



Intake Form

Client Name: _____ Date: _____

Phone:

Home: _____

Mobile: _____

Work: _____

Address: _____

Email: _____

Employer Name: _____

Occupation: _____

Referral Source: _____

Prior Professional: _____

Age: _____ DOB: _____ Sex: _____ Race: _____

Highest Education Level: _____ Marital Status: _____

Religion: _____

Age/Sex of Children: _____

1. Reason for coming in today: _____

2. History of #1: _____

3. Why did you seek therapy at this time? (What are your goals in being here?)

4. Prior attempts to treat these concerns?

5. Is there a Personal/Family history of:
Physical Abuse ___ Sexual Abuse ___ Mental Illness ___

6. Psychiatric/Medial History
Outpatient Psychotherapy: ___ Yes ___ No
Psychopharmacology: ___ Yes ___ No
Significant Family Medical History: ___ Yes ___ No

7. Substance Abuse/Use: ___ Yes ___ No

8. Current Living Situation:

9. Family Structure you grew-up in:

This Page is to be completed by Coach, not Client

1. Behavioral Strengths/Weaknesses:

2. Mental Status

Attention/Vigilance:

Mood:

Affect:

Motoric behavior:

Thought Process:

Thought content (include delusions, hallucinations):

Suicidal ideation or intent:

Homicidal ideation or intent:

Insight:

Judgment:

Cognitive functioning:

3. Formulation and impressions:

4. Provisional diagnoses:

Axis I

Axis II

Axis III

Axis IV

Axis V

5. Recommendations:

6. Disposition (Include times available, insurance, etc.):



Ivy Lane, Suite 402
Greenbelt, MD 20770
301.588.4600

PSYCHOTHERAPIST-PATIENT CONTRACT

Welcome to my practice. This document contains important information about my professional services and business policies. Please read it. When you sign this document, it will represent an agreement between us.

PSYCHOLOGICAL SERVICES

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the psychologist and patient, and the particular problems you bring forward. There are many different methods I may use to deal with the problems that you hope to address. Psychotherapy is not like a medical doctor visit. Instead, it calls for a very active effort on your part. In order for the therapy to be most successful, you will have to work on things we talk about both during our sessions and at home.

Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychotherapy has also been shown to have benefits for people who go through it. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. However, there are no guarantees of what you will experience.

Our first few sessions will involve a discussion of the marital goals. By the end of the first few sessions, I will be able to offer you some first impressions of what our work will include, if you decide to continue with therapy. You should evaluate this information along with your own opinions of whether you feel comfortable working with me. If you have questions about my procedures, we should discuss them whenever they arise. If your doubts persist, I will be happy to help you set up a meeting with another mental health professional for a second opinion.

During the course of our therapy, we may use a variety of techniques. Some may involve review of events which occurred since the last session; some may involve skill building. Other times we may use brief paper-and-pencil measures to provide additional information for the treatment.

CANCELLATION POLICY

I understand that I will be charged for cancellations made less than 24 hours in advance, except in case of true emergency or in case of office closing due to inclement weather.

MEETINGS

During the initial several meetings, we will identify marital goals and decide if this is the appropriate treatment to meet these goals. During this time, we can both decide if I am the best person to provide the services you need in order to meet your treatment goals. If psychotherapy is begun, I will usually schedule one 60 minute session per week, or every other week at a time we agree on.

PROFESSIONAL FEES

The fee for the initial appointment is \$185.00; and the fee for subsequent sessions is \$170. In addition to appointments, I charge for the time employed for other professional services you may need, though I will break down the hourly cost if I work for periods of less than one hour. Other services include report writing, telephone

conversations lasting longer than 10 minutes, attendance at meetings with other professionals you have authorized, preparation of records or treatment summaries, and the time spent performing any other service you may request of me.

If you become involved in legal proceedings that require my participation, you will be expected to pay for my professional time even if I am called to testify by another party. I charge \$250 per hour for preparation and attendance at any legal proceeding, and my minimum block of time is 3 hours because of the need to cancel and/or reschedule appointments. I also charge \$250 per hour for travel.

BILLING AND PAYMENTS

You will be expected to pay for each session at the time it is held. Payment schedules for other professional services will be agreed to when they are requested.

INSURANCE REIMBURSEMENT

In order for us to set realistic treatment goals and priorities, it is important to evaluate what resources you have available to pay for your treatment. If you have a health insurance policy, it will usually provide some coverage for mental health treatment. However, I do not participate with any insurance network, and am therefore considered "out of network." Some companies do not reimburse for "out of network" coverage. I will fill out required treatment plan forms if required by your insurance company to enable you to receive the benefits to which you are entitled; however, you (not your insurance company) are responsible for full payment of my fees. It is very important that you find out exactly what mental health services your insurance policy covers.

Many insurance companies do not reimburse for "couples treatment". You should check your insurance company to see if they do reimburse for this procedure. The insurance procedure code, CPT, used for couples treatment ("conjoint therapy") is "90847", which will be used on all billing paperwork submitted.

You should also be aware that some insurance companies require you to authorize me to provide them with a clinical diagnosis. Sometimes I have to provide additional clinical information such as treatment plans or summaries, or copies of the entire record (in rare cases). However, Maryland has a specific law that requires insurance companies to use one specific form to authorize services, and the information in that form is rather limited. Nonetheless, this information will become part of the insurance company's files, and will probably be stored on a computer. Though all insurance companies claim to keep such information confidential, I have no control over what they do with it once it is in their hands. In some cases, they may share the information with a national medical information data-bank. I will provide you with a copy of any report I submit, if you request it.

CONTACTING ME

I am often not immediately available by telephone. While I am usually in my office between 12 PM and 7 PM, I probably will not answer the phone when I am with a client. When I am unavailable, my telephone is answered by an answering machine that I monitor frequently. I will make every effort to return your call on the same day you make it, with the exception of weekends and holidays. If you contact me but expect to be difficult to reach, please inform me of some times when you will be available. In emergencies, you can try me at my mobile number. If you are unable to reach me and feel that you can't wait for me to return your call, contact your family physician or the nearest emergency room and ask for the psychologist or psychiatrist on call. If I will be unavailable for an extended time, I will provide you with the name of a colleague to contact, if necessary.

PROFESSIONAL RECORDS

The laws and standards of my profession require that I keep treatment records.

MINORS

If you are under eighteen years of age, please be aware that the law may provide your parents the right to examine your treatment records. However, before giving them any information, I will discuss the matter with you, if possible, and do my best to handle any objections you may have with what I am prepared to discuss.

CONFIDENTIALITY

In general, the privacy of all communications between a patient and a psychologist is protected by law, and I can only release information about our work to others with your written permission. But there are a few exceptions.

I am legally obligated to take action to protect others from harm, even if I have to reveal some information about a patient’s treatment. For example, if I believe that a child or vulnerable adult is being abused, I must file a report with the appropriate state agency.

Furthermore, if I believe that you are threatening serious bodily harm to another, I am required to take protective actions. These actions may include notifying the potential victim, contacting the police, seeking hospitalization, and/or developing some other protective plan. If you are a youth and threaten to harm yourself, I may be obligated to seek hospitalization.

These situations have rarely occurred in my practice. If a similar situation occurs, I will make every effort to fully discuss it with you before taking any action.

I may occasionally find it helpful to consult other professionals about a case. During a consultation, I make every effort to avoid revealing the identity of my patient. The consultant is also legally bound to keep the information confidential. If you don’t object, I will not tell you about these consultations unless I feel that it is important to our work together.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any questions or concerns that you may have.

Your signature below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship.

Therapist’s Name Printed

Therapist’s Signature

Date: ___/___/___

Date: ___/___/___

Client’s Name Printed

Client’s Signature

Date: ___/___/___

Client’s Name Printed

Client’s Signature

Date: ___/___/___

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