**CLIENT INFORMATION PACKET**

Jeff Logue PhD, LPC-S

**133 Chieftain, Waxahachie, TX 75165**

**Ste 105**

**972-824-4515**

Dr. Logue holds a Ph.D. in Counselor Education & Supervision from Regent University in Virginia Beach, Virginia. His Master of Science degree is in Counseling/Psychology from Southwestern Assemblies of God University in Waxahachie, Texas. He is a Licensed Minister with the Waxahachie Section of the North Texas District, a member of the Pastoral staff of Gateway Assemblies of God church in Midlothian, Texas.

He is a Licensed Professional Counselor, a Texas Board Approved Licensed Professional Counselor Supervisor, and served as the Chair of Department of Behavioral Sciences & Community Services at Southwestern Assemblies of God University.

Jeff has served as a clinician in both rural and urban areas with experience in both private and clinical-residential treatment environments. Most of his counseling experience has involved a variety of individual and family counseling. His doctoral research focused on the treatment of compulsive sexual behavior.

**Welcome To Counseling**

I am sincerely glad that you are here! I am committed to helping you make positive changes in your life and your circumstances. Before you accept my counseling services you will be learning about my counseling policies and you will have the opportunity to ask any questions you may have. This document is designed to inform you about my background, my counseling methodology, and what you should expect as a participant in counseling.

**The Nature of Counseling**

I believe the people who choose to work with me in counseling have the capacity to resolve their own problems as we work together. I want to see you resolve the problems that brought you in for counseling as quickly as possible. I also want to empower you with knowledge and belief in yourself to allow you to maintain quality living in the future. Some clients need only a few session to achieve their goals while others may require a long-term relationship with me in order to function adequately if counseling is successful, you should feel you are able to face life’s challenges in the future without regular contact with me.

In the interest of the client’s fast pace lifestyle, I choose to adhere to the practice of Solution-Focused Therapy. Brief Therapy, as it is sometimes called, strives to focus on the solution to the problem that has brought you here rather than the problem itself. I especially like the optimistic point of view that encourages clients to look at the moments in their lives when the problem is not a problem. By concentrating on the many, small victories of life, I believe we can cause larger victories to take place. In the event that Brief Therapy is not sufficient to bring resolution to the presenting problem, I often use Cognitive-Behavioral techniques to resolve issues. These theories of course work in collaboration with the Holy Spirit, the Word of God and consistent prayer for His Will. I am looking forward to achieving those larger victories with you as we work together.

**Your Right As A Client**

1. You have the right to decide not to enter therapy with me. If you wish, I will provide you with the names of other good therapists.

2. You have the right to end therapy at any time. The only thing you will have to do is to pay for any treatments you have already had. You may, of course, have problems with other people or agencies if you end therapy—for example, if you have been sent for therapy by a court.

3. You have the right to ask any questions, at any time, about what we do during therapy, and to receive answers that satisfy you. If you wish, I will explain my usual methods to you.

4. You have the right not to allow the use of any therapy technique. If I plan to use any unusual technique, I will tell you and discuss its benefits and risks.

5. You have the right to keep what you tell me private. Generally, no one will learn of our work without your written permission. There are some situations in which I am required by law to reveal some of the things you tell me, even without your permission, and if I do reveal these things I am not required by the law to tell you that I have done so. Here are some of these situations:

a. If you seriously threaten to harm another person, I must warn the authorities.

b. If a court orders me to testify about you, I must do so.

c. If I am testing or treating you under a court order, I must report my findings to the court.

6. If I wish to record a session, I will get your informed consent in writing. You have the right to prevent any such recording.

7. You have the right to review your records in my files at any time, to add to or correct them, and to get copies for other professionals to use.

8. You have the right to address any complaints against any Licensed Professional Counselors (LPC) to the Texas State Board of Examiners of Professional Counselors, 1100 west 49th Street, Austin, TX 78756-3183, (512) 459-2900.

**Limits of the Therapy Relationship: What Clients Should Know**

Psychotherapy is a professional service I can provide to you. Because of the nature of therapy, our relationship has to be different from most relationships. It may differ in how long it lasts, in the topics we discuss, or in the goals of our relationship. It must also be limited to the relationship of therapist and client *only.* If we were to interact in any other ways, we would then have a "dual relationship" which would not be right, and may not be legal. The different therapy professions have rules against such relationships to protect us both.

I want to explain why having a dual relationship is not a good idea. Dual relationships can set up conflicts between my own (the therapist's) interests and your (the client's) best interests, and then the client's interests might not be put first. In order to offer all my clients the best care, my judgment needs to be unselfish and professional.

Because I am your therapist, dual relationships like these are improper:

I cannot be your supervisor, teacher, or evaluator.

I cannot be a therapist to my own relatives, friends (or the relatives of friends), people I know socially, or business contacts.

I cannot provide therapy to people I used to know socially, or to former business contacts.

I cannot have any other kind of business relationship with you besides the therapy itself. For example, I cannot employ you, lend to or borrow from you, or trade or barter your services (things like tutoring, repairing, legal advice, dentistry, etc.) or goods for therapy.

I cannot give legal, medical, financial, or any other type of professional advice.

I cannot have any kind of romantic or sexual relationship with a former or current client, or any other people close to a client.

There are important differences between therapy and friendship. As your therapist, I cannot be your friend. Friends may see your position only from their personal viewpoints and experiences. Friends may want to find quick and easy solutions to your problems so that they can feel helpful. These short-term solutions may not be in your long-term best interest. Friends do not usually follow up on their advice to see whether it was useful. They may *need* to have you do what they advise. A therapist offers you choices and helps you choose what is best for you. A therapist helps you learn how to solve problems better and make better decisions. A therapist's responses to your situation are based on tested theories and methods of change. You should also know that therapists are required to keep the identity of their client’s secret. Therefore, I may ignore you when we meet in a public place, and I must decline to attend your family's gatherings if you invite me. Lastly, when our therapy is completed, I will not be able to be a friend to you like your other friends.

In sum, my duty as therapist is to care for you and my other clients, but *only* in the professional role of therapist. Please note any questions or concerns on the back of this page so we can discuss them.

**Subpoenas in Court**

Some issues that are the focus of counseling, such as family disputes, may result in legal actions by one or more family members. It is almost always inappropriate for Rev. Logue to be subpoenaed to testify since his focus is on helping families and individuals to find their own strengths and resources to overcome various crises. It is understood that in counseling the family is considered the “client”. The focus of Dr. Logue’s work is NOT on the kinds of assessment that are appropriate in legal disputes such as child custody battles. Therefore, all family members participating in counseling agree that they will not have their attorney’s subpoena Dr. Logue to testify in such cases. If Dr. Logue is subpoenaed to testify, his fee is $1000 per day plus expenses paid in advance of his testimony.

**In Case of a Crisis Situation**

In a crisis situation, I can be reached through his office (972) 824-4515. In some instances, it may take a few hours before I can be contacted; therefore, please try to be patient and make sure the person taking the message understands that it is an emergency. If the crisis is extreme and /or danger is eminent, call the police or any of the following resources:

* **Cedars Hospital**: (972) 298-7323
* **Crisis Line**: 1-877-930-HOPE
* **Ellis County Crisis Line**: (972) 937-7660
* **Green Oaks Behavioral Health Care**: (972) 991-9504
* **Parkland Hospital**: (214) 590-8000

**Therapy Fees**

The fee for each counseling session is $150.00 and payment should be made in advance of services. Sessions are 45-50 minutes long and are scheduled on a weekly basis. Clients will be charged for “no shows” and missed appointments. Please notify me at least 24 hours before your appointment if you will not be able to attend to avoid the loss of that session.

Assessment tools may be used at times to help me gain information to assist you with your solutions. Additional charges may be necessary to cover these materials. Your permission will be requested before any testing instruments are used or any additional charges are applied.

Please make every effort to be on time for each session. It is customary to call 24 hours in advance if you must cancel or reschedule your appointment. As a general rule, I will wait 10 minutes after the scheduled time before canceling your appointment. If you are late, the session will not be extended to compensate for the lost time.

**What You Should Know about Confidentiality in Therapy**

I will treat what you tell me with great care. My professional ethics (that is, my profession's rules about moral matters) and the laws of this state prevent me from telling anyone else what you tell me unless you give me written permission. These rules and laws are the ways our society recognizes and supports the privacy of what we talk about—in other words, the "confidentiality" of therapy. But I cannot promise that everything you tell me will *never* be revealed to someone else. There are some times when the law requires me to tell things to others. There are also some other limits on our confidentiality. We need to discuss these, because I want you to understand clearly what I can and cannot keep confidential. You need to know about these rules now, so that you don't tell me something as a "secret" that I cannot keep secret. These are very important issues, so please read these pages carefully and keep this copy. At our next meeting, we can discuss any questions you might have.

1**. When you or other persons are in physical danger, the law requires me to tell others about it. Specifically:**

1. If I come to believe that you are threatening serious harm to another person, I am required to the police, or perhaps try to have you put in a hospital.
2. If you seriously threaten or act in a way that is very likely to harm yourself, I may have to seek a hospital for you, or to call on your family members or others who can help protect you. If such a situation does come up, I will fully discuss the situation with you before I do anything, unless there is a very strong reason not to.
3. In an emergency where your life or health is in danger, and I cannot get your consent, I may give another professional some information to protect your life. I will try to get your permission first, and I will discuss this with you as soon as possible afterwards.

d. If I believe or suspect that you are abusing a child, an elderly person, or a disabled person I must file a report with a state agency. To "abuse" means to neglect, hurt, or sexually molest another person. I do not have any legal power to investigate the situation to find out all the facts. The state agency will investigate. If this might be your situation, we should discuss the legal aspects in detail before you tell me anything about these topics. You may also want to talk to your lawyer.

In any of these situations, I would reveal only the information that is needed to protect you or the other person. I would not tell everything you have told me.

2. **There are a few other things you must know about confidentiality and your treatment:**

1. I may sometimes consult (talk) with another professional about your treatment. This other person is also required by professional ethics to keep your information confidential. Likewise, when I am out of town or unavailable, another therapist will be available to help my clients. I must give him or her some information about my clients, like you.

b. I am required to keep records of your treatment, such as the notes I take when we meet. You have a right to review these records with me. If something in the record might seriously upset you, I may leave it out, but I will fully explain my reasons to you.

3. **Here is what you need to know about confidentiality in regard to insurance and money matters:**

1. If you use your health insurance to pay a part of my fees, insurance companies require some information about our therapy. Insurers such as Blue Cross/Blue Shield or other companies usually want only your diagnosis, my fee, the dates we met, and sometimes a treatment plan. Managed care organizations, however, ask for much more information about you and your symptoms, as well as a detailed treatment plan.
2. I usually give you my bill with any other forms needed, and ask you to send these to your insurance company to file a claim for your benefits. That way, you can see what the company will know about our therapy. It is against the law for insurers to release information about our office visits to anyone without your written permission. Although I believe the insurance company will act morally and legally, I cannot control who sees this information at the insurer's office. You cannot be required to release more information just to get payments.
3. If you have been sent to me by your employer or your employer's Employee Assistance Program, either one may require some information. Again, I believe that employers and companies will act morally and legally, but I cannot control who sees this information at their offices. If this is your situation, let us fully discuss my agreement with your employer or the program before we talk further.
4. If your account with me is unpaid and we have not arranged a payment plan, I can use legal means to get paid. The only information I will give to the court, a collection agency, or a lawyer will be your name and address, the dates we met for professional services, and the amount due to me.

4. **Children and families create some special confidentiality questions.**

1. When I treat children under the age of about 12, I must tell their parents or guardians whatever they ask me. As children grow more able to understand and choose, they assume legal rights. For those between the ages of 12 and 18, most of the details in things they tell me will be treated as confidential. However, parents or guardians do have the right to *general* information, including how therapy is going. They need to be able to make well-informed decisions about therapy. I may also have to tell parents or guardians some information about other family members that I am told. This is especially true if these others' actions put them or others in any danger.
2. In cases where I treat several members of a family (parents and children or other relatives), the confidentiality situation can become very complicated. I may have different duties toward different family members. At the start of our treatment, we must all have a clear understanding of our purposes and my role. Then we can be clear about any limits on confidentiality that may exist.
3. If you tell me something your spouse does not know, and not knowing this could harm him or her, I cannot promise to keep it confidential. I will work with you to decide on the best long-term way to handle situations like this.
4. If you and your spouse have a custody dispute, or a court custody hearing is coming up, I will need to know about it. My professional ethics prevent me from doing both therapy and custody evaluations.
5. If you are seeing me for marriage counseling, you must agree at the start of treatment that if you eventually decide to divorce, you will not request my testimony for either side. The court, however, may order me to testify.
6. At the start of family treatment, we must also specify which members of the family must sign a release form for the common record I create in the therapy or therapies.

5. **Confidentiality in group therapy is also a special situation.**

In group therapy, the other members of the group are not therapists. They do not have the same ethics and laws that I have to work under. You cannot be certain that they will always keep what you say in the group confidential.

6. **Finally, here are a few other points:**

a. I will not record our therapy sessions on audiotape or videotape without your written permission.

b. If you want me to send information about our therapy to someone else, you must sign a "release-of-records" form. I have copies which you can see so you will know what is involved.

c. Any information that you also share outside of therapy, willingly and publicly, will not be considered protected or confidential by a court.

The laws and rules on confidentiality are complicated. Situations that are not mentioned here come up only rarely in my practice. Please bear in mind that I am not able to give you legal advice. If you have special or unusual concerns, and so need special advice, I strongly suggest that you talk to a lawyer to protect your interests legally.

The signatures here show that we each have read, discussed, understand, and agree to abide by the points presented above.

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

##  Signature of client (or person acting for client) Date

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

 Printed name Date

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

Signature of therapist Date

**Counseling Intake Form**

**Note: This information is confidential.**

**Demographic Information:**

|  |  |
| --- | --- |
| Name:  | Date:  |
| Date of Birth: / / Place: | Relationship Status:  |
| Age: | SSN: |
| # of Dependents: | Gender: M / F  |
| Home/Mobile Phone:  | Is it ok to leave a message for you at this number? Y / N |
| Work Phone:  | Is it ok to leave a message for you at this number? Y / N |
| Email:  | Is it ok to email you? Y / N  |
| Mailing Address:  |  |
| City, State:  |  |
| Current Employer: | Position Title:  |
| Current Occupational Status: (i.e., F/T, P/T, self-employed, student, returning to work): |
| Highest Grade/Degree: | Type of Degree: |
| Medical Doctor’s Name: | Medical Doctor’s Phone #: |
| Psychiatrist’s Name: | Psychiatrist’s Phone #: |
| Emergency Contact Name:  |  |
| ER Contact Relationship:  | Emergency Contact Phone: |
| How were you referred? | If online, which website?  |

**Current Concerns:**

What concern brings you in? Estimate the severity of this concern: Mild Moderate Severe Very Severe

When did this concern begin (give dates)?

Please describe significant events occurring at that time, or since then, which may relate to the development or maintenance of this concern:

Are you having any difficulties/stressors in your current job? If so, please briefly describe those difficulties.

What do you hope to accomplish in counseling?

What kind of obstacles could get in the way?

**Behavior – circle any of the following behaviors that apply to you:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Overeat | Suicidal attempts | Can’t keep a job | Take drugs | Compulsions |
| Insomnia | Vomiting | Smoke | Take too many risks | Odd behavior |
| Withdrawal | Lack of motivation | Drink too much | Nervous tics | Eating problems |
| Work too hard | Procrastination | Sleep disturbance | Crying | Impulsive reactions |
| Phobic avoidance | Outbursts of temper | Loss of control | Aggressive behavior | Concentration difficulties |

**Feelings – circle any of the following feelings that apply to you:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Angry | Guilty | Unhappy | Annoyed | Happy | Bored | Sad |
| Conflicted | Restless | Depressed | Regretful | Lonely | Anxious | Hopeless |
| Contented | Fearful | Hopeful | Excited | Panicky | Helpless | Optimistic |
| Energetic | Relaxed | Tense | Envious | Jealous | Others: |  |

**Physical – circle any of the following symptoms that apply to you:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Headaches | Stomach trouble | Skin problems | Dizziness | Tics |
| Dry mouth | Palpitations | Fatigue | Burning or itchy skin | Muscle spasms |
| Twitches | Chest pains | Tension | Back pain | Rapid heart beat |
| Sexual disturbances | Tremors | Unable to relax | Fainting spells | Blackouts |
| Bowel disturbances | Hear things | Excessive sweating | Tingling | Watery eyes |
| Visual disturbances | Numbness | Flushes | Hearing problems | Don’t like being touched |

**Biological Factors:**

Do you have any current concerns about your physical health? Please specify:

Past/present medical conditions and treatment outcome, if any:

Please list medicines you are currently taking, or have taken during the past 6 months (include any medicines that were prescribed or taken over the counter):

Medication Dose For what? By whom (psychiatrist, endocrinologist, etc.)

Do you get regular exercise? If so, what type and how often?

**Check any of the following that apply to you:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Never** | **Rarely** | **Frequently** | **Very Often** |  | **Never** | **Rarely** | **Frequently** | **Very Often** |
| Marijuana |  |  |  |  | Heart problems |  |  |  |  |
| Tranquilizers |  |  |  |  | Nausea |  |  |  |  |
| Sedatives |  |  |  |  | Vomiting |  |  |  |  |
| Aspirin |  |  |  |  | Insomnia |  |  |  |  |
| Cocaine |  |  |  |  | Headaches |  |  |  |  |
| Painkillers |  |  |  |  | Backaches |  |  |  |  |
| Alcohol |  |  |  |  | Early morning awakening |  |  |  |  |
| Coffee |  |  |  |  | Fitful sleep |  |  |  |  |
| Cigarettes |  |  |  |  | Binge / Purge |  |  |  |  |
| Narcotics |  |  |  |  | Poor appetite |  |  |  |  |
| Stimulants |  |  |  |  | Eat “junk foods” |  |  |  |  |
| Hallucinogens |  |  |  |  | Lack of interest in activities  |  |  |  |  |
| Diarrhea |  |  |  |  | Constipation |  |  |  |  |
| Compulsive Exercise |  |  |  |  | High blood pressure |  |  |  |  |
| Use Laxatives |  |  |  |  | Allergies |  |  |  |  |

Are there any specific behaviors, actions, habits that you would like to change?

**Treatment History:**

Have you been in therapy before or received any prior professional assistance for your concerns? If so, please give dates of treatments and results:

**Therapist/Hospital Dates Phone Initial Reason Outcome**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Suicide Attempt/s or Violent Behavior:**

 Age Reason Circumstance Plan/Method

**Relationship & Family History:** For the following questions, a **brief statement about the relationship** = friendly, distant, physically/emotionally abusive, loving, hostile, etc…

**Present Spouse/Partner**: Education: Occupation:

**Past & Present Marriage(s)/Long-Term or Living Together Relationships:**

 Name Dates of Years Together Statement about the Relationship

**Parents/Step-Parent(s) Relationship:**

Describe your parents’ relationship with each other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name Age/Year of Death & Cause Occupation Personality How did s/he treat you? Stmt about the Relationship

|  |
| --- |
| Father: |
| Mother: |
| Stepfather: |
| Stepmother: |

If parents divorced: Your age at the time: \_\_\_\_\_ Describe how it affected you at the time:

Your parents' or other family members’ physical health problems/illnesses, chemical use, and mental or emotional difficulties, abuse, and/or hospitalization:

Your relationship with your brothers and sisters, in the past and present:

Name Age/Year of Death & Cause Brief Statement about the Relationship

Children/Stepchildren/Grandchildren (names, ages & brief statement on your relationship with the person):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Abuse History**: 🞎 I was not abused in any way 🞎 I was abused

If you were abused, please indicate the following. For kind of abuse, use these letters: P = Physical, such as beatings. S = Sexual, such as touching/molesting, fondling, or intercourse. N = Neglect, such as failure to feed, shelter, or protect you. E = Emotional, such as humiliation.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Your age | Kind of abuse  | By whom?  | Effects on you? | Whom did you tell? | Consequences of telling? |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Chemical Use:**

Have you ever felt the need to cut down on your drinking? \_\_ No \_\_ Yes

Have you ever felt annoyed by criticism of your drinking? \_\_ No \_\_ Yes

Have you ever felt guilty about your drinking? \_\_ No \_\_ Yes

Have you ever taken a morning "eye-opener"? \_\_ No \_\_ Yes

How much beer, wine, or hard liquor do you consume each week, on average?

How much tobacco do you smoke or chew each day?

Which drugs (not medications prescribed for you) have you used in the last 10 years & how frequently?

Please provide details about your use of these drugs or other chemicals, such as amounts, how often you used them, their effects, and so forth:

**Social:**

Friendships, Community & Spirituality – describe quality, frequency, activities, etc:

Are you involved in any current or pending civil or criminal litigation/s, lawsuit/s, or divorce/custody disputes? If yes, please explain:

What gives you the most joy or pleasure in your life? What are your main worries and fears?

What are your most important hopes and dreams?

*By signing below, you attest that the information you have provided in this intake form is true and accurate and that important information regarding your personal history which might be deemed significant and or relevant to your mental health treatment has not been intentionally left off this form.*

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

Client Name (Printed)

Client Signature Date

­­­­­­­­­­­­­­­­­­­­­­­­­