

## Reese A. Lee, Licensed Professional Counselor

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### Information for Clients

Welcome to counseling. I appreciate the opportunity to be of help to you.

This brochure answers many questions clients have about a counseling service. It is important to me that you know how we will work together. I believe our service will be most helpful to you when you have a clearer understanding of how counseling can work for you.

This brochure talks about the following in a general way:

- What are the challenges and benefits of therapy?
- What are the goals of therapy and what are the methods of treatment like?
- How long will therapy take?
- How much does this service cost, and how do we handle the money matters?
- Other important aspects of the counseling relationship.

After you read this brochure we can discuss, in person, how these issues apply to your own situation. This brochure is yours to keep and refer to later. Please read all of it and mark any parts that are not clear to you. Write down any questions you think of, and we will discuss them at our next meeting. When you have read and fully understood this brochure, I will ask you to sign it at the end. I will sign it as well and make a copy, so we each have one.

#### About Psychotherapy

Because you may decide to put a good deal of time, money, and energy into counseling, you should choose a counselor or therapist carefully. I strongly believe you should feel comfortable with the therapist you choose, and hopeful about the results of the therapy. When you feel this way, therapy is more likely to be very helpful to you. Let me describe how I see therapy.

My theoretical approach is called Cognitive Behavioral Therapy (CBT). This mode of treatment is based on the premise that an individual's belief system will determine their behavior. The most central ideas in my work are that where a person's beliefs become irrational or dysfunctional, that those beliefs need to be adjusted in order to adapt to the many changes occurring around and within them. The goals of my treatment are to give each individual as many options as possible to allow them to better manage changes in their life through learning various coping techniques and by drawing on the resources of their support system.

The type of therapy I do was originally called cognitive therapy because of the importance it places on thinking. Aaron T. Beck, a psychiatrist, developed cognitive therapy in the 1960s. It's now known as cognitive-behavioral therapy (CBT) because the therapy employs behavioral techniques as well. CBT has since undergone successful scientific trials in many places by different teams, and has been applied to a wide variety of problems.

CBT is based on a model or theory that it's not events themselves that upset us, but the meanings we give them. If our thoughts are too negative, it can block us seeing things or doing things that don't fit into what we believe is true. In other words, we continue to hold on to the same old thoughts and fail to learn anything new. Cognitive-behavioral therapy acts to help the person understand that this is what's going on. It helps him or her to step outside the automatic thoughts and test them out, learn to correct misconceptions, and make the changes necessary to deal more effectively with life's problems.

I think of my approach to helping people with their problems as an educational one. Anyone can learn to recognize irrational beliefs, dispute them, and replace them with more rational beliefs. We can, with practice, unlearn these beliefs and become happier persons who function better in the world. This is what I mean by an educational approach.

I want you to be able to use CBT without me. I encourage you to learn more about what methods are used in CBT; how well it works, and what possible problems or side effects it may have. I can lend you books and articles that explain how it works.

Please return them when you no longer need them so I can lend them to other clients. I may also give you copies of articles or handouts that are yours to keep.

I usually take notes during our meetings. You may find it useful to take your own notes, and also to take notes outside the office. You could also record our meetings to review at your leisure at home.

By the end of our first or second session, I will tell you how I see your case at this point and how I think we should proceed. I view therapy as a partnership between us. You define the problem areas to be worked on; I use some special knowledge to help you make the changes you want to make. Psychotherapy is not like visiting a medical doctor. It requires your very active involvement. It requires your best efforts to change thoughts, feelings, and behaviors. For example, I want you to tell me about important experiences, what they mean to you, and what strong feelings are involved. This is one of the ways you are an active partner in therapy.

I expect us to plan our work together. In our treatment plan we will list the areas to work on, our goals, the methods we will use, the time and money commitments we will make, and some other things. I expect us to agree on a plan that we will both work hard to follow. From time to time, we will look together at our progress and goals. If we think we need to, we can then change our treatment plan, its goals, and its methods.

An important part of your therapy will be practicing new skills that you will learn in our sessions. I will ask you to practice outside our meetings, and we will work together to set up homework assignments for you. I might ask you to do exercises, to keep records, and perhaps to do other tasks to deepen your learning. You will probably have to work on relationships in your life and make long-term efforts to get the best results. These are important parts of personal change. Change will sometimes be easy and quick, but more often it will be slow and frustrating, and you will need to keep trying. There are no instant, painless cures and no “magic pills.” However, you *can* learn new ways of coping with personal problems that will be very helpful for changing your feelings and reactions.

Most of my clients see me once a week for 3 to 4 months. After that, we meet less often for several more months. Therapy then usually comes to an end. The process of ending therapy, called “termination,” can be a very valuable part of our work. Stopping therapy should not be done casually, although either of us may decide to end it if we believe it is in your best interest. **If you wish to stop therapy at any time, I ask that you agree now to meet then for at least one session to review our work together.** We will review our goals, the work we have done, any future work that needs to be done, and our choices. If you would like to take a “time out” from therapy to try it on your own, we should discuss this. We can often make such a “time out” be more helpful.

After each session, I will give you a brief set of questions. These questions will ask you to evaluate our work together, and using them is a part of my duty as a therapist. I ask that you agree, as part of entering therapy with me, to be very honest about what you tell me. This will enable me to tailor therapy to best fit your needs.

### **The Challenges and Benefits of Therapy**

As with any powerful treatment, there are some challenges as well as many benefits with therapy. You should think about both the benefits and risks when making any treatment decisions. For example, in therapy, there is a risk that clients will, for a time, have uncomfortable levels of sadness, guilt, anxiety, anger, frustration, loneliness, helplessness, or other negative feelings. Clients may recall unpleasant memories. These feelings or memories may bother a client at work or in school. In addition, some people in your community may mistakenly view anyone in therapy as weak, or perhaps as seriously disturbed or even dangerous. Also, clients in therapy may have problems with people important to them. Family secrets may be told. Therapy may disrupt a marital relationship and sometimes may even lead to a divorce. Sometimes, too, a client’s problems may temporarily worsen after the beginning of treatment. Most of these risks are to be expected when people are making important changes in their lives. Finally, even with our best efforts, there is a risk that therapy may not work out well for you.

While you consider these risks, you should know also that scientists in hundreds of well-designed research studies have shown the benefits of therapy. People who are depressed may find their mood lifting. Others may no longer feel afraid, angry, or anxious. In therapy, people have a chance to talk things out fully until their feelings are relieved or the problems are solved. Clients’ relationships and coping skills may improve greatly. They may get more satisfaction out of social and family relationships. Their personal goals and values may become clearer. They may grow in many directions—as persons, in their close relationships, in their work or schooling, and in the ability to enjoy their lives.

I do not take on clients I do not think I can help. Therefore, I will enter our relationship with optimism about our progress.

## **Consultations**

If you could benefit from a treatment I cannot provide, I will help you to get it. You have a right to ask me about such other treatments, their risks, and their benefits. Based on what I learn about your problems, I may recommend a medical exam or use of medication. If I do this, I will fully discuss my reasons with you, so that you can decide what is best. If another professional treats you, I will coordinate my services with them and with your own medical doctor.

If for some reason treatment is not going well, I might suggest you see another therapist or another professional in addition to me. As a responsible person and ethical therapist, I cannot continue to treat you if my treatment is not working for you. If you wish for another professional's opinion at any time, or wish to talk with another therapist, I will help you find a qualified person and will provide him or her with the information needed.

## **What to Expect from Our Relationship**

As a professional, I will use my best knowledge and skills to help you. This includes following the standards of the American Counseling Association or ACA. In your best interests, the ACA puts limits on the relationship between a therapist and a client, and I will abide by these. Let me explain these limits, so you will not think they are personal responses to you.

First, I am licensed and trained to be a counselor and understand psychology—not law, medicine, finance, or any other profession. I am not able to give you good advice from these other professional viewpoints.

Second, state laws and the rules of the ACA require me to keep what you tell me confidential (that is, private). You can trust me not to tell anyone else what you tell me, except in certain limited situations. I explain what those are in the “About Confidentiality” section of this brochure. Here I want to explain that I try not to reveal who my clients are. This is part of my effort to maintain your privacy. If we meet on the street or socially, I may not say hello or talk to you very much. My behavior will not be a personal reaction to you, but a way to maintain the confidentiality of our relationship.

Third, in your best interest, and following my profession's standards, I can only be your therapist. I cannot have any other role in your life. I cannot, now or ever, be a close friend or socialize with any of my clients. I cannot be a therapist to someone who is already a friend. I can never have a sexual or romantic relationship with any client during, or after, the course of therapy. I cannot have a business relationship with any of my clients, other than the therapy relationship.

Even though you might invite me, I will not attend your family gatherings, such as parties or weddings.

As your therapist, I will not celebrate holidays or give you gifts; I may not notice or recall your birthday; and may not receive any of your gifts eagerly.

## **About Confidentiality**

I will treat with great care all the information you share with me. It is your legal right that our sessions and my records about you are kept private. That is why I ask you to sign a “release-of-records” form before I can talk about you or send my records about you to anyone else. In general, I will tell no one what you tell me. I will not even reveal that you are receiving treatment from me.

In all but a few rare situations, your confidentiality (that is, your privacy) is protected by state law and by the rules of my profession. Here are the most common cases in which confidentiality is *not* protected:

1. If the court or an employer has sent you to me for treatment, I may be required to submit a report. If this is your situation, please talk with me before you tell me anything you do not want the court or your employer to know. You have a right to tell me only what you are comfortable with telling.
2. Are you suing someone or being sued? Are you being charged with a crime? If so, and you tell the court that you are seeing me, because I may then be ordered to show the court my records. Please consult your lawyer about these issues.

3. If you make a serious threat to harm yourself or another person, the law requires me to try to protect you, or that other person. This usually means telling others about the threat. I cannot promise never to tell others about threats you make.
4. If I believe a child or vulnerable adult has been or will be abused or neglected, I am legally required to report this to the authorities.
5. Parents or legal guardians of non-emancipated minor clients have the right to access the client's records.
6. Health records may be released for the public interest and safety for public health activities, judicial and administrative proceedings, law enforcement purposes, serious threats to public safety, essential government functions, military, and when complying with worker's compensation laws.
7. In the event of a client's death, the spouse or parents of a deceased client have a right to access their child's or spouse's records.

There are two situations in which I might talk about part of your case with another therapist. I ask now for your understanding and agreement to let me do so in these two situations.

First, when I am away from the office for a few days, I have a trusted fellow therapist "cover" for me. This therapist will be available to you in emergencies. Therefore, he or she needs to know about you. Of course, the same laws and rules bind this therapist in the same way that I am bound to protect your confidentiality.

Second, I sometimes consult other therapists or other professionals about my clients. This helps me in giving high-quality treatment. These persons are also required to keep your information private. Your name will never be given to them, and they will be told only as much as they need to know to understand your situation.

For the purpose of these consultations, I may want to make audio or video recordings of our sessions. I will review the recordings with my consultant to assist with your treatment. I will ask your permission to make any recording. I promise to destroy each recording as soon as I no longer need it, or, at the latest, when I destroy your case records. You can refuse to allow this recording or can insist that the recording be edited.

Except for the situations I have described above, my office staff and I will always maintain your privacy. I also ask you not to disclose the name or identity of any other client being seen in this office.

My office staff makes every effort to keep the names and records of clients private. My staff and I will try never to use your name on the telephone, if clients in the office can overhear it. All staff members who see your records have been trained in how to keep records confidential.

If your records need to be seen by another professional, or anyone else, I will discuss it with you. If you agree to share these records, you will need to sign a release form. This form states exactly what information is to be shared, with whom, and why, and it also sets time limits. You may read this form at any time. If you have questions, please ask me.

It is my office policy to destroy clients' records 7 years after the end of our therapy. Until then, I will keep your case records in a safe place. The records of minors are destroyed 7 years after they have reached the age of 18.

If I must discontinue our relationship because of illness, disability, or other presently unforeseen circumstances, I ask you to agree to my transferring your records to another therapist who will assure their confidentiality, preservation, and appropriate access.

If we do family or couples therapy (where there is more than one client), and you want to have my records of this therapy sent to anyone else, all of the adults in therapy will have to sign a release.

As part of cost control efforts, an insurance company will sometimes ask for more information on symptoms, diagnoses, and my treatment methods. It will become part of your permanent medical record. I will let you know if this should occur and what the company has asked for. Please understand that I have no control over how these records are handled at the insurance company. My policy is to provide only as much information as the insurance company will need to pay your benefits.

You can review your own records in my files at any time. You may add to them or correct them, and you can have copies of them. The charge for this service is \$.25 a page plus postage. I ask you to understand and agree that you may not examine records created by anyone else and sent to me.

In some very rare situations, I may temporarily remove parts of your records before you see them. This would happen if I believe that the information will be harmful to you, but I will discuss this with you.

## **My Background**

I am a licensed professional counselor with over 40 years of experience in counseling. I am trained and experienced in doing one-on-one therapy with adults (18 years and over), as well as adolescents (12 years and older). Earlier in my career, I worked in clinics, correctional institutes, public schools and similar settings. I hold these qualifications:

- I have a master's degree in counselor education from the Pennsylvania State University, whose program is accredited by the Council for Accreditation of Counseling and Related Educational Programs (CACREP), and the Council of Rehabilitation Education (CORE).
- I completed an internship in rehabilitation counseling and school counseling.
- I am a Licensed Professional Counselor (LPC) in Pennsylvania.
- I am a member of the American Counseling Association (ACA) and certified by the Pennsylvania Certification Board.
- I am a Certified Advanced Addictions Counselor (CAADC) in Pennsylvania and Internationally (ICAADC).
- I am a National Board Certified Clinical Hypnotherapist (NBCCH).
- I also have training in Internal Family Systems Therapy and Motivational Enhancement Therapy techniques and do regular continuing education to remain current in my field.

## **About Our Appointments**

The very first time I meet with you, we will need to give each other much basic information. It is helpful if you can do some of the paperwork in advance or as homework after the first session. Following this, we will usually meet for a 45-60 minute session once or twice a week, then less often. We can schedule meetings for both your and my convenience. I will tell you at approximately a month in advance of my vacations, or any other times we cannot meet. Please ask about my schedule in making your own plans.

An appointment is a commitment to our work. We agree to meet here and to be on time. If I am ever unable to start on time, I ask your understanding. I also assure you that you will receive the full time agreed to. If you are late, we will probably be unable to meet for the full time, because it is likely that I will have another appointment after yours.

A cancelled appointment delays our work. I will consider our meetings very important and ask you to do the same. Please try not to miss sessions if you can possibly help it. **When you must cancel, please give me at least 24 hours-notice for all except the most serious reasons.** Your session time is reserved for you. I am rarely able to fill a cancelled session unless I know a several days in advance. If you start to miss a lot of sessions, I will have to charge you for the lost time unless I am able to fill it. Your insurance will not cover this charge.

I request that you do not bring children with you if they are young and need babysitting or supervision, which I cannot provide. I can, however, provide reading materials suitable for older children.

## **Fees, Payments, and Billing**

Payment for services is an important part of any professional relationship. This is even truer in therapy; one treatment goal is to make relationships and the duties and obligations they involve clear. You are responsible for seeing that my services are paid for. Meeting this responsibility shows your commitment and maturity.

My current regular fees are as follows. You will be given advance notice if my fees should change.

*First appointment/evaluation:* This session will take 1 hour- sometimes a little more. The fee for this is \$75.

*Regular therapy services:* For a session of 45 minutes, the fee is \$60. Please pay for each session when you first come in. I have found that this arrangement helps us stay focused on our goals, and so it works best. It also allows me to keep my fees

as low as possible, because it cuts down on my bookkeeping costs. I suggest you make out your check before each session begins, so that our time will be used best. Other payment or fee arrangements must be worked out before the end of our first meeting.

*Telephone consultations:* I believe that telephone consultations may be suitable or even needed at times in our therapy. If so, I **may** need to charge you our regular fee, prorated over the time needed. If I need to have long telephone conferences with other professionals as part of your treatment, you will be billed for these at the same rate as for regular therapy services. If you are concerned about all this, please be sure to discuss it with me in advance so we can set a policy that is comfortable for both of us. Your insurance will not cover telephone consultations. **Of course, there is no charge for calls about appointments or similar business.**

*Extended sessions:* Occasionally it may be better to go on with a session, rather than stop or postpone work on a particular issue. When this extension is more than 10 minutes, I will tell you, because sessions that are extended beyond 10 minutes will be charged on a prorated basis.

*Reports:* I will not charge you for my time spent making routine reports to your insurance company. However, I will have to bill you for any extra-long or complex reports the company might require. The company will not cover this fee.

*Other services:* Charges for other services, such as hospital visits, consultations with other therapists, home visits, or any court-related services (such as consultations with lawyers, depositions, or attendance at courtroom proceedings) will be based on the time involved in providing the service at my regular fee schedule. Some services may require payment in advance.

I realize that my fees involve a substantial amount of money, although they are well in line with similar professionals' charges. For you to get the best value for your money, we must work hard and well.

I will assume that our agreed-upon fee-paying relationship will continue as long as I provide services to you. I will assume this until you tell me in person, by telephone, or by certified mail that you wish to end it. You have a responsibility to pay for any services you receive before you end the relationship.

Because I expect all payment at the time of our meetings, I do not send bills.

At the end of each month, you may request a statement. The statement can be used for health insurance claims, as described in the next section. It will show all of our meetings, the charges for each, how much has been paid, and how much (if any) is still owed. At the end of treatment, and when you have paid for all sessions, I will send or give you a final statement for your tax records if you request it.

If there is any problem with my charges, my billing, your insurance, or any other money-related point, please bring it to my attention. I will do the same with you. Such problems can interfere greatly with our work. They must be worked out openly and quickly

### **If You Have Traditional (or "Indemnity") Health Insurance Coverage**

Because I am a licensed professional counselor, many health insurance plans will help you pay for therapy and other services I offer. Medicare will not reimburse. I cannot see Medicaid clients. Medicaid recipients will need to see their caseworkers for a referral. Because many different companies write health insurance contracts in different ways, I cannot tell you what your plan covers. Please read your plan's booklet under coverage for "Outpatient Psychotherapy" or under "Treatment of Mental and Nervous Conditions," or call your employer's benefits office to find out what you need to know.

If your health insurance will pay part of my fee, I will help you with your insurance claim forms. However, please keep two things in mind:

1. I had no role in deciding what your insurance covers. Your employer decided which, if any, services will be covered and how much you (and I) will be paid. You are responsible for checking your insurance coverage, deductibles, payment rates, co-payments, and so forth. Your insurance contract is between you and your company; it is not between the insurance company and me.

2. You—not your insurance company or any other person or company—are responsible for paying the fees we agree upon.

To seek payment from your insurance company, you must first obtain a claim form from your employer's benefits office or call your insurance company. Complete the claim form. Then attach my statement to the claim form and mail it to your insurance company. My statement already provides the information asked for on the claim form.

### **If You Have a Managed Care Contract**

If you belong to a health maintenance organization (HMO) or have another kind of health insurance with managed care, decisions about what kind of care you need and how much of it you can receive will be reviewed by the plan. *Most HMO plans require you to see their list of providers and will not reimburse for services with other providers.* **Always check with your insurance provider before making an appointment.**

I will provide information about you to your insurance company only with your informed and written consent. I may send this information by mail or by fax. My office will try its best to maintain the privacy of your records, but I ask you not to hold me responsible for accidents or for anything that happens as a result.

### **Other Points**

If you ever become involved in a divorce or custody dispute, I want you to understand and agree that I will not provide evaluations or expert testimony in court. You should hire a different mental health professional for any evaluations or testimony you require. This position is based on two reasons: (1) My statements will be seen as biased in your favor because we have a therapy relationship; and (2) the testimony might affect our therapy relationship, and I must put this relationship first.

Doing follow-up and outcome research is always educational. As a professional therapist, I naturally want to know more about how therapy helps people. To understand therapy better, I must collect information about clients before, during, and after therapy. Therefore, I am asking you to help me by filling out some questionnaires about different parts of your life relationships, changes, concerns, attitudes, and other areas. I ask your permission to take what you wrote on these questionnaires and what I have in my records and use it in research or teaching that I may do in the future. If I ever use the information from your questionnaire, it will always be included with information from many others. Also, your identity will be made completely anonymous. Your name will never be mentioned, and all personal information will be disguised and changed. After the research, teaching, or publishing project is completed all the data used will be destroyed.

If, as part of our therapy, you create and provide to me records, notes, artworks, or any other documents or materials, I will return the originals to you at your written request but will retain copies.

### **Statement of Principles and Complaint Procedures**

It is my intention to fully abide by all the Code of Ethics of the American Counseling Association (ACA), the Pennsylvania Certification Board, and by those of my state license.

Problems can arise in our relationship, just as in any other relationship. If you are not satisfied with any area of our work, please raise your concerns with me at once. Our work together will be slower and harder if your concerns with me are not worked out. I will make every effort to hear any complaints you have and to seek solutions to them. If you feel that I, or any other therapist, has treated you unfairly or has even broken a professional rule, please tell me. You can also contact the state or local counselor association and speak to the chairperson of the ethics committee. He or she can help clarify your concerns or tell you how to file a complaint. You may also contact the state board of occupational licensure, the organization that licenses those of us in the independent practice of counseling.

In my practice as a therapist, I do not discriminate against clients because of any of these factors: age, sex, marital/family status, race, color, religious beliefs, ethnic origin, place of residence, veteran status, physical disability, health status, sexual orientation, or criminal record unrelated to present dangerousness. This is a personal commitment, as well as being required by federal, state, and local laws and regulations. I will always take steps to advance and support the values of equal opportunity, human dignity, and racial/ethnic/cultural diversity. If you believe you have been discriminated against, please bring this matter to my attention immediately.

**If You Need to Contact Me**

I cannot promise that I will be available at all times. I usually do not take phone calls when I am with a client. You can always leave a message with my voice mail or office staff, and I will return your call as soon as I can. Generally, I will return non-urgent messages daily except on Sundays and holidays.

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**If you have a behavioral or emotional crisis and cannot reach us immediately by telephone, you or your family members should call one of the following: Clearfield-Jefferson Mental Health Crisis Intervention at 800-341-5040, Clearfield Hospital at 814-765-5341 or Bright Horizons at 814-768-2137. If you are closer to Centre County call: Centre County Crisis/Suicide prevention at 800-643-543, The Meadows at 800-641-7529, or Mount Nittany Medical Center at 814-234-6110.**

If there is an emergency during our work together, or I become concerned about your personal safety, I am required by law and by the rules of my profession to contact someone close to you—perhaps a relative, spouse, or close friend. I am also required to contact this person, or the authorities, if I become concerned about your harming someone else. Please write down the name and information of your chosen contact person in the blanks provided:

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

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

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

## Our Agreement

I, the client (or his or her parent or guardian), understand I have the right not to sign this form. My signature below indicates that I have read and discussed this agreement; it does not indicate that I am waiving any of my rights. I understand I can choose to discuss my concerns with you, the therapist, before I start (or the client starts) formal therapy. I also understand that any of the points mentioned above can be discussed and may be open to change. If at any time during the treatment I have questions about any of the subjects discussed in this brochure, I can talk with you about them, and you will do your best to answer them.

I understand that after therapy begins I have the right to withdraw my consent to therapy at any time, for any reason. However, I will make every effort to discuss my concerns about my progress with you before ending therapy with you.

I understand that no specific promises have been made to me by this therapist about the results of treatment, the effectiveness of the procedures used by this therapist, or the number of sessions necessary for therapy to be effective.

I have read or have had read to me the issues and points in this brochure. I have discussed those points I did not understand, and have had my questions, if any, fully answered. I agree to act according to the points covered in this brochure. I hereby agree to enter into therapy with this therapist (or to have the client enter therapy), and to cooperate fully and to the best of my ability, as shown by my signature here.

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Signature of client (or person acting for client)

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Date

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Printed name

Relationship to client:

- Self    Parent    Legal guardian  
 Health care custodial parent of a minor (less than 14 years of age)  
 Other person authorized to act on behalf of the client

I, the therapist, have met with this client (and/or his or her parent or guardian) for a suitable period of time, and have informed him or her of the issues and points raised in this brochure. I have responded to all of his or her questions. I believe this person fully understands the issues, and I find no reason to believe this person is not fully competent to give informed consent to treatment. I agree to enter into therapy with the client, as shown by my signature here.

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Signature of therapist

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Date

I truly appreciate the chance you have given me to be of professional service to you and look forward to a successful relationship with you. If you are satisfied with my services as we proceed, I (like any professional) would appreciate your referring other people to me who might also be able to make use of my services.

Copy accepted by client       Copy kept by therapist



Assessment of current relationship (if applicable):  Good  Fair  Poor

**Parental Information**

Parents legally married  Mother remarried: Number of times: \_\_\_\_\_  
 Parents have ever been separated  Father remarried: Number of times: \_\_\_\_\_  
 Parents ever divorced

Special circumstances (e.g., raised by person other than parents, information about spouse/children not living with you, etc.): \_\_\_\_\_

**Development**

Are there special, unusual, or traumatic circumstances that affected your development?  Yes  No

If Yes, please describe: \_\_\_\_\_

Has there been history of child abuse?  Yes  No

If Yes, which type(s)?  Sexual  Physical  Verbal

If Yes, the abuse was as a:  Victim  Perpetrator

Other childhood issues:  Neglect  Inadequate nutrition  Other (please specify): \_\_\_\_\_

Comments re: childhood development: \_\_\_\_\_

\_\_\_\_\_

**Social Relationships**

Check how you generally get along with other people: (check all that apply)

Affectionate  Aggressive  Avoidant  Fight/argue often  Follower  
 Friendly  Leader  Outgoing  Shy/withdrawn  Submissive  
 Other (specify): \_\_\_\_\_

Sexual orientation: \_\_\_\_\_ Comments: \_\_\_\_\_

Sexual dysfunctions?  Yes  No

If Yes, describe: \_\_\_\_\_

Any current or history of being as sexual perpetrator?  Yes  No

If Yes, describe: \_\_\_\_\_

**Cultural/Ethnic**

To which cultural or ethnic group, if any, do you belong? \_\_\_\_\_

Are you experiencing any problems due to cultural or ethnic issues?  Yes  No

If Yes, describe: \_\_\_\_\_

Other cultural/ethnic information: \_\_\_\_\_

**Spiritual/Religious**

How important to you are spiritual matters?  Not  Little  Moderate  Much

Are you affiliated with a spiritual or religious group?  Yes  No

If Yes, describe: \_\_\_\_\_

Were you raised within a spiritual or religious group?  Yes  No

If Yes, describe: \_\_\_\_\_

Would you like your spiritual/religious beliefs incorporated into the counseling?  Yes  No

If Yes, describe: \_\_\_\_\_

**Legal**

**Current Status**

Are you involved in any active cases (traffic, civil, criminal)?  Yes  No  
If Yes, please describe and indicate the court and hearing/trial dates and charges: \_\_\_\_\_

Are you presently on probation or parole?  Yes  No  
If Yes, please describe: \_\_\_\_\_

**Past History**

Traffic violations:  Yes  No                      DWI, DUI, etc.:  Yes  No  
Criminal involvement:  Yes  No                      Civil involvement:  Yes  No

If you responded Yes to any of the above, please fill in the following information.

Charges	Date	Where (city)	Results
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Education**

Fill in all that apply:    Years of education: \_\_\_\_\_    Currently enrolled in school?  Yes  No  
 High school grad/GED  
 Vocational:    Number of years: \_\_\_\_\_    Graduated:  Yes  No    Major: \_\_\_\_\_  
 College:        Number of years: \_\_\_\_\_    Graduated:  Yes  No    Major: \_\_\_\_\_  
 Graduate:       Number of years: \_\_\_\_\_    Graduated:  Yes  No    Major: \_\_\_\_\_  
Other training: \_\_\_\_\_  
Special circumstances (e.g., learning disabilities, gifted): \_\_\_\_\_

**Employment**

Begin with most recent job, list job history:

Employer	Dates	Title	Reason left the job	How often miss work?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Currently:     FT  PT  Temp  Laid-off  Disabled  Retired  
 Social Security  Student  Other (describe): \_\_\_\_\_

**Military**

Military experience?  Yes  No                      Combat experience?  Yes  No  
Where: \_\_\_\_\_  
Branch: \_\_\_\_\_                      Discharge date: \_\_\_\_\_  
Date drafted: \_\_\_\_\_                      Type of discharge: \_\_\_\_\_  
Date enlisted: \_\_\_\_\_                      Rank at discharge: \_\_\_\_\_

**Leisure/Recreational**

Describe special areas of interest or hobbies (e.g., art, books, crafts, physical fitness, sports, outdoor activities, church activities, walking, exercising, diet/health, hunting, fishing, bowling, traveling, etc.)

Activity	How often now?	How often in the past?
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Medical/Physical Health**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> AIDS            | <input type="checkbox"/> Dizziness              | <input type="checkbox"/> Nose bleeds                   |
| <input type="checkbox"/> Alcoholism      | <input type="checkbox"/> Drug abuse             | <input type="checkbox"/> Pneumonia                     |
| <input type="checkbox"/> Abdominal pain  | <input type="checkbox"/> Epilepsy               | <input type="checkbox"/> Rheumatic Fever               |
| <input type="checkbox"/> Abortion        | <input type="checkbox"/> Ear infections         | <input type="checkbox"/> Sexually transmitted diseases |
| <input type="checkbox"/> Allergies       | <input type="checkbox"/> Eating problems        | <input type="checkbox"/> Sleeping disorders            |
| <input type="checkbox"/> Anemia          | <input type="checkbox"/> Fainting               | <input type="checkbox"/> Sore throat                   |
| <input type="checkbox"/> Appendicitis    | <input type="checkbox"/> Fatigue                | <input type="checkbox"/> Scarlet Fever                 |
| <input type="checkbox"/> Arthritis       | <input type="checkbox"/> Frequent urination     | <input type="checkbox"/> Sinusitis                     |
| <input type="checkbox"/> Asthma          | <input type="checkbox"/> Headaches              | <input type="checkbox"/> Smallpox                      |
| <input type="checkbox"/> Bronchitis      | <input type="checkbox"/> Hearing problems       | <input type="checkbox"/> Stroke                        |
| <input type="checkbox"/> Bed wetting     | <input type="checkbox"/> Hepatitis              | <input type="checkbox"/> Sexual problems               |
| <input type="checkbox"/> Cancer          | <input type="checkbox"/> High blood pressure    | <input type="checkbox"/> Tonsillitis                   |
| <input type="checkbox"/> Chest pain      | <input type="checkbox"/> Kidney problems        | <input type="checkbox"/> Tuberculosis                  |
| <input type="checkbox"/> Chronic pain    | <input type="checkbox"/> Measles                | <input type="checkbox"/> Toothache                     |
| <input type="checkbox"/> Colds/Coughs    | <input type="checkbox"/> Mononucleosis          | <input type="checkbox"/> Thyroid problems              |
| <input type="checkbox"/> Constipation    | <input type="checkbox"/> Mumps                  | <input type="checkbox"/> Vision problems               |
| <input type="checkbox"/> Chicken Pox     | <input type="checkbox"/> Menstrual pain         | <input type="checkbox"/> Vomiting                      |
| <input type="checkbox"/> Dental problems | <input type="checkbox"/> Miscarriages           | <input type="checkbox"/> Whooping cough                |
| <input type="checkbox"/> Diabetes        | <input type="checkbox"/> Neurological disorders | <input type="checkbox"/> Other (describe): _____       |
| <input type="checkbox"/> Diarrhea        | <input type="checkbox"/> Nausea                 | _____  |

List any current health concerns: \_\_\_\_\_

List any recent health or physical changes: \_\_\_\_\_

**Nutrition**

Meal	How often (times per week)	Typical foods eaten	Typical amount eaten
Breakfast	___ / week	_____	___ No ___ Low ___ Med ___ High
Lunch	___ / week	_____	___ No ___ Low ___ Med ___ High
Dinner	___ / week	_____	___ No ___ Low ___ Med ___ High
Snacks	___ / week	_____	___ No ___ Low ___ Med ___ High

Comments: \_\_\_\_\_

Current prescribed medications	Dose	Dates	Purpose	Side effects
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Current over-the-counter meds	Dose	Dates	Purpose	Side effects

Are you allergic to any medications or drugs?  Yes  No

If Yes, describe: \_\_\_\_\_

	Date	Reason	Results
Last physical exam			
Last doctor's visit			
Last dental exam			
Most recent surgery			
Other surgery			
Upcoming surgery			

Family history of medical problems: \_\_\_\_\_

Please check if there have been any recent changes in the following:

- Sleep patterns     
 Eating patterns     
 Behavior     
 Energy level  
 Physical activity level     
 General disposition     
 Weight     
 Nervousness/tension

Describe changes in areas in which you checked above: \_\_\_\_\_

**Chemical Use History**

	Method of use and amount	Frequency of use	Age of first use	Age of last use	Used in last 48 hours		Used in last 30 days	
					Yes	No	Yes	No
Alcohol								
Barbiturates								
Valium/Librium								
Cocaine/Crack								
Heroin/Opiates								
Marijuana								
PCP/LSD/Mescaline								
Inhalants								
Caffeine								
Nicotine								
Over the counter								
Prescription drugs								
Other drugs								

Substance of preference

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

**Substance Abuse Questions**

Describe when and where you typically use substances: \_\_\_\_\_  
\_\_\_\_\_

Describe any changes in your use patterns: \_\_\_\_\_  
\_\_\_\_\_

Describe how your use has affected your family or friends (include their perceptions of your use): \_\_\_\_\_  
\_\_\_\_\_

Reason(s) for use:

- Addicted       Build confidence       Escape       Self-medication
- Socialization       Taste       Other (specify): \_\_\_\_\_

How do you believe your substance use affects your life? \_\_\_\_\_

Who or what has helped you in stopping or limiting your use? \_\_\_\_\_

Does/Has someone in your family present/past have/had a problem with drugs or alcohol?

Yes     No      If Yes, describe: \_\_\_\_\_

Have you had withdrawal symptoms when trying to stop using drugs or alcohol?  Yes     No

If Yes, describe: \_\_\_\_\_

Have you had adverse reactions or overdose to drugs or alcohol? (describe): \_\_\_\_\_  
\_\_\_\_\_

Does your body temperature change when you drink?  Yes     No

If Yes, describe: \_\_\_\_\_

Have drugs or alcohol created a problem for your job?  Yes     No

If Yes, describe: \_\_\_\_\_

**Counseling/Prior Treatment History**

Information about client (past and present):

	Yes	No	When	Where	Your reaction to overall experience
Counseling/Psychiatric treatment	_____	_____	_____	_____	_____
Suicidal thoughts/attempts	_____	_____	_____	_____	_____
Drug/alcohol treatment	_____	_____	_____	_____	_____
Hospitalizations	_____	_____	_____	_____	_____
Involvement with self-help groups (e.g., AA, Al-Anon, NA, Overeaters Anonymous)	_____	_____	_____	_____	_____

Information about family/significant others (past and present):

	Yes	No	When	Where	Your reaction to overall experience
Counseling/Psychiatric treatment	_____	_____	_____	_____	_____
Suicidal thoughts/attempts	_____	_____	_____	_____	_____
Drug/alcohol treatment	_____	_____	_____	_____	_____



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**For Staff Use**

Therapist's signature/credentials \_\_\_\_\_ Date: \_\_\_\_\_  
Physical exam: \_\_\_\_\_ Required \_\_\_\_\_ Not required

(Certifies case assignment, level of care and need for exam)