



revive your relationship

DEANNE DIETZ, LMHC, NCC | COACHING INTAKE

Please return all pages of your completed intake and contract to set up your first appointment.

Name:

Today's date:

Referred by:

☐ Self

☐ Friend

☐ Family Member

☐ Other: _____

Birth Date:

Age:

Gender:

☐ Male

☐ Female

☐ Other: _____

Marital Status:

☐ Never Married

☐ Partnered

☐ Married

☐ Separated

☐ Divorced

☐ Widowed

Address:

Street Number/PO Box

Street

City

State

ZIP

Phone:

May I leave a msg?

This is my:

E-mail address:

☐ Yes ☐ No

☐ Cell phone

☐ Work phone

PROBLEM

1. PROBLEM DESCRIPTION: Briefly describe the problem you most wish relief from right now.

2. PROBLEM INTENSITY: How would you rate the intensity of the problem or concern that brought you in? (Circle the appropriate number):

☐ Not Intense

☐ 1

☐ 2

☐ 3

☐ 4

☐ 5

☐ Extremely Intense

How does this intensity impact you?

3. PROBLEM DURATION: Approximately how long have you had the current problem?

4. COPING ATTEMPTS: In what ways have you attempted to cope with this problem?



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GOALS

What result are you looking for? Consider the following:

Picture yourself sometime in the future with a different perspective and new tools around your current problem.

What is it like to be you?

How does it feel different?

How are you able to show up for yourself or others as a result?

How will your life be different?

What will you gain from that?



DEANNE DIETZ, LMHC, NCC | SERVICE CONTRACT

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Couples Assessment Phase 1:

- Can be completed virtually in 3-4 hours.: individual: up to 45 minutes each, 60-75 minutes both (return your assessment prior)
- 60-75 minute couples sessions: strategy plan goals and objectives, exercises, and starting practices
- \$850 payment due within 24 hours of scheduling to hold appointment time open
- Venmo: 253-651-3752 / @Deanne-Carter-4 OR www.paypal.me/RYRDD/850

After Couples Assessment Phase 2 Service Levels

Couples Monthly Retainer Packages (Payment due on the 1st):

Four 2.5 hour sessions, \$1975

- Venmo: 253-651-3752 / @Deanne-Carter-4 OR www.paypal.me/RYRDD/1975

Six 2.5 hour sessions, \$2900

- Venmo: 253-651-3752 / @Deanne-Carter-4 OR www.paypal.me/RYRDD/2900

Relationship Revival

3 days + 30 days of support: \$3400

- [More info about the Relationship Revival here](#)
- Venmo: 253-651-3752 / @Deanne-Carter-4 OR www.paypal.me/RYRDD/3400

Relationship Transformation Intensive

5 days + 30 days of support: \$5200

- [More info about the Transformation Intensive here](#)
- Venmo: 253-651-3752 / @Deanne-Carter-4 OR www.paypal.me/RYRDD/5200

On Demand

- Pay as you go couples sessions: 2.5 hours, payment due at the time of scheduling: \$500
- Text or email for first available time. Provide an estimate of the amount of time wanted.
Payment due at the end of the call, billed in 10 minute increments: \$35 per 10 min
Venmo: 253-651-3752 / @Deanne-Carter-4 OR www.paypal.me/RYRDD/### (### is amount due)

Cancellation Policy: regardless of reason

75% refund with one week or more cancellation notice

50% with 48 hours or more notice: other 50% can be used on session reschedule within 1 week

All services: cancel with 24 hours notice needed to avoid losing the scheduled amount of credit.

Name

Signature

Date



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DEANNE DIETZ, LMHC, NCC | DEBIT/CREDIT CARD AUTHORIZATION FORM

If you are not prepaying via Paypal or Venmo, complete this form.

I, _____, hereby authorize Deanne Dietz, LMHC, NCC and ProfessionalCharges.com to charge my credit card as listed below for the following professional fees:

- missed or cancelled appointments
- prepay appointments if you do not have Paypal or Venmo (\$10 processing fee)

Complete all information below, even if you have provided it elsewhere on the intake.

Name on card:

Client Name (if different than name on card):

Relationship to card holder (other than self):

☐ Parent ☐ Grandparent ☐ Spouse ☐ Son/daughter

Card Holder's Billing Address: (the address on file associated with this card)

Street Number/PO Box Street City State ZIP

Billing Phone:

Type of Card:

☐ VISA

☐ MasterCard

☐ Discover

Card Number:

Expiration Date:

CVV #:

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_____ (the three digits on the back of the card)

Email for receipt: (I will not receive a copy of your receipt, please save them if you need for your documentation)

Card Holder's Signature

Date:

Charges will appear on your card statement as **ProfessionalCharges.com**

Couples Coaching is often a short-term (20-35 hours, depending on the level of distress), structured sessions to develop the tools and skills necessary to achieve your specific goals. As I will not be treating you for an individual mental health diagnosis through couples work, it is not deemed as medically necessary by insurance companies, therefore, couples coaching is not covered by insurance and does not qualify for HSA reimbursement.

ProfessionalCharges.com

1530 E. Chevy Chase Dr., Suite 209, Glendale, CA 91206

Phone: (818) 206-2126

E-mail: admin@ProfessionalCharges.com