**Water Street Family Counseling**

117 North Water Street

Liberty MO 64068

**Child and Teen Information Form**

(Please print)

|  |  |
| --- | --- |
| Today’s Date: | Date of First Appointment: |
| *Name of person filling out this form:* | *Your relationship to the child or teen client:* |

|  |  |  |
| --- | --- | --- |
| Child or Teen’s Full Name: | Date of Birth: | Age and Grade: |

**Sometimes children/teens live in two homes, and for that reason there are separate information sections for moms and dads below. This helps your therapist to understand where your child lives and how your family is structured. Separate homes may not apply for your child; in this case you can write “same” under the address section. The other details do apply.**

**Child or Teen’s Home with Mother:**

|  |  |  |
| --- | --- | --- |
| Mom’s Name:  Mom’s DOB: | Full Address: | Home phone:  Ok to call? Y N  Leave message? Y N |
| Cell number: | Ok to call? Y N  Leave message? Y N | Ok to text appointment reminders? Y N |
| Occupation and Employer  Work number: | Ok to call? Y N  Leave a message? Y N | General working hours:  Typical hours per week: |
| Does Mom have legal rights to make decisions about medical treatment such as counseling?  Y N | Are they any current legal or custody issues that involve the Mom and the child/teen?  Y N | Members that reside in this home: |

**Child and Teen Information Form** **page 2**

**Child or Teen’s Home with Father**

|  |  |  |
| --- | --- | --- |
| Dad name:  Dad’s DOB: | Full Address: | Home phone:  Ok to call? Y N  Leave message? Y N |
| Cell phone: | Ok to call? Y N  Leave message? Y N | Ok to text appointment reminders? Y N |
| Occupation and Employer:  Work number: | Ok to call? Y N  Leave a message? Y N | General working hours:  Typical hours per week: |
| Does Dad have legal rights to make decisions about medical treatment such as counseling?  Y N | Are they any current legal or custody issues that involve Dad and the child/teen?  Y N | Members that reside in this home: |

Please provide information about any other residence where your child lives:

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

If your child or teen resides in more than one home, please explain the schedule in general terms (ex: child with Dad Monday through Thursday, with Mom Friday through Sunday, etc).

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

**Referred by: (Circle those that apply)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Family member | Friend | Close location to home or work | Psychology Today | Website |
| Physician | School | Insurance Plan | Previous Client | Other |

**EMERGENCY INFORMATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of local friend or relative (not living in same address): | Relationship to patient: | | Home phone number:  ( ) | Work or Cell Phone Number: (indicate)  ( ) |
| I give permission for my therapist to contact the above named in an emergency. | | | | |
| *Patient/Guardian Signature:* | | *Date:* | | |

Water Street Family Counseling

**Child and Teen Intake Questions**

**Child or Teen’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Today’s Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_

**Your relationship to your child or teen: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Grade:\_\_\_\_\_\_\_**

**School Name and Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**School Phone Number ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Primary Teacher (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Briefly state reasons for seeking therapy services currently for your child/family: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Have you or your child been in therapy in the past? \_\_\_\_\_ yes \_\_\_\_\_ no**

**If yes, when and with who? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Concerning what issues?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**List any school concerns (academics, behavior, peer issues):**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Check any of the following that apply to your child:**

**\_\_\_ difficulty concentrating \_\_\_ demanding**

**\_\_\_ clingy/difficulty separating \_\_\_ harms self when upset**

**\_\_\_ bed wetting \_\_\_ withdrawn, isolated**

**\_\_\_ aggression towards family \_\_\_ seems nervous**

**\_\_\_ aggression towards peers \_\_\_ worries excessively**

**\_\_\_ defiance, argues with adults \_\_\_ tantrums/anger outbursts**

**\_\_\_ difficulty interacting with peers \_\_\_ sexual acting out behaviors**

**\_\_\_ frequent crying \_\_\_ has nightmares**

**\_\_\_ sleeps less/more than usual \_\_\_ appears sad often**

**\_\_\_ complains often of stomachaches \_\_\_ impulsive**

**\_\_\_ complains often of headaches \_\_\_ obsessive, repetitive actions**

**\_\_\_ lies frequently \_\_\_ low self-esteem**

**\_\_\_ often teased by peers \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(other)**

**Has your child or teen experienced major life events (in form of physical injury, accident, witnessing a traumatic event, experienced physical, emotional, sexual, or verbal abuse, death of a loved one, divorce, moving) or any other event you feel has impacted your child in the past or currently? If yes, how old was your child at the time of such event(s)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Child and Teen Intake Questions**

**Does your child or teen have close friends? If so, do you feel these friends are positive relationships/influences?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**How does your child or teen spend his/her free time? Hobbies, activities, sports?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**What do you enjoy most about your child or teen? What are his/her greatest strengths? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**What are your greatest strengths as a parent? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**What do you struggle with most in parenting your child or children? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Do you have family or friends who provide emotional support for you personally?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**When things are going better in your family, how will you know? What will be different in you, your child, and your family? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please list any medications your child/teen is currently taking; for what purpose; and for how long?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Has your child taken any medication for mood management in the past? Describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Water Street Family Counseling**

117 North Water Street

Liberty MO 64068

|  |
| --- |
| **Authorization to treat** |

|  |
| --- |
| I give my consent to my therapist to provide assessment and therapeutic services to me/my child, within the scope of his/her license. I understand that my therapist will work with me to develop a treatment plan and treatment will be formulated to resolve my problem(s) as quickly as possible. I agree to cooperate with my therapist in the treatment process to carry out therapeutic homework assignments and to follow through with any medical treatment, as prescribed by my physician. I further agree to keep my, or my child’s scheduled appointments and understand that failure to do so more than two times may result in my care being terminated.  By signing below, I agree to payment and arrangements set forth, affirm that all my questions have been satisfactorily answered, and I give informed consent for myself/my child’s treatment. I understand that I will be furnished a copy of the consent whenever I request it.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Client Signature/Responsibility Party Date |

|  |
| --- |
| **Authorization to treat minor child** |

|  |
| --- |
| Name of Child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  I warrant that I am a custodial parent of the above named minor child. I hereby give permission for him/her to receive counseling. I acknowledge that I am aware of the mandating reporting laws in the state of Missouri. I am also aware that I can withdraw the permission to treat my child at any time. I will assume responsibility to notify my child’s other parent that counseling has been initiated and will take sole responsibility in arranging for the payment for all counseling services for my child.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Client Signature/Responsible Party Date |

|  |
| --- |
| **Professional Disclosure Information (HIPAA)** |

|  |
| --- |
| Your signature below indicates that you have read our HIPAA agreement and agree to its terms and serves as acknowledgement that you have received our HIPAA notification form. Not abiding by these policies may lead to termination of our work together and/or referral to another professional.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Client Signature/Responsible Party Date |

**Water Street Family Counseling**

117 N. Water Street

Liberty, MO 64068

|  |
| --- |
| **Client Rights/Notice of Privacy Practices** |

**This notice describes how medical/mental health information about you may be used and disclosed and how you can get access to this information. Please review it carefully.**

Effective Feb. 21, 2012.

**YOU HAVE THE RIGHT:**

1. To be treated with consideration and respect.
2. To expect quality services provided by concerned, competent staff.
3. To a clear statement of purposes, goals, techniques, rules of procedure and limitations, as well as potential dangers of the services to be performed, plus all other information related to or likely to effect the on-going counseling relationship.
4. To obtain information about the case record and to have the information explained clearly and directly.
5. To full knowledgeable and responsible participation in the on-going treatment plan.
6. To expect complete confidentiality and that no information will be released without written consent.
7. To see and discuss charges and payment records.
8. To refuse any recommended services and be advised of the consequences of this action.
9. To request where we contact you (home, work, cell) and whether we should leave a message.

**THERAPISTS’ CREDENTIALS:**

Victoria Ford, M.S., LMFT, is a Licensed Marriage and Family Therapist in the state of Missouri. She is bound by the Code of Ethics set forth by the American Association of Marriage and Family Therapists (AAMFT) and other professional governing boards, and clients can request a copy of these ethics at any time. Victoria is an independent practitioner.

Holly Hemphill, M.S., LMFT, is a Licensed Marriage and Family Therapist in the state of Missouri. She is bound by the Code of Ethics set forth by the American Association of Marriage and Family Therapists (AAMFT) and other professional governing boards, and clients can request a copy of these ethics at any time. Holly is an independent practitioner.

Jennifer Kempema, M.S., ATR-BC, is a Registered Art Therapist, Board Certified. She is bound by the Code of Ethics set forth by the American Counseling Association and other professional governing boards, and clients can request a copy of these ethics at any time. Jennifer is an independent practitioner.

Alicia Kiser, M.Ed, LMFT is a Licensed Marriage and Family Therapist in the state of Missouri. She is bound by the Code of Ethics set forth by the American Association of Marriage and Family Therapists (AAMFT) and other professional governing boards, and clients can request a copy of these ethics at any time. Alicia is an independent practitioner.

Carmen McHenry, M.A., LPC, is a Licensed Professional Counselor in the state of Missouri. She is bound by the Code of Ethics set forth by the American Counseling Association and other professional governing boards, and clients can request a copy of these ethics at any time. Carmen is an independent practitioner.

Heidi Tolnai, M.A., LPC, is a Licensed Professional Counselor in the state of Missouri. She is also bound by the Code of Ethics set forth by the American Counseling Association and other professional governing boards, and clients can request a copy of these ethics at any time. Heidi is an independent practitioner.

**CONFIDENTIALITY OF INFORMATION:**

Laws insuring your right to privacy protect matters discussed with your therapist. In most cases, your therapist is prohibited from disclosing information about your care without your written consent and then only to the extent you authorize. Cases where information may be disclosed without your consent include:

1. When child abuse is known or suspected (reporting is required by law).
2. When the abuse of an elderly or depended person is known or suspected (required by law)
3. If you commit a crime against a staff member of another person in the premises,
4. If there is a situation that is potentially life threatening.
5. When the court subpoenas the records.

Water Street Family Counseling team consultation: Therapists at Water Street Family Counseling offer case consultation for one another, in the interest of offering the best practice care and resources to our clients. Client names are not used during case consultation, and all therapists abide by the same confidentiality mandates.

**Client Rights/Notice of Privacy Practices page 2**

**SECURITY OF RECORDS:**

Your records of treatment and related financial records are kept confidential. Records will not be made available to others without signed authorization by the client to release information. The contents of material disclosed to us in an evaluation, intake, or counseling session are covered by state and federal laws and the ethics of the counseling professions as private information. All adults present in couples or family sessions have to authorize the release of records. Clients have access to their therapy records. Therapists recommend reviewing records with clients to avoid misinterpretation. We respect the privacy of the information you provide us, and we abide by ethical and legal requirements of confidentiality and privacy of records. Violation of privacy laws by a treatment facility or provider is a crime. Suspected violations may be reported to appropriate authorities. Clients have the right to be informed about changes in privacy policies.

**RETENTION OF RECORDS:**

Treatment records are retained for a period of at least 10 years following the termination of treatment. At the end of that period the records are destroyed in a manner that assures the confidentiality of the information unless the client requests otherwise, in writing, prior to the destruction of records.

**INFORMATION REGARDING PSYCHOTHERAPY:**

1. Psychotherapy may involve remembering unpleasant events and can arouse intense emotions of fear and anger; feelings of anxiety, depression, frustration, loneliness and helplessness may be experienced. Also feelings of relief, energy, power, self-acceptance, and well being may also occur
2. Psychotherapy is not always effective and may, in some cases; result in deterioration rather than improvement of a client’s psychological functioning. Psychotherapy has been shown effective in about 75% of cases.
3. There are numerous forms of psychotherapy, which vary, not only underlying theory and methods employed, but also in terms of time commitment and cost. We will attempt to provide treatment that is realistic in both areas.
4. Depending upon a client’s condition, there may be available alternatives to psychotherapy, such as medication or behavior modification; we will make these recommendations if they are appropriate, based upon our assessment.

**TERMINATION OF THERAPY:**

A client may be terminated from Water Street Family Counseling nonvoluntarily if (a) the client exhibits physical violence, verbal abuse, carries weapons, or engages in illegal acts at Water Street office, (b) the client refuses to comply with treatment recommendations, (c) the client does not make payment or payment arrangements in a timely manner. Clients may voluntarily leave treatment at any time, and, it is recommended that clients discuss this with the therapist in person. This will help facilitate a more appropriate plan for discharge.

**OFFICE HOURS/EMERGENCIES:**

Water Street Family Counseling includes several therapists who are all independent practitioners. Therefore, each individual therapist has office hours and counseling session that are by appointment only. We are unable to provide counseling services to clients who require 24 hr. care/crisis intervention services, and may be unable to provide immediate crisis intervention or emergency assistance. Therapists check their confidential voicemail as often as possible, and strive to return phone calls promptly. Talk with your therapist about their specific hours; some therapists work part time and it may be a few days before a returned call. For medical or life-threatening emergencies, call 911 or contact nearest emergency room at your local hospital. **Do not use email or texting as methods to communicate that you are in crisis with your therapist.** Texting and email are often appropriate for scheduling communication; for further information sharing or questions, communicate with your therapist by phone or in session.

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Client/Guardian Signature Relationship to Client Date

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Client/Guardian Signature Relationship to Client Date

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Therapist Signature Date