

# CTPC | CENTRAL TEXAS PROFESSIONAL COUNSELING

542 Comal Avenue, New Braunfels, TX  
(830) 629-2300

TexasProfessionalCounseling.com

**CHERYL E. DUKE MA, NCC, LPC**

## Professional Disclosure

### Qualifications and Experience

I am a graduate of Texas State University San Marcos with a Bachelor's degree in Communication Disorders and a Master's degree in Professional Counseling specializing in individuals, families, and couple/relationship issues. By graduating from the Texas State counseling program, I was fortunate to be educated by one of the top programs in the state and began my career with more than double the hours of experience required as compared to other universities in the state. Along with acquiring my Master's, I am a National Certified Counselor as well as a Licensed Professional Counselor.

My specializations include marital, couple, and family issues, as well as sexual, emotional, and physical abuse victimization. I have gained experience working with couples, families, and children through the Texas State Counseling Clinic, at-risk kids, abuse victims and abusers through Connections Individual and Family Services as well as children and family grief groups through Hope Hospice in New Braunfels.

### Nature of Counseling

My theory in counseling stems from a systemic theoretical aspect, in which I have seen a high rate of success in utilizing. This theory comes from the basis of families, relationships, the interactions between individuals, and how conflicts are resolved between the family members. I am also interested in gaining clear and obtainable goals from each client as to what they expect from the therapy process, and what they hope to achieve. This goal-setting is for the purpose of helping the client see, feel, and appreciate progress made during the counseling process. Exploring family of origin issues and past experiences as well as their present state is also very important. This gives counselors a better understanding of the client's life, trials, and accomplishments that mold people into who they are currently. And most importantly, along with a theoretical outline of beliefs, I also appreciate that each client or family is unique and, as a therapist, is willing to follow their lead as to what will work for them and make them comfortable.

Some clients need only a few counseling sessions to achieve their goals; others may require months. As a client, you are in complete control and may end our counseling relationship at any time, though I ask that you participate in a termination session. You also have the right to refuse or negotiate modification of any of my suggestions that you believe might be harmful. At any time, either you or I may initiate discussion of possible positive or negative effects of entering or not entering counseling, continuing or not continuing counseling, and/or using or not using certain techniques.

### Therapeutic Relationship

Although our session may be very intimate psychologically, ours is a professional relationship rather than a social one. Our contact will be limited to counseling sessions you arrange with me except in the case of emergency when you may contact the office phone. Please do not invite me to social gatherings, offer me gifts, ask me to write a reference for you, or ask me to relate to you in any other way than the professional context of our counseling sessions. You will be best served if our sessions concentrate exclusively on your concerns. You will learn a great deal about me as we work together during your counseling experience. However, it is important for you to remember that you are experiencing me in a professional role only.

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## Policies and Procedures

### Confidentiality

All information disclosed within sessions and the written records pertaining to those sessions are confidential and may not be revealed to anyone without your written permission, except where disclosure is required by law:

- Suspicion of abuse or neglect to children or elderly.
- Client threatens to harm self or others.
- If I am legally compelled to testify in court and release any verbal testimony or written documentation.
- If consent is received to disclose any verbal testimony or written documentation to a third party.

### Fees & Cancellations

Clients are expected to pay the standard fee of \$90.00 per hour session at the end of each session unless other arrangements have been made. Please notify me if any problems arise during the course of therapy regarding your ability to make timely payments. If your account is overdue (unpaid) and there is no written agreement on a payment plan, I reserve the right to use legal or other means (courts, collection agencies, etc.) to obtain payment.

If a cancellation is inevitable, please inform me 24 hours in advance by leaving a message at (830) 629-2300 or [cduke.ctpc@yahoo.com](mailto:cduke.ctpc@yahoo.com) to avoid a \$20 missed appointment fee. If a pattern of missed appointments result, I will assume you have discontinued services and will no longer hold your appointment slot.

### Litigation Limitation and Court Fees

Due to the nature of the therapeutic process and the fact that it often involves making a full disclosure with regard to many matters which may be of a confidential nature, it is agreed that should there be legal proceedings (such as, but not limited to divorce and custody disputes, injuries, lawsuits, etc.), neither you nor your attorney, nor anyone else acting on your behalf will call on me to testify in court or at any other proceeding, nor will a disclosure of the psychotherapy records be requested unless otherwise agreed upon. If I should be called into court on your behalf, I due have a legal fee. One half day, minimum of four hours, equals double session fee per hour, and a full day, minimum of eight hours, equals double session fee per hour.

Please sign and date to give consent that you have read our Professional Disclosure and Policies and Procedures and agree to enter the counseling process.

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Client or Guardian (Print Name)	Signature	Date
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Cheryl E. Duke MA, NCC, LPC Counselor	Signature	Date
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## CHERYL E. DUKE MA, NCC, LPC

### Intake Form

Client(s) Full Name: \_\_\_\_\_

Date: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

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

Phone Numbers: \_\_\_\_\_ Email: \_\_\_\_\_

Do you give consent for therapist to leave message if needed: Yes No

#### Emergency Contact Information

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

Relationship to you: \_\_\_\_\_ Phone: \_\_\_\_\_

Marital Status: Single / Married / Divorced / Separated / Widowed / Living Together / Dating Since: \_\_\_\_\_

Race/Ethnicity: \_\_\_\_\_ Religion/Spirituality: \_\_\_\_\_

Occupation: \_\_\_\_\_ Referred to CTPC by: \_\_\_\_\_

Persons living in your home (Name, Age, Relationship to you):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Important persons not living in your home (family, friends, children, partners, etc):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What brings you to counseling at this time:

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Please describe the nature of your problem in specific terms (onset, frequency, intensity):

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How have you coped? What are your attempts to resolve situation:

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Current health condition:

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Current medications:

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Past major illnesses or injuries:

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Past psychotropic medications:

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History of mental health of self and family (include counseling, psychiatrists, psychologists, school counselors, hospitalizations, drug/alcohol rehabilitation experiences):

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May I contact previous mental health providers to obtain useful information if needed: \_\_\_\_\_  
Personal history (include siblings, parents, children, significant childhood experiences and memories,  
significant relationships, current relationships, significant life changes):

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History of sexual, physical, or emotional abuse witnessed or experienced (self and/or family members):

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History of and current drug or alcohol use (self and/or family members):

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History of and current problems with eating (self and/or family members):

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History of and current legal issues:

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Other relevant issues:

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