



## Shirley Jean Schmidt, MA, LPC

6421 Mondean St, San Antonio, TX 78240  
Office: 210-561-9200 Fax: 210-561-7806  
sjs@shirleyjeanschmidt.com  
www.shirleyjeanschmidt.com



### Intake for DNMS Consultation

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

Name: \_\_\_\_\_ (include credentials)

Organization: \_\_\_\_\_

Street: \_\_\_\_\_

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

Work #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Home #: \_\_\_\_\_

E-mail: \_\_\_\_\_

How long have you been a psychotherapist? \_\_\_\_\_

What approach do you mainly use (e.g. psychodynamic, cognitive-behavioral, etc)? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you trained in EMDR? \_\_\_\_\_

How did you get trained in DNMS? (e.g. workshop, book, colleague) \_\_\_\_\_

\_\_\_\_\_

How often do you use the DNMS? \_\_\_\_\_

\_\_\_\_\_

Why do you wish to do DNMS consultation? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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# DNMS Consultation Fee Agreement

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

**Option 1 – 10 Hour Commitment**

I agree to 10 hours of individual DNMS consultation with Shirley Jean Schmidt, MA, LPC. Any time required to review audio of videotapes, as part of the consultation is experience, will be charged as consultation time. I understand the fee for this service is \$850 (rate of \$85/hour). I will pay for the 10 hours in two 5-hour blocks, at \$425 each. I understand the first charge will be made just prior to the first 5 hours and the second charge will be made just prior to the second 5 hours. I will pay by check or will authorize these charges to my credit card.

**Option 2 – Consultation As Needed**

I agree to DNMS consultation on an as-needed basis with Shirley Jean Schmidt, MA, LPC. I understand the fee for this service is \$100/hour. I will pay by check or will authorize these charges to my credit card.

VISA or MasterCard#: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Card billing address (street only): \_\_\_\_\_ Zip: \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

