Tony Fryer, L.I.M.F.T.,

Marriage and Family Therapist/Mediator



**Suite 1140,**

**Scripps Center**

**312 Walnut Street**

**Cincinnati Ohio 45202**

**Tel: 513-631-3131**

**www.tonyfryer.com**

**Tel. or Email Intake Form/information for potential new client.**

**(Couples, Family or Individual)**

**Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Names & Ages of all participants? -**
2. **Occupations? -**
3. **Marital status and any previous marriages/partnerships (of all adult participants)? -**
4. **Children & Ages? -**
5. **Brief description of issues/problems? -**

1. **Has there been any Domestic Violence (even if there are no charges)?**
2. **Where/Who were you referred to me from?**
3. **Please indicate if any of the participants has been diagnosed with a mental health issues and what the diagnosis was.**
4. **My fee is $200 and hour. A sliding fee scale is available for financial hardship. (If the Gross Household Income is under $190,000 and you have very little other forms of wealth). Please ask about it if you feel it is applicable.**

**If applying for the scale then please give me details of your financial situation, including income. …**

**I do not use insurance.**

**\_\_\_ Yes, I would like it applied and here is our financial information. …………………………….. \_\_\_\_ No, it is not applicable.**

1. **Your first visit is a double/2 hour session and you need to arrive 5 minutes before to complete some initial paperwork. I will then come out to get you at the appointment time.**
2. **Please indicate how flexible you are with your times or if you have special time constraints.**
3. **A Map and clear directions can be found on** [**www.tonyfryer.com**](http://www.tonyfryer.com/)**.**