MEDICATION: _____

THERAPISTS OR COUNSELORS: _____

WHOM MAY I THANK FOR YOUR REFERRAL: _____

FINANCIAL AGREEMENT

The private fee for 10 Brief and In-Depth 90 minute sessions is \$1000 paid in advance or in \$200 installments due at the beginning of each of the first 5 sessions. Please make your check payable to: Donna W. Upchurch. A COPY OF YOUR DRIVER'S LICENSE IS REQUIRED. PLEASE TEXT A SCREEN SHOT TO 803-603-4700 PRIOR TO YOUR APPOINTMENT. PLEASE SIGN THIS AGREEMENT.

_____ DATE: _____