



Consultation Form

Thank you for seeking services with Legacy of Love Counseling & Wellness. Please complete the following information and email it to sabrinaj@legacyoflovecounseling.com. We will follow up with you in 1-2 business days.

First Name: _____ **Last Name:** _____

DOB: ____/____/____

Phone Number: _____ **Email:** _____

City: _____ **State:** _____

Complete this section only for couples counseling.

First Name: _____ **Last Name:** _____

DOB: ____/____/____

Phone Number: _____ **Email:** _____

City: _____ **State:** _____

Please select which service you are seeking.

Couples only: Is each partner in agreement with engaging in couples counseling? Yes No

Please select the type of payment for services you desire to use.

We only accept BCBS insurance. We are not in-network with any other insurance providers.

If you are seeking self-pay services, please see the fee per sessions below:

- ❖ *Individual Counseling \$140 for intake session | \$120 for 60 min sessions*
- ❖ *Couples Counseling \$180 for intake session | \$160 for 60 min sessions*

Legacy of Love Counseling & Wellness
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www.legacyoflovecounseling.com



We only provide counseling via secure videoconferencing (telehealth). Is this an acceptable modality of services for you? Yes No

Briefly describe why you are seeking counseling services (in 1-3 sentences).

Do you currently have any safety concerns (i.e. engage in self-harm, experiencing suicidal and/or homicidal thoughts)? Yes No

*****If you are actively suicidal and/or homicidal, please contact 988, 911 or go to your local hospital*****