

Your Name:

Today's Date



Month Day Year

Birth Date



Month Day Year

Email Address:

Address:

Referred By:

City, State, Zip:

Home Phone

Profession:

Mobile Phone

Marital Status:

Prior Marriages:

Number of Children and Ages:

Medications:

Current Problems/Issues - Please provide description of current problems and issues to be addressed:

Health Checklist - Check all that apply to each family member and yourself

You

Spouse

Child/Children

Anxiety

Depression

Drinking

Substance Abuse

Anger

Workaholism

Food Addiction

Spending/Gambling

Sex Addiction

Physical Health

3 Adjectives to Describe Your Mother:

3 Adjectives to Describe Your Father:

Amy Warren, LMHC
Policies, Practices, and Consent for Treatment

Individual sessions are 50 minutes, including appointment scheduling and payment. Please be respectful of time constraints. Time is needed between sessions to return calls, write case notes, and re-group between clients. Your allotted time begins at the time of your appointment whether you are present or not. In the rare instance when a client crisis prevents your session from starting promptly, you will be given the same amount of time in session, or the time will be added to a future session if one of us is unable to remain for the full session on that date.

It is important to leave messages when calling. You will usually reach the answering machine as the ringer is turned off when I am in session. During weekdays, the machine is checked frequently and calls are returned promptly. Messages are retrieved daily on weekends and holidays. In the event that a call is not returned promptly by the end of a day, please call back. Answering machines are not foolproof, and cell phones often bleep out words. There is a fee for phone calls or email correspondence of duration longer than 5 minutes.

In the case of emergency when I am not readily available, please go to the local emergency room, contact Bayside Center for Behavioral Health or call 911.

Payment is due at the time of service by check or cash. Please understand that your fee covers much more than the time, energy, and expertise of a session. Your fee also helps to cover the expense of the office, licenses and professional insurance. As I am committed to providing quality service and continually making efforts to improve services, your fee may also cover research, case preparation, extensive continuing education, training, and mentoring. My professional fee is \$200 per 50 minute session.

Clients are scheduled in succession. Administrative and operational duties are conducted in an outside office. Therefore, missed appointments are lost time and money. **Appointments must be canceled within 24 hours in order to avoid payment. You will be charged the full fee for all no-shows and late cancellations. Do not make cancellations by e-mail.**

When records are requested by an outside source (see Notice of Privacy Practices) and consent is given to release the records, it is recommended that information be released in the form of a case summary. The fee for a narrative summary is the professional hourly rate of \$200.

It is sometimes necessary to contact you outside of session. Please check the acceptable ways to contact you

Home

Work

Cell

Answering Machine

If someone else answers the phone, is it acceptable to leave a message?

YES

NO

Only leave a message with the following people:

Weekly appointments are optimal in order to gain the most benefit from counseling. Greater intervals tend to result in more data collection about events between appointments rather than engaging in the process of therapy, healing and self-exploration.

When utilized to its full benefit, counseling is a process of personal growth. As with any growth, you may have growing pains. There may be times when you feel worse instead of better. Feelings such as unhappiness, anger, anxiety, confusion, and frustration may temporarily increase. This is a natural part of the process. Staying with the process increases the likelihood that these feelings will diminish over time. The intent is not for these feelings to disappear forever. A range of feelings is part of being human. Instead, the goal is to decrease the frequency and intensity of negative feelings and behaviors.

I may sometimes offer constructive feedback that is difficult to hear. Know that the message is delivered lovingly in the anticipation that the guidance will help you improve your relationships, self-image, and overall life satisfaction. Most people have patterns in their lives that have prevented them from realizing their potential or achieving fulfillment. My words are not delivered with judgment, but with care and concern.

You will reap the most benefit from counseling if you follow recommendations for reading, homework, and behavior changes. The amount of progress made in therapy is largely contingent on your effort. I will work with you towards self and relational empowerment. If another service or referral to another provider is recommended, it is believed to be in your best interest to accept the referral.

Services offered are Individual Counseling, Neurofeedback, Eye Movement Desensitization Therapy (EMDR), and Intensive Trauma Work. It is your choice as to which services you utilize.

If it is known at this time that information may be required to be disclosed to other sources, the recipients are listed below:

Please complete the following consent for treatment:

I hereby voluntarily request to receive clinical services from Amy Warren, LMHC. I acknowledge that no guarantee has been made to me of the outcome of counseling and/or neurofeedback. I understand that there are risks that my desired outcome may not be achieved. I understand that I can refuse services at any time. I have read the Notice of Privacy Practices. I agree to the treatment, policies, and practices described herein.

Signature

Date