

**RAYNA LUMBARD, MA, LMFT, MHT**  
Licensed Marriage and Family Therapist  
20688 4th Street, Suite 8, Saratoga, CA 95070 [www.InnerSuccess.com](http://www.InnerSuccess.com)  
Rayna@InnerSuccess.com  
Phone: 408-605-9195 (office & cell)

**CONFIDENTIAL CLIENT INFORMATION**

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Today's Date \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work # \_\_\_\_\_ cell/pg # \_\_\_\_\_  
Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
Marital Status \_\_\_\_\_ Spouse's Occupation \_\_\_\_\_  
Spouse's Work Phone \_\_\_\_\_ Emergency Phone \_\_\_\_\_  
Email Address \_\_\_\_\_

List All Other Persons in household where you reside:

Name (optional)	Relationship	Age
1.		
2.		
3.		
4.		
5.		

Who can we thank for referring you to Rayna Lumbard, LMFT? \_\_\_\_\_

Have you had previous counseling/therapy or coaching? \_\_\_\_\_

When? \_\_\_\_\_ By Whom? \_\_\_\_\_

**Full Payment is due at the time of treatment.**  
**Payment Accepted: Cash, Check, or Credit Card**

**Rayna Lombard, MA, LMFT, MHT**

**APPLICATION FOR SERVICES AND CONSENT TO TREATMENT**

I, \_\_\_\_\_, hereby make application and consent to receive care and treatment voluntarily from Rayna Lombard, MA, Licensed Marriage and Family Therapist. I understand that such care and treatment may consist of an evaluation process, psychotherapy, hypnotherapy, and life/business coaching. I reserve the right to decline further services at any time I so desire. I understand that my records are considered confidential and will not be released to certain outside individuals without my expressed written consent. However, I realize that certain information is required by law to be released without my authorization under the following circumstances:

1. Upon receipt of a legitimate subpoena or court order.
2. In the event of a valid medical emergency.
3. If there is evidence to suggest that child or elder abuse has occurred.
4. When a hazard to the client (such as suicide), or to the public (such as a threat of homicide) requires disclosure.

I understand that I am responsible for full payment for therapy/coaching services I agree to whether my insurance company covers my treatment costs or not. I understand and agree to the above conditions in order for treatment to be received.

\_\_\_\_\_  
(Client's Signature)

\_\_\_\_\_  
(Date)

This consent must be signed by the client or by the nearest relative or guardian if the client is a minor or is in any reason unable to sign. If the client is a minor or unable to sign, please complete the following:

\_\_\_\_\_  
(Reason Client is Unable to Sign)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Parent or Guardian Signature)

\_\_\_\_\_  
(Relationship)

**YOUR FAMILY OF ORIGIN HISTORY (Family you grew up in)**

Father's name \_\_\_\_\_ Mother's name \_\_\_\_\_

Father's age and occupation \_\_\_\_\_

Mother's age and occupation \_\_\_\_\_

If deceased, *their* age(s) at death M \_\_\_\_\_ F \_\_\_\_\_

*Your* age(s) when they died M \_\_\_\_\_ F \_\_\_\_\_

Did your parents divorce before you were 21? \_\_\_\_\_ How old were you? \_\_\_\_\_

Names and current ages of brothers and/or sisters \_\_\_\_\_

Were you adopted? \_\_\_\_\_ Did you have step-parents while growing up? \_\_\_\_\_

From what age on up until age 21? \_\_\_\_\_ Do you have half or step-siblings? \_\_\_\_\_

Names and ages \_\_\_\_\_

Do you see them now? \_\_\_\_\_

Other relative(s) or significant others in your growing up years? \_\_\_\_\_

Where did you grow up? \_\_\_\_\_

Where does your family live now? \_\_\_\_\_

Did anyone have a problem with alcohol or drugs in your family of origin? \_\_\_\_\_

Who? \_\_\_\_\_

What other mental/emotional or physical health problems did family members have?

(Identify member(s) and problem(s)) \_\_\_\_\_

Is there a history of child abuse (up to age 18), sexual, or physical abuse in your family of origin?

**CURRENT FAMILY HISTORY (Family you live with now)**

If married, for how long? \_\_\_\_\_ Is this your first marriage? \_\_\_\_\_ If not married now, have you been married before? \_\_\_\_\_ Please list dates of any earlier marriages including how long married and any children from each: \_\_\_\_\_

Has your current spouse been married before? \_\_\_\_\_ If living with a "significant other," for how long? \_\_\_\_\_ Is marriage a goal for you with this person? \_\_\_\_\_

In your opinion, does anyone in your current family have a problem with alcohol and/or drugs? \_\_\_\_\_ If yes, please explain further \_\_\_\_\_

Is anyone in your current family having other mental/emotional or physical health problems? \_\_\_\_\_ If yes, please explain further \_\_\_\_\_

Is there a problem in your current family involving child abuse, verbal, emotional, or physical or sexual? \_\_\_\_\_ If yes, please explain \_\_\_\_\_

Were you verbally, emotionally, physically, or sexually abused as a child under 18? \_\_\_\_\_

Please describe your own use or non-use of alcohol and drugs \_\_\_\_\_

Have you ever had suicidal thoughts or feelings before? \_\_\_\_\_ How old were you? \_\_\_\_\_ Have you ever attempted suicide? \_\_\_\_\_

Are you currently under a doctor's care and/or taking any medication(s) for any medical condition or problem? If yes, please describe. \_\_\_\_\_

Do you have a history of medical problems or conditions? If yes, please describe. \_\_\_\_\_

Do you need some medical attention and have not followed up on it? \_\_\_\_\_  
If yes, please explain \_\_\_\_\_

**Other Health Information**

Do you exercise? \_\_\_\_\_ What kind? \_\_\_\_\_ How often? \_\_\_\_\_

Do you smoke? \_\_\_\_\_ Do you have problems with your weight or eating habits? \_\_\_\_\_

What part(s) of your life is (are) out of balance? \_\_\_\_\_

**Therapeutic Goals**

How do you define the challenge, issue, problem, or situation that brought you into therapy/coaching now? \_\_\_\_\_

What are your goals? How committed are you to being successful in overcoming your challenge, issues, problems, or situation?

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**RAYNA LUMBARD, MA, LMFT, MHT**  
**InnerSuccess Transformations**  
www.InnerSuccess.com and <http://www.DolphinHealingAdventure.com>  
Email: [Rayna@InnerSuccess.com](mailto:Rayna@InnerSuccess.com)  
Office/Cell (408) 605-9195

I am a Licensed Marriage and Family Therapist, Certified Clinical Hypnotherapist,  
Transformational Success Coach and Psychospiritual Energy Healer

## **THERAPIST/COACH/HEALER~~CLIENT AGREEMENT FORM**

In order for us to have a mutually beneficial working relationship, I need to inform you of my therapeutic orientation and office policies. Please read this information carefully and feel free to discuss any questions you have with me. Please keep this with your important papers to refer to when needed.

As your holistic psychotherapist, master hypnotherapist, and life/business success coach, I am committed to enhancing your self-esteem, supporting you having the breakthroughs that create lifelong success and fulfillment. I specialize in accessing *your* answers to the deeper questions that will transform your life. These answers come through your Higher Self as you tap into *Your Inner Wisdom Journey* and *Higher Light Connections*. We work closely together to promote positive change and healing: emotional, physical, mental, spiritual, financial, and social. I also assist you in integrating the deeper inner work with more structured coaching to motivate you to take the necessary action steps to accomplish your short and long-term goals.

It is vital that you are a willing, committed, and honest partner in resolving your issues to make permanent, positive life changes. I am here to support you in clarifying and empowering your unique life purpose and/or business vision and mission. The number of sessions needed depends on your goals and your rate of progress. To resolve your issues, I recommend you commit to four hour-long sessions over the next four-six weeks. To maximize your results, you may continue receiving therapy, coaching and healing sessions over a few months. Successful couple or family therapy involves individual and couple sessions, and at least one family session. This usually involves face-to-face, phone/Skype, and occasional email communication by request. I am flexible in giving you the time most convenient for you. Office hours are usually Tuesdays from 1:30-6:00pm and Thursdays from 1:30-8:00pm. I expect you to keep each appointment reserved for you unless there is an emergency. If you are late, you may not get your full hour session. If you need to cancel or reschedule your appointment, I need at least a 24-hour notice and will reschedule you as soon as possible. If you cancel with less than a 24-hour notice, you may be charged the full fee. Please call or text me if you need to reach me immediately at 408-605-9195. Please do not email me about last minute changes or emergencies. Successful treatment takes a genuine investment of time, energy, and a financial commitment for both of us. You will get the most benefit when you make your personal growth a priority. Please communicate with me any issues that come up, so I can best support you in reaching your goals and creating the life you desire.

All sessions and records are strictly confidential and usually require your written authorization to be disclosed.

Therapy, coaching, and healing fees will be discussed at the initial phone consultation. Sessions may include family members or significant others. I prefer cash & personal checks and do not accept credit & debit cards.

Scheduled in-person sessions in the office are on Tuesday and Thursday afternoons and some evenings from 6:00-8:00. Phone/Skype sessions are also available for psychotherapy, hypnotherapy, healing, and coaching by appointment.

If your medical insurance has benefits covering psychotherapy, you may be entitled to some reimbursement. Tip: When you check your benefits, mention that your treatment is for outpatient mental health (psychotherapy) services from an out-of-network Licensed Marriage and Family Therapist. There may be a deductible that has to be met before you will receive reimbursement for my services. I require payment up front for services. You will be submitting your own claims for reimbursement. Note: Your third-party insurance contract is between you, your employer, and your insurance carrier, *therefore I am not responsible for collecting your insurance payments.* If you request a superbill, our office will provide you one, usually every few weeks or once a month. Submit MY *signed* superbill with your diagnosis code and dates of service ATTACHED TO YOUR *signed* insurance claim form for reimbursement. If you are concerned about your confidentiality, you may choose to self-pay.

**CALLS IN BETWEEN SESSIONS:** If you need to call to set up, cancel, or schedule an appointment, we can be reached at (408) 605-9195 during office hours. We return phone or text messages as promptly as possible. PLEASE TEXT OR CALL MY OFFICE CONCERNING APPOINTMENTS. DO NOT SEND EMAILS ABOUT APPOINTMENTS OR IN AN EMERGENCY. It is most likely we will return evening calls or texts the next business day morning, unless it is an emergency when you need to call 911. I am usually available for brief conversations at no charge.

I look forward to our work together and will do my best to support you to quickly and comfortably resolve your issues and move forward!

To Your Continued Well-Being and Success,

Rayna Lumbard, LMFT (Signature) California License #MFC23487  
*InnerSuccess Transformations, Holistic Therapy and InnerSuccess Coaching*

I have read all the provisions listed above and agree to them for sessions to begin.

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Client \_\_\_\_\_ Date \_\_\_\_\_