



Gabrielle N. Clayton, MA, LMHC

Phone: (360) 888-5291 gabi@gabiclayton-lmhc.com Office hours by appointment
http://www.gabiclayton-lmhc.com Mailing address on request. http://www.cradledheart.com

Contents of this Intake Packet

This Contents Page ~ one page

For Your Information: Your Right to Know ~ five pages

Washington state law requires all counselors to disclose certain information about themselves to you. I have that information on these pages,

Therapy Understandings: my copies ~ three pages

Please sign and return these pages to me.

Therapy Understandings: your copies ~ three pages

These are for you to keep and are the same as my copies, above.

Information from the State of Washington

Content of brochure: What to Expect from your Licensed Mental Health Counselor ... ~ four pages

WAC 246-809-035 Record Keeping and Retention. ~ one page

My Intake Form ~ three pages

Please fill this out and return it to me.

Thank you,

Gabrielle N. Clayton



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For Your Information

Your right to know:

Counselors practicing counseling for a fee must be registered or licensed with the department of health for the protection of the public health and safety. Registration or licensure of an individual with the department does not include recognition of any practice standards, nor necessarily implies the effectiveness of any treatment.

Washington state law requires all counselors to disclose certain information to you. I have listed that information below. If you have any question, please feel free to ask me.

My Washington State License #: LH00005056

My Theoretical Orientation, Methods or Techniques Employed:

I believe that the work of therapy is about developing a healthy relationship with oneself and with other people in the community in order to live a good and meaningful life. It is about finding ways to live in balance and with integrity in what can be a complicated and difficult world.

My work is existential, humanistic, eclectic talk and expressive process-based counseling on a variety of issues including post-trauma (hate crimes and other situation-related trauma) stress and depression, grief and loss, activist or caretaker stress, burnout and compassion fatigue, relationship/communication issues, sexual orientation and gender identity issues, life transitions, family of origin issues, and personal growth.

I work with adults and teenage individuals, couples, families and small groups. As a licensed professional mental health counselor, I am committed to promoting and increasing your mental health through our collaborative efforts.

I run the Cradled Heart therapy group - regarding burnout, compassion fatigue and wellness. It is a therapist facilitated support group for activists, social service folks, educators, etc.
See: <http://www.cradledheart.com>

For more information about my beliefs about counseling, see
<http://www.gabiclayton-lmhc.com/counlpos.htm>

My Education:

M.A., Counseling Psychology; Saint Martin's College, Lacey, WA ~ May 1993

Coursework included: Marriage and Family Therapy, Child and Adolescent Counseling, Abusive Relationships, Treatment of Gender and Ethnicity Issues, Individual Counseling, Group Counseling, Crisis Intervention, Assessment and Treatment Planning, Psychopathology, Mental Health Consultation, Community Psychology, and a 600 hour Internship/Practicum

B.A. Liberal Arts: The Evergreen State College, Olympia, WA ~ June 1989
with an emphasis in Art and Film/Video Production

Specialized Training & Continuing Education: (a partial list)

-) Healing Historical Trauma: Acknowledging Wounds and Following Paths to Healing
-) Couples in Recovery after Infidelity: Creating a New Monogamy
-) Overview of Law and Ethics for Therapists
-) HIPAA and the Future of Mental Health Practice
-) Adult Suicide Risk Assessment
-) Understanding Polyamory and Non-Monogamy in a Context of Sexual and Relational Diversities
-) Adult Suicide Risk Assessment
-) Grief Walking
-) Why Group Therapy: Going From Fixing Problems to Creating Possibilities
-) How The Body Remembers and Heals Trauma
-) Meeting the Treatment Needs of Iraq and Afghanistan War Veterans: Promoting Treatment-Engagement, Delivering Evidenced-Based Care, and Addressing High Risk Behaviors in Returning Veterans
-) Creating a Trans-Welcoming Environment
-) How The Body Remembers and Heals Trauma
-) The Intersections of Sex Work and Violence - specific to transgender and gender non-conforming individuals
-) Triumphant Over Trauma: Perspectives from Jung, Culture, Heart Work, and International Trauma Treatment
-) Rewiring The Evolutionary Glitch In Your Brain: Bridging Neuroscience, Mindfulness, and Emotional Connection For Maximum Healing and Personal Freedom
-) Gender Odyssey Professional Seminar: Accessing Gender Identity In Adolescents for Possible Medical Intervention - Part 1; Family Law: Parents in Conflict; Medical Needs of Transgender Youth: Cross Hormones Teens Speak: Trans Youth Share Their Own Stories; The Future of Trans Youth Care: Current Research
-) Informed Consent for Access to Trans Health (ICATH)
-) Trauma Stewardship
-) The Treatment of Trauma and The Internal Family Systems Model
-) The Wound that Does Not Heal: Recognizing and Treating Complicated Grief
-) Working with Transgender Clients: A Person-Centered and Narrative Therapy Model
-) Ethical Standards & Multiple Diversities: Strategies for Deepening Cultural Sensitivity in Clinical Practice
-) Mindfulness and Self-Care: Restorative Tools for Clinicians
-) Self-Compassion and Psychological Well-Being
-) When Thoughts Attack and Feelings Overwhelm
-) Internet Addiction: Diagnosis and Treatment
-) Working with LGBTQ Couples and Families
-) Understanding and Treating Distorted Body Image
-) Engaging the Traumatized Client who Avoids Closeness and Vulnerability
-) Digital Ethics and Social Networking in Psychotherapy and Counseling
-) Prostitution, Exploitation & Sex Work: Navigating Multiple Frameworks with Queer & Trans Youth
-) Developing Cultural Competence in Psychotherapy Practice
-) Transgender Youth Survivors: Understanding, Serving, Celebrating
-) 21st Century Ethics: Emerging Digital, Boundaries, and Standard of Care Issues
-) Help With Negative Self-Talk
-) Compassion Fatigue
-) Growing Through Grief
-) Ethics With Soul and Boundaries in Psychotherapy
-) Understanding LGBT Mental Health Concerns
-) Working With Trauma: Multi-Modal Integrative Psychotherapy
-) LGBTQ Youth and Eating Disorders
-) Narrative Ideas and Therapeutic Practice: What Makes Narrative Therapy Novel?

-) Compassionate Nonviolent Communication
-) Mindful Self-Compassion in Clinical Practice
-) Conflict Resolution: Skills for Couples & Counselors
-) Good Boundaries: Centerpiece of Successful Relationships
-) Youth Suicide Prevention
-) War and the Soul: Healing Post-Traumatic Stress Disorder
-) Burnout, Stress & Fatigue
-) Compassionate Listening: Healing Our World from the Inside Out
-) Living with Grief: Before and After the Death ~ The Dying Process: Understanding Anticipatory Grief and Anticipatory Mourning ~ Grief: New Insights and Developments ~ Implications for Practice ~ The Importance of Self-Care
-) Working with Depression: Holistic and Spiritual Approaches
-) Psychotherapy with People in the Arts
-) Conflict Management
-) Disaster Mental Health Intervention:(Practical Front-line Assistance and Support for Healing
-) Saying It Out Loud ~ Rights and Recovery: Promoting GLBTQ Wellness in a Changing Environment ~ Chemical Dependency/Mental Health Counseling Needs of GLBTQ Community ~ Working with Transgendered Clients
-) Schopenhauer's Porcupines: Intimacy and Its Dilemmas
-) Healing Plots: The Narrative Basis of Psychotherapy
-) Forgiveness is a Choice
-) Northwest Institute for Community Health Educators (NICHE) - for professionals who work as sexuality, family life, HIV/AIDS, and family planning educators - Advanced Track.
-) Trauma and the Media
-) Clinical Dilemmas in Feminist Therapy Practice
-) The Many Faces of Grief - How to Help Others Through Loss
-) Understanding and Working with Sexual Minority Youth
-) Intensive Journal Workshop: Life Context/Depth Contact
-) Interactive Guided Imagery
-) Understanding Depression: Diagnosis, Treatment and Prevention
-) Understanding Multiple Personality/Dissociative Identity Disorder
-) Effective Strategies for Helping Couples and Families
-) Art Therapy and Sexual Abuse
-) Brief Solution-Focused Therapy

Related Experience:

-) In private practice since 1996.
-) Behavioral Health Resources, Olympia 6/00 to 10/02, then 3/04 to 8/05
-) Three years working as a therapist doing individual and group counseling at a mental health group practice in Olympia.
-) Three years working as a residential youth counselor doing individual and group work with clients at Haven House, a shelter for adolescents in crisis.
-) Eight years providing crisis intervention counseling and emergency services to victims of domestic violence and other people in crisis in New York City and then in Mississippi.

Organizations I'm involved with:

-) Families United Against Hate (FUAH): <http://www.fuah.org>
-) PFLAG-Olympia (Parents, Families and Friends of Lesbians and Gays): <http://www.pflag-olympia.org>
-) Olympia Unity in the Community: <http://www.olympiaunityinthecommunity.org/>
-) Olympia Friends Meeting Peace and Social Justice Committee: <http://olyfriends.homestead.com/justice.html>
-) SAGE-Olympia: <http://www.sageolympia.org>
-) For more information see my personal website: <http://www.gabiclayton.com>

Course of treatment: To be agreed upon with the client. Group counseling course is set with norms agreed on by therapist and group members.

Appointments:

Making and keeping appointments is important to the therapeutic process. If it is necessary to cancel an appointment, please give 24 hours notice in order to avoid being charged for the session.

Confidentiality:

Exceptions to confidentiality as required by law are listed in the Department of Health brochure provided to you. Additionally, I believe that professional consultation with another mental health counselor is sometimes helpful in order for me to provide the best care for my clients. If I consult with another counselor, they are bound by the same laws about confidentiality that I am. If it is necessary for me to speak with or report to an attorney, medical doctor, or any other person, a RELEASE OF INFORMATION must be signed. (See below about information that must be released to an insurance company.)

If I am running a group: confidentiality is discussed as important and agreed by group members. If confidentiality is broken by a group member it is not the responsibility of Gabrielle Clayton.

Emergencies & Non-scheduled Contact:

I cannot guarantee that I will be available in emergencies. There is a 24-hour crisis line available in Thurston County at (360) 586-2800.

Client Rights and Responsibilities:

Clients have the right to request a change of therapy, referral to another therapist, or to discontinue therapy, or other referral sources. It is the client's responsibility to choose the therapist and treatment modality which best suits their needs.

Accessibility:

My office is in an accessible space. A sign language interpreter or other services may be necessary to make my counseling service accessible to a client with disabilities.

Email, Cell Phones, and Computers:

It is very important to be aware that computers, email and cell phone communication can be relatively easy to access by unauthorized people and hence can compromise the privacy and confidentiality of such communication. Emails, in particular, are vulnerable to such unauthorized access due to the fact that servers have unlimited and direct access to all emails that go through them. Additionally, my emails are not encrypted. My computers are equipped with a firewall, a virus protection and a password. If you communicate confidential or highly private information via email, I will assume that you have made an informed decision, will view it as your agreement to take the risk that such communication may be intercepted, and I will honor your desire to communicate on such matters via email. Please, be aware that emails are part of the medical records. Please do not use email for emergencies because due to computer or network problems emails may not be deliverable, and I sometimes am not able to check email daily.

Social Networking:

I don't accept friend requests from current or former (recent) clients on my psychotherapy related profiles on social networking sites because these sites can compromise clients' confidentiality and privacy. For the same reason, I request that clients do not communicate with me via any interactive or social networking websites.

Fees:

My fee is \$80.00 for a 60-minute individual or couple counseling session. Other sessions – family, etc. will be set depending on what is involved. I am sometimes able to slide the fee down – ask me about this if needed.

Insurance:

I do not bill insurance companies for seeing clients. If you need a receipt for insurance or taxes, please let me know.

Payment:

Payment is expected at the time of service unless other arrangements are made. You can pay with cash or check; with the Square Register card reader I have for credit or debit cards or with PayPal online. Reports requested by clients are charged at the same hourly rate as office sessions and must be paid prior to me sending them.



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I have read and understand the information contained in this document, and I agree to participate in and receive, and/or have my child(ren) participate in and receive counseling from Gabrielle N. Clayton, M.A. This agreement shall remain in effect until either the client or the therapist, or both terminate treatment.

By signing this document, I confirm that I have received a copy of the required disclosure information, that I have read and understood this information. My signature also affirms that I have received a copy of the Department of Health brochure, "Counseling or Hypnotherapy Clients" and I understand the legal exceptions to the confidentiality of therapy sessions.

By signing this document I confirm that am requesting in writing that no treatment records be kept by Gabrielle N. Clayton other than what is needed based on her judgement, and the minimum required in "WAC 246-809-035 -- Recordkeeping and retention." which I received in this intake packet, and beyond what is minimally required by that and other state or federal law.

Client: _____ date: _____

Gabrielle N. Clayton: _____ date: _____

Return this copy to Gabrielle N. Clayton



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Fee Agreement

I, agree to pay \$ _____ per session for therapy session and/or \$ _____ for group therapy sessions. Late cancellations (less than 24 hour notice unless it is an emergency) and “no-shows” will be billed at the full hourly rate, and must be paid at the next scheduled appointment or within 15 days, whichever comes first.

I understand that payment is to be made at each session unless other arrangements have been made. Telephone appointments are billed at the same rate as office sessions. Payment for telephone appointments must be made within 15 days, or at the next scheduled appointment, whichever comes first. I also understand that I will be billed \$20.00 for checks returned for insufficient funds.

Client: _____ date: _____

Gabrielle N. Clayton: _____ date: _____

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**Patient-Therapist Confidentiality
and the Limits to Confidentiality**

Patient confidentiality is a vital component of psychotherapy. It is extremely important that patients feel secure that what they discuss in therapy will not be shared.

There are three circumstances in which a therapist is required to report confidential information to state public welfare officials. These are when the therapist has a reasonable suspicion of the occurrence of:

1. Child abuse
2. Physical abuse of an elder or dependent adult living in the home
3. Expressed intent to harm oneself or another person

I have read, understand and agree to the terms stated herein.

Client: _____ date: _____

Gabrielle N. Clayton: _____ date: _____

Return this copy to Gabrielle N. Clayton



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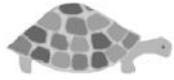
Client:

date:

Gabrielle N. Clayton:

date:

This copy is for your record.



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2. Physical abuse of an elder or dependent adult living in the home
3. Expressed intent to harm oneself or another person

I have read, understand and agree to the terms stated herein.

Client:

date:

Gabrielle N. Clayton:

date:

This copy is for your record.

Content of brochure: What to Expect from your Licensed

- Mental Health Counselors (LMHC)
- Marriage & Family Therapists (LMFT)
- Advanced Social workers (LASW)
- Independent Clinical Social Workers (LICSW)
- Mental Health Counselor Associate (LMHCA)
- Marriage and Family Therapist Associate (LMFTA)
- Social Work Associate – Advanced (LSWAA)
- Social Work Associate – Independent Clinical (LSWAIC)

LASW's, and LICSW's.

The term associate refers to the associate level counselors. This includes LMHCA's, LMFTA's, LSWAA's, and LSWAIC's. An associate has a graduate degree in a mental health field, and is gaining the supervision and supervised experience needed for licensure.

The goal of this brochure is to give general information about what you might expect from a Washington State licensed counselor or associate.

Our goal is to help you in have a positive counseling experience based on your ability to determine the type of services and the best provider to meet your needs.

What You Can Expect From Your Counselor or Associate:

Your licensed counselor or associate is required by law to provide you with a disclosure statement. It should have the following information:

- Qualifications
- Education
- Areas of expertise
- Valid license number
- Description of the types of counseling proposed
- Explanation of potential risks and benefits of such counseling.

They should:

- Inform you of the costs of your treatment, billing practices and how they maintain your medical records.
- Give you the opportunity to discuss matters of confidentiality, privacy, and release of information.
- Assist you in referrals to other professionals, if necessary or requested.
- Treat you with respect and dignity, especially in regard to age, color, culture, disability, ethnicity, gender, race, religion, sexual orientation, marital status, or socio-economic status.
- Keep confidentiality. Licensed mental health counselors, licensed independent clinical social workers and licensed marriage and family therapists have testimonial privilege. These providers may not disclose or testify about any information they learned about their client regardless of how they got the information. All information needed to provide the counseling service is considered privileged.

Remember: Your involvement in developing treatment goals, requesting a change in approach to treatment, or in decisions about termination of treatment is encouraged!

Once signed and dated by you and your licensed counselor or associate, the disclosure statement keeps it as part of your treatment record.

(Disclosure Information - WAC 246-809-700)

Licensed counselor or associates can diagnose and treat mental and emotional disorders. In doing so, they may work with individuals, couples, families, groups and organizations. Goals may include specific behavioral changes, symptom relief, personal growth, and/or the enhancement of well-being. If you have questions that require legal, medical, or other specialized knowledge outside the scope of practice of your licensed counselor or associate, you should be referred to another professional category for assistance with those questions.

You should be aware, that there are other credentialed professionals in the State of Washington that provide counseling services. Other credentialed counselors carry the designation certified counselor, certified adviser or agency affiliated counselor. They provide services but aren't required to meet the same academic/experience standards.

Each of the licensed counselor or associate categories has its own training, experience, supervision and continuing education requirements. The differences generally affect the types of services offered and the cost. Determining the best fit for you, your children, or your family will be your responsibility and challenge. You are encouraged to review the personal disclosure statement of the clinicians you are considering and to ask questions about your particular situation.

To be a licensed counselor, your provider must have completed:

- A master's or doctorate degree from a program approved by DOH and accredited by nationally recognized standards;
- An approved exam;
- 3,000 to 4,000 hours of supervised post-graduate experience.
- 36 continuing education hours every two years, including six hours of law and ethics.

To be an associate, your provider must:

- Have completed a master's or doctorate degree from a program approved by DOH and accredited by nationally recognized standards;
- Be under the supervision of an approved supervisor and gaining the experience requirements for full licensure.

Confidentiality and Health Care Information Access and Disclosure

Your counselor will create records about your counseling process. These records are personal and sensitive. They should be properly documented, stored, retained and released only under specific circumstances. Your counselor should have a clear procedure to ensure confidentiality of your records. You have the right to expect that anything you tell your counselor will be held in confidence with just a very few exceptions:

- If you are involved in a civil or criminal lawsuit, a judge can order your file be turned over to the court;
- If you make statements that a child, elderly, or disabled person has been abused or neglected, law requires your counselor to report that information to the appropriate authorities.
- If you make statements that indicate you intend to harm yourself or others, your counselor may report that information to the appropriate authorities.

There also may be circumstances, such as inquiries from your insurance company, or a need for your counselor to consult with another of your healthcare providers. You will be asked to sign an authorization for release of information about your treatment. You should be informed of the reason for such disclosures and are encouraged to ask questions about anything that is unclear to you, prior to signing this authorization.

Maintaining a Professional Relationship

Your relationship with your counselor should be professional in nature. Counseling deals with the most private aspects of your life. It is your counselor's responsibility to ensure an atmosphere of safety for you. Counselors should not invite you into a business venture, ask you for personal favors, subcontract with you for services, or engage in any sexual contact with you. If you are involved with a counselor in another relationship, such as a personal friend or a business relationship, you and your counselor should discuss the effect of these multiple relationships on services you may receive and take precautions for your own best interests.

Counseling often deals with difficult and emotional issues. There may be a time when you feel confused or troubled by something that occurs during counseling. You are encouraged to talk about this with your counselor so you can come to a more comfortable resolution. If you don't feel the issue has been resolved you may wish to get a second opinion. You may also review the section of the law that describes forms of unprofessional conduct. Unprofessional conduct includes, but is not limited to:

- * Misrepresentations or false advertising
- * Incompetence, negligence or malpractice
- * Violation of any state or federal code
- * Willful betrayal of confidentiality

If for any reason you are unable to resolve such a concern with your counselor, you may wish to file a complaint with the Department of Health. Contact the Customer Service Center for assistance:

DOH Customer Service Center
Phone: (360) 236-4700
Fax: (360) 236-4818
Web Site: WWW.DOH.WA.GOV/HSQA
E-Mail: hpqa.csc@doh.wa.gov
Address: 310 Israel Road S.E.
Tumwater, WA. 98501

The Department of Health (DOH) regulates licensed counselors and associates. (18.225 RCW and WAC 246-809).

The intent of the rules and laws is to protect the public and ensure the competence of those providing counseling services. Licensed counselors and associates act according to state law, DOH rules, codes of ethics of their national professional organizations, and national laws and regulations.

An advisory committee, made up of members from each of the four licensed counselor groups, and three public members, meets quarterly to provide advice to DOH.

The committee welcomes the public to attend these meetings. Contact DOH for meeting information.

The Health Systems Quality Assurance Division within DOH has information on all health care professionals in the state. This information includes credential status and current restrictions or disciplinary actions, since July of 1998.

If you have a question about a provider, contact DOH.

Provider Credential Search Website:

<https://fortress.wa.gov/doh/Providercredentialsearch/>

Licensed Counselor Websites:

<http://www.doh.wa.gov/hsqa/Professions/MFT/Default.htm>

<http://www.doh.wa.gov/hsqa/Professions/MentalHealth/default.htm>

http://www.doh.wa.gov/hsqa/Professions/Social_Worker/default.htm

Professional Codes of Ethics:

For more information on ethics, please view the following websites and their ethics information.

American Association for Marriage & Family Therapy:

www.aamft.org

American Counseling Association:

www.counseling.org

American Mental Health Counselors Association:

<http://AMHCA.org>

National Association of Social Workers:

<http://www.naswdc.org/>

Clinical Social Work Association

<http://www.clinicalsocialworkassociation.org/>

Washington State Department of Health

DOH 670-125 February 2011

For persons with disabilities, this document is available on request in other formats.

To submit a request, please call 1-800-525-0127. (TTY/TDD 1-800-833-6388)

WAC 246-809-035 -- Recordkeeping and retention.

- (1) The licensed counselor or associate providing professional services to a client or providing services billed to a third-party payor, must document services, except as provided in subsection (2) of this section.
- (2) The documentation includes:
 - (a) The following business information:
 - (i) Client name;
 - (ii) The fee arrangement and record of payments;
 - (iii) Dates counseling was received;
 - (iv) Disclosure statement, signed and dated by licensed counselor and client or associate and client on or before the initial session.
 - (b) The following treatment information:
 - (i) The presenting problem(s), purpose or diagnosis;
 - (ii) Notation and results of formal consults, including information obtained from other persons or agencies through a release of information;
 - (iii) Progress notes sufficient to support responsible clinical practice for the type of theoretical orientation/therapy the licensed counselor or associate uses; and
 - (iv) The associate must also provide all relevant information about their clinical work to the approved supervisor. This includes session notes, case discussions/analysis, or reports from collaborating professionals. The approved supervisor must have a thorough understanding of the clinical work that the associate is doing.
- (2) If a client being treated by the licensed counselor requests in writing that no treatment records be kept, and the licensed counselor agrees to the request, then the licensed counselor must retain only the following documentation:
 - (a) The following business information:
 - (i) Client name;
 - (ii) The fee arrangement and record of payments;
 - (iii) Dates counseling was received; and
 - (iv) Disclosure statement, signed and dated by licensed counselor or associate and client.
 - (b) The client's written request that no treatment records be kept.
- (3) The licensed counselor shall not agree to the request if maintaining client records is required by other state or federal law.
- (4) The licensed counselor or associate or the associate's supervisor must keep all client records for a period of five years following the last visit. Within this five-year period, all records must be maintained safely, with properly limited access.
- (5) The licensed counselor or associate or the associate's supervisor shall make provisions for retaining or transferring records in the event of going out of business, death or incapacitation. These provisions may be made in the practitioner's will, an office policy, or by ensuring another licensed counselor is available to review records with a client and recommend a course of action; or other appropriate means as determined by the licensed counselor or associate.

[Statutory Authority: RCW 18.225.040. WSR 17-13-082, § 246-809-035, filed 6/16/17, effective 7/17/17. Statutory Authority: Chapter 18.225 RCW. WSR 09-15-039, § 246-809-035, filed 7/8/09, effective 7/8/09. Statutory Authority: RCW 18.225.040, 18.130.050. WSR 06-09-032, § 246-809-035, filed 4/12/06, effective 5/13/06.]

This information is posted online at: <http://apps.leg.wa.gov/wac/default.aspx?cite=246-809-035>



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Please take some time and fill out this form thoughtfully. The information will be confidential. If you are uncomfortable answering any of the questions or some do not apply, feel free to skip them. If you need more room, use the back or add a page. *Thank you.*

Today's Date: / / Referred by:

Name:

Legal Name (if different):

Gender: Female Male Intersex Gender identity:

Preferred Gender Pronoun(s):

Sexual/Affectional Orientation:

Ethnicity, religion, and other cultural/collective/historical and personal identity that you want me to know about:

Residential Address (include zip code):

Mailing Address with zip code (if different):

Phone #'s:

Home:	Is it okay to leave message on machine?	With people there?
Work/Other:	Is it okay to leave message on machine?	With people there?
Cell:	Is it okay to leave message on machine?	With people there?

Email address(s):

Is it okay to use email to contact you?

Preferred method(s) of contact? Preferred times to contact you if by phone?

Legal Guardian(s) (if needed):

Emergency contact person(s):

Relationship(s): Phone #'s:

Birth date: / / Age: Social Security #:

Are you also in individual / group therapy now? (circle type) With whom?

Name:

Employer(s) / school:

Years of education:

Occupation(s):

How many hours a week and what type of work/school do you do?

Physician:

When was your last visit to the doctor?

Your current health status, concerns or problems, disability, etc.:

Your current medications:

Your family of origin – parents/siblings/children and others in your family of birth, foster/adopt:

Name	Relationship	Age	Medical or psychological issues?	Living ?	Where?

How was/is conflict handled in your family of origin?

History of domestic violence, physical abuse, sexual abuse, emotional abuse, neglect, substance abuse, or mental illness in your family of origin:

Have you ever been sexually abused or raped? Have you ever been in a situation where you were touched or forced to touch someone in a way that made you feel unsafe or uncomfortable? If yes, please explain.

Who do you live with now? alone partner/spouse family parent(s) roommate(s)/housemate(s) other:

Your family of choice – other people of importance in your life now:

Name	Relationship	Age	Medical or psychological issues?	Living ?	Where?

How is conflict handled in your present living situation?

Is there domestic violence, physical abuse, sexual abuse, emotional abuse, neglect, substance abuse, or mental illness in your present living situation or family of choice?

Is there other important information about your present living situation or family of choice I should know about?

How many hours do you sleep a day? How many hours a week and what type of exercise do you do?

Are you comfortable with your present size/weight? Are you on a special diet? Please describe.

Have you experienced the death of friend(s) or close family member(s)? If yes, who and when?

Have you ever considered or attempted suicide? If yes, when, method(s) and the circumstances?

Have you considered harming yourself since then? no yes – When and what were the circumstances?

Have you or anyone close to you ever been concerned about your alcohol or drug use? If yes, please explain.

Do you: (Please check box if “yes” – then give details below). get headaches?
 get stomachaches? “space out” a lot? lose time? hear voices? cut or hurt yourself?

What made you decide to begin counseling/group work now?

What specific issues do you want to work on in therapy or in the group?

Please describe any fears, worries or anxieties that are particularly problematic for you.

Have you worked on these issues before? When and with whom?

Anything else? What did I forget to ask?

Your signature: _____ Today's date: _____