Grace Counseling Services, LLC
Loretta Hill-Adams, MSW, LMSW, Supervised Mental Health Therapist
PO. Box 2432, Powder Springs, GA 30127
770-560-2551
www.gracecounseling-services.com

INFORMATION, AUTHORIZATION, & CONSENT TO TREATMENT

I am delighted that you have selected me to be your supervised Therapist, and I am sincerely looking forward to assisting you. This document is designed to inform you about what you can expect from me regarding confidentiality, emergencies, and several other details regarding your treatment. Although providing this document is part of an ethical obligation to my profession, more importantly, it is part of my commitment to you to keep you fully informed of every part of your therapeutic experience. Please know that your relationship with me is a collaborative one, and I welcome any questions, comments, or suggestions regarding your course of therapy at any time.

Background Information

The following information regarding my educational background and experience as a supervised therapist is an ethical requirement of my profession. If you have any questions, please feel free to ask. Background Information: The following is a brief description of my educational background and related therapeutic experience. I received my Bachelor of Science Suma Cum Laude in Social Sciences from Mercer University and my Master of Science in Clinical Social Work from Simmons University, Boston, MA. As a responsibility to maintain continuous education, I have training in Faith-Based Counseling, Grief Counseling, Trauma, Cognitive Behavioral Therapy (CBT), Mindfulness Dialectical Behavior Therapy (DBT), Narrative Therapy (NT), and Solution-Focused Brief Therapy (SFBT). I am a member of the National Association of Social Workers (NASW #886719874), and I am a Licensed Master Social Worker (MSW008216). I currently conduct mental health therapy under a Supervised Therapist contract with Vicki Blount, LPC, NCC, CPCS, MAC. I have experience working with adolescents, adults, couples, and families with a variety of concerns such as behavior problems, past trauma, self-esteem issues, anxiety, depression, and relationship concerns. I am currently employed at Grace Counseling Services, LLC, Tanner Medical Center (Hospice Care), and I am a licensed and ordained Minister at Thy Kingdom Has Come International Ministries.

Theoretical Views & Client Participation

Grace Counseling Services (GCS) provides several service areas that include faith-based counseling, existential and integrated counseling approaches, social services, life coaching, and nutrition, and health guidance. Our aim is to empower young/older adults, married couples, and family units by extending the impartation of the word of God. We utilize evidenced-based theories accompanied by skilled clinical practices in the hope of guiding them to their destiny in life and purpose in Christ Jesus. Grace Counseling Services has experienced licensed counselors, psychotherapy therapists, social workers, life coaches, and nutrition and health specialists that are prepared to nourish, empower, and encourage those who aspire for positive change. As a therapist, I believe that as people become more aware and accepting of themselves, they are more capable of finding a sense of peace and contentment in their lives. However, self-awareness and self-acceptance are goals that may take a long time to achieve. Some clients need only a few sessions to achieve these goals, whereas others may require months or even years of therapy. My overall theoretical perspective is a hybrid approach to clinical theory, along with biblical principles. This means that my foundation is secured on the foundation of the Word of God and evidence-based practices. I believe it is my job as a therapist, not to have the right answers for you, but to have questions that lead to your self-exploration, and insight to find your answers. As a client, you are in complete control, and you may end your relationship with me at any point. For therapy to be most successful, you must take an

active role. This means working on the things you and I talk about both during and between sessions. This also means avoiding any mind-altering substances like alcohol or non-prescription drugs for at least eight hours before your therapy sessions. Generally, the more of yourself you are willing to invest, the higher the return.

Furthermore, it is my policy only to see clients who, I believe, can resolve their own problems with my assistance. It is my intention to empower you in your growth process to the degree that you are capable of facing life's challenges in the future without me. I also don't believe in creating dependency or prolonging therapy if the therapeutic intervention does not seem to be helping. If this is the case, I will direct you to other resources that will be of assistance to you. Your personal development is my number one priority. I encourage you to let me know if you feel that terminating therapy or transferring to another therapist is necessary at any time. My goal is to facilitate healing and growth, and I am very committed to helping you in whatever way seems to produce maximum benefit. I genuinely hope we can talk about any of these decisions. If at any point, you are unable to keep your appointments, or I don't have face to face contact with you for three consecutive months, I will need to close your chart. However, as long as I still have space in my schedule, reopening your chart and resuming treatment is always an option.

Confidentiality & Records

Your communications with me will become part of a clinical record of treatment, and it is referred to as Protected Health Information (PHI). Your PHI will be kept in a file stored in a locked cabinet in my locked office. Additionally, I will always keep everything you say to me completely confidential, with the following exceptions: (1) you direct me to tell someone else and you sign a "Release of Information" form; (2) I determine that you are a danger to yourself or to others; (3) you report information about the abuse of a child, an elderly person, or a disabled individual who may require protection; or (4) I am ordered by a judge to disclose information. In the latter case, my license does provide me with the ability to uphold what is legally termed "privileged communication." Privileged communication is your right as a client to have a confidential relationship with a therapist. This state has a very good track record in respecting this legal right. If for some unusual reason, a judge were to order the disclosure of your private information, this order can be appealed. I cannot guarantee that the appeal will be sustained, but I will do everything in my power to keep what you say confidential.

Please note that in couple's counseling, I do not agree to keep secrets. Information revealed in any context may be discussed with either partner.

Regarding a request for you or your child's records, with a signed request for records form, and unless there are legal or ethical barriers in the way of your receipt of said records, you will receive a summary of you or your child's clinical progress. You may receive one summary at no charge per year (12 months), and any additional summaries that will require my time to compile will incur a monetary contribution. Because I am not a forensic specialist, nor do I participate in court-related processes, you understand and agree that any summaries and records received are for the purpose of your personal medical/psychological record to track you or your child's therapeutic growth, and not an attempt to include Loretta Hill-Adams or Grace Counseling Services, LLC in any legal matters.

If you wish to receive your medical record only (dates of attendance, financial payment history), you agree to have a session with me to discuss those records. It is my intent that you understand and have the opportunity to process the content of those records. A copy of your medical record alone will also incur a per-page charge to you (this is standard practice for professionals and physicians).

Professional Relationship

Our relationship has to be different from most relationships. It may differ in how long it lasts, the objectives, or the topics discussed. It must also be limited to only the relationship between Therapist and client. If you and I were to interact in any other way, we would then have a "dual relationship," which could prove to be harmful to you in the long run and is, therefore, unethical in the mental health profession. Dual relationships can set up conflicts between the Therapist's interests and the client's interests, and then the client's (your) interests might not be put first. In order to offer all of my clients the best care, my judgment needs to be unselfish and purely focused on your needs. This is why your relationship with me must remain professional in nature.

Additionally, there are significant differences between therapy and friendship. Friends may see your position only from their personal viewpoints and experiences. Friends may want to find quick and easy solutions to your problems so that they can feel helpful. These short-term solutions may not be in your long-term best interest. Friends do not usually follow up on their advice to see whether it was useful. They may *need* to have you do what they advise. A therapist offers you choices and helps you choose what is best for you. A therapist helps you learn how to solve problems better and make better decisions. A therapist's responses to your situation are based on tested theories and methods of change.

Legal Disclaimer: There is another dual relationship that therapists are ethically required to avoid. This is providing therapy while also providing a legal opinion. These are considered mutually exclusive unless you hire a therapist specifically for a legal opinion, which is considered "forensic" work and not therapy. My passion is not in forensic work but in providing you with the best therapeutic care possible. Therefore, by signing this document, you acknowledge that I will be providing therapy only and not forensic services. You also understand that this means I will not participate in custody evaluations, depositions, court proceedings, or any other forensic activities.

Waive right to subpoena: To protect you and the information you and/or your child(ren) provide to me during our sessions, I ask each client to waive their right to call me as a witness for court for any reason. The communication that you/your child(ren) provide during session is considered privileged by OCGA 24-5-501 and covers "communication between a…licensed or supervised professional counselor and patient." If you anticipate the need for a therapist's involvement in court activity, I will be happy to refer you to someone who is more suited to meet your needs. If, for any reason, I am required to participate in court proceedings, a monetary contribution for attendance, court preparation, and legal and ethical review to GCS are appreciated.

You should also know that therapists are required to keep the identity of their clients confidential. For your confidentiality, I will not address you in public unless you speak to me first. I must also decline any invitation to attend gatherings with your family or friends. Lastly, when your therapy is completed, I will not be able to be a friend to you like your other friends. In sum, it is my ethical duty as a therapist always to maintain a professional role. Please note that these guidelines are not meant to be discourteous in any way; they are strictly for your long-term protection.

Statement Regarding Ethics, Client Welfare & Safety

I assure you that my services will be rendered in a professional manner consistent with the ethical standards of the American Counseling Association and the National Association of Social Workers. If at any time, you feel that I am not performing ethically or professionally, I ask that you please let me know immediately. If we are unable to resolve your concern, I will provide you with information to contact the professional licensing board that governs my profession.

Due to the very nature of psychotherapy, as much as I would like to guarantee specific results regarding your therapeutic goals, I am unable to do so. However, with your participation, we will work to achieve the best possible results for you or your child. Please also be aware that changes made in therapy may affect other people in your life. For example, an increase in your assertiveness may not always be welcomed by others. It is my intention to help you manage changes in your

interpersonal relationships as they arise, but it is important for you to be aware of this possibility nonetheless.

Additionally, at times people find that they feel somewhat worse when they first start therapy before they begin to feel better. This may occur as you begin discussing certain sensitive areas of your life. However, a topic usually isn't sensitive unless it needs attention. Therefore, discovering the discomfort is actually a success. Once you and I are able to target your specific treatment needs and the particular modalities that work the best for you, help is generally on the way.

TeleMental Health Statement

TeleMental Health is defined as follows:

"TeleMental Health means the mode of delivering services via technology-assisted media, such as but not limited to, a telephone, video, internet, a smartphone, tablet, PC desktop system or other electronic means using appropriate encryption technology for electronic health information. TeleMental Health facilitates client self-management and support for clients and includes synchronous interactions and asynchronous store and forward transfers." (Georgia Code 135-11-.01) TeleMental Health is a relatively new concept even though many therapists have been using technology-assisted media for years. Breaches of confidentiality over the past decade have made it evident that Personal Health Information (PHI) as it relates to technology needs an extra level of protection. Additionally, several other factors need to be considered regarding the delivery of TeleMental Health services in order to provide you with the highest level of care. Therefore, I have completed specialized training in TeleMental Health. I have also developed several policies and protective measures to ensure your PHI remains confidential. These are discussed below.

The Different Forms of Technology-Assisted Media Explained

Telephone via Landline:

It is important for you to know that even landline telephones may not be completely secure and confidential. There is a possibility that someone could overhear or also intercept your conversations with special technology. Individuals who have access to your telephone or your telephone bill may be able to determine who you have talked to, who initiated that call, and how long the conversation lasted. If you have a landline and you provided me with that phone number, I may contact you on this line from my landline in my office or from my cell phone, typically only regarding setting up an appointment if needed. If this is not an acceptable way to contact you, please let me know. Telephone conversations (other than just setting up appointments) are billed at my hourly rate.

Cell phones:

In addition to landlines, cell phones may not be completely secure or confidential. There is also a possibility that someone could overhear or intercept your conversations. Be aware that individuals who have access to your cell phone or your cell phone bill may be able to see who you have talked to, who initiated that call, how long the conversation was, and where each party was located when that call occurred. However, I realize that most people have and utilize a cell phone. I may also use a cell phone to contact you, typically only regarding setting up an appointment if needed. Telephone conversations (other than just setting up appointments) are billed at my hourly rate. Additionally, I keep your phone number in my cell phone, and my phone is password protected. If this is a problem, please let me know, and we will discuss our options.

Text Messaging:

Text messaging is not a secure means of communication and may compromise your confidentiality. Furthermore, sometimes people misinterpret the meaning of a text message and/or the emotion behind it. Therefore, **I do not utilize texting in my therapy practice, and I will not respond to a text message for your protection.** If you happen to send me a text message by accident, you need to know that I am required to keep a copy or summary of all texts as part of your clinical record that address anything related to therapy.

Email:

Emailing is not a secure means of communication and may compromise your confidentiality. Therefore, **I do not utilize email with any of my clients, and I will not respond to an email message** for your protection. If you happen to send me an email by accident, you need to know that I am required to keep a copy or summary of all emails as part of your clinical record that address anything related to therapy.

Social Media - Facebook, Twitter, LinkedIn, Instagram, Pinterest, Etc.:

It is my policy not to accept "friend" or "connection" requests from any current or former client on my **personal** social networking sites such as Facebook, Twitter, Instagram, Pinterest, etc., because it may compromise your confidentiality and blur the boundaries of our relationship.

However, I have a **professional** Facebook page. You are welcome to "follow" me on any **professional** page where I post psychology or counseling related material. However, please do so only if you are comfortable with the general public being aware of the fact that your name is attached to mine or Grace Counseling Services, LLC. Please refrain from making contact with me using social media messaging systems such as Facebook Messenger or Twitter, as I will not respond. These methods have insufficient security, and I do not watch them closely. I would not want to miss an important message from you.

Recommendations to Websites or Applications (Apps):

During the course of our treatment, I may recommend that you visit certain websites for pertinent information or self-help. I may also recommend certain apps that could be of assistance to you and enhance your treatment. Please be aware that websites and apps may have tracking devices that allow automated software or other entities to know that you have visited these sites or applications. They may even utilize your information to attempt to sell you other products. Additionally, anyone who has access to the device you used to visit these sites/apps may be able to see that you have been to these sites by viewing the history on your device. Therefore, it is your responsibility to decide if you would like this information as an adjunct to your treatment or if you prefer that I do not make these recommendations. Please let me know by checking (or not checking) the appropriate box at the end of this document.

Your Responsibilities for Confidentiality & TeleMental Health:

Please communicate only through devices that you know are secure, as described above. It is also your responsibility to choose a secure location to interact with technology-assisted media and to be aware that family, friends, employers, co-workers, strangers, and hackers could either overhear your communications or have access to the technology in which you are interacting. Additionally, you agree not to record any TeleMental Health sessions.

In Case of Technology Failure:

During a TeleMental Health session, we could encounter a technological failure. The most reliable backup plan is to contact one another via telephone. Please make sure you have a phone with you, and I have that phone number.

Limitations of TeleMental Health Therapy Services:

TeleMental Health services should not be viewed as a complete substitute for therapy conducted in my office unless there are extreme circumstances that prevent you from attending therapy in person. It is an alternative form of therapy or adjunct therapy, and it involves limitations. Primarily, there is a risk of misunderstanding one another when communication lacks visual or auditory cues. For example, if the video quality is lacking for some reason, I might not see a tear in your eye. Or, if audio quality is lacking, I might not hear the crack in your voice that I could easily pick up if you were in my office.

There may also be a disruption to the service (e.g., the phone gets cut off or video drops). This can be frustrating and interrupt the normal flow of personal interaction.

Please know that I have the utmost respect and positive regard for you and your wellbeing. I would never do or say anything intentionally to hurt you in any way, and I strongly encourage you to let me know if something I have done or said has upset you. I invite you to keep our communication open at all times to reduce any possible harm.

I offer primarily face-to-face therapy sessions. However, based on your treatment needs, I may provide phone consults (TeleMental Health).

In summary, technology is continuously changing, and there are implications to all of the above limitations that we may not realize at this time. Feel free to ask questions, and please know that I am open to any feelings or thoughts you have about these and other modalities of communication and treatment.

Communication Response Time:

My practice is considered to be an outpatient facility, and I am set up to accommodate individuals who are reasonably safe and resourceful. I do not carry a beeper, nor am I available at all times. If, at any time, this does not feel like sufficient support, please inform me, and we can discuss additional resources or transfer your case to a therapist or clinic with 24-hour availability. I will return phone calls within 24-48 hours. If you are having a mental health emergency and need immediate assistance, please follow the instructions below.

In Case of an Emergency:

If you have a mental health emergency, I encourage you not to wait for communication back from me but do one or more of the following:

- Call Behavioral Health Link/GCAL: 800-715-4225 or another 24-hour crisis hotline in your area
- Call Ridgeview Institute at 770.434.4567 or local hospital
- Call Peachford Hospital at 770.454.5589 or local hospital
- Call Willowbrooke at Tanner at 770.812.3266
- Call Lifeline at (800) 273-8255 (National Crisis Line)
- Call 911.
- Go to the emergency room of your choice.

Working with young/older Adults: Due to the importance of trust between client and Therapist, when the client is a minor, I will offer parents general information about the therapeutic process and overall themes, but not specific details about what information is exchanged during each session. I will immediately inform you of life-threatening issues. However, understand it is not my role to be a surrogate 'policeman' regarding the child's behaviors. If risky or dangerous behaviors are a concern, I will encourage the child to disclose that information themselves, either outside of therapy meetings or during the sessions, whichever they feel more comfortable doing. I encourage you to contact me as needed; however, please

note that phone calls over 15 minutes may incur an additional monetary contribution per 20 minutes, which you may contribute at your next scheduled meeting or forward via mail. If you need to meet with me at length, you may schedule a session for just the two of us to discuss your concerns. At times, I will meet with the parent/guardian alone at the beginning of the session (for a few minutes), or have dedicated parent sessions to discuss themes, etc.

Working with Couples: When working with couples, I consider the couple the intended client. If one member decides to end therapy, the remaining party will most likely be referred to another clinician. I also do not promise to keep "secrets" of one partner from the other.

Working with Families: When working with families, I consider the family as a unit of my client. The goal is overall cohesion. My approach to family therapy is a systemic approach, avoiding blaming and identifying one person as the 'problem.'

Counseling Files: All counseling files and their contents are the property of Loretta Hill-Adams and cannot be released to clients in their entirety, but you may receive session summaries and progress notes upon written request. Session summaries may be supplied (when appropriate) to other professional providers with your written release. After a complimentary medical records summary, additional summaries may require monetary contribution per request.

Clinical Diagnosis for Insurance Purposes: I do not accept any forms of insurance reimbursement directly; however, I will provide you with a "superbill" with information that will help you seek reimbursement from your insurance company. Please be advised that most insurance companies require a diagnosis for reimbursement to occur. Any diagnosis submitted to an insurance company will become a part of you/your child's permanent medical record.

Consultation: Consultation helps to ensure that you are receiving the best of care. I consult with Vicki Blount, LPC, NCC, CPCS, MAC, and Jennifer Harbin, MS, NCC, LPC with cases when appropriate. These consultations are legally bound to all the confidentiality restrictions listed above. Your case may or may not be discussed with a consulting colleague at some point during our work together. During these meetings, I do not disclose last names or specific identifying information. If you have any questions about this process, you are encouraged to ask them at any point during your time in therapy.

Fees: Currently (due to supervision contract), clients that are seen by Loretta Hill-Adams, LMSW are not charged set fees. However, it is most appreciated if you can contribute monetarily to Grace Counseling Services, LLC, during your short-term or throughout your long-term journey.
Loretta Hill-Adams, LMSW reserves the right to announce set fees and increases, which upon effective date shall become current for all existing clients. I will be happy to provide you with a receipt for your contribution. Receipts of contribution may also be used as a statement for insurance if applicable. There is a standard $35 fee for returned checks. Insurance companies have many rules and requirements specific to certain plans. If you choose to file with your insurance company for reimbursement, it is your responsibility to understand their policies and requirements for reimbursement.

Cancellations/Late Arrivals: You are expected to attend all scheduled sessions with your Therapist. I understand that 'life happens' and that unexpected interruptions occur, but I do hope you make therapy a priority. If you need to cancel or reschedule, please call no later than 24 hours before the scheduled appointment time.

Communication Guidelines: To communicate with your Therapist, Loretta Hill-Adams, LMSW, you agree to call her at 770-560-2551 (except in emergencies in which you decide to do one or more of the items listed above under emergencies). If you need to send forms, records, etc. you may mail them to my attention to our physical address listed above.

Email and Text message cancellations will not be accepted as I will not store client information in phone systems. Please call and leave a voice mail (if necessary) to cancel your appointment. A contribution to Grace Counseling Services, LCC, for canceling with less than 24 hours notice will be much appreciated. If you are late for your session (15 minutes or more, you may or may not be seen). If you are late, you only receive the original time scheduled for you. For example, if your appointment is at 5 pm and you arrive at 5:15, you do not get a session lasting until 6:15; instead, your original end time of approximately 6 pm is still effective. This is so the day runs as on time as possible, and later appointment times do not have to wait for their sessions. Please note, insurance companies do not reimburse for missed appointments or other fees.

Termination of Counseling: Any files that have no face-to-face session meetings for three months will be closed. Inactive/closed files will require therapist approval for re-enrollment. Termination of counseling and/or referral occurs when (1) counseling goals have been achieved, (2) when the counselee no longer wants to participate or does not return to counseling, (3) when meaningful progress is no longer being made, (4) when it is determined that the counselee's needs are outside the scope of my practice/services provided, (5) when the counselee is not abiding by GCS policies or not consistently attending appointments. In such cases, the counseling file goes in an inactive status and requires the Therapist's approval for re-enrollment.

Upon my permanent incapacitation or death: In case of any personal emergency when I am unable to contact my clients, the clinical staff located at Grace Counseling Services LLC has access to the client's first name(s) and contact information only. Your contact information is stored in a secure location on the premises of Grace Counseling Services, LLC, and only my supervisor has access to it. Again, this is only your contact information. No other information is available. In the case of my death or permanent incapacitation, Vickie Blount, LPC, NCC, CPCS, MAC has agreed to abide by my confidentiality statement, listed above, and will become the sole owner of all case files held in my possession at that time. Any dissemination of information from those files will then be at the discretion and clinical judgment of Ms. Blount. Upon my permanent incapacitation, Ms. Blount may be contacted at 404-409-3607.

Our Agreement to Enter into a Therapeutic Relationship

Please print, date, and sign your name below, indicating that you have read and understood the contents of this "Information, Authorization and Consent to Treatment" form **as well as the Health Insurance Portability and Accountability Act (HIPAA) Notice of Privacy Practices"** provided to you separately. Your signature also indicates that you agree to the policies of your relationship with me, and you are authorizing me to begin treatment with you. Please note that this updated "Information, Authorization & Consent to Treatment" replaces any previously signed informed consent.

By signing below, you agree that you have read (or have had read to you) all of the above sections of the informed consent form and that you understand the risks and benefits associated with the therapeutic process. You understand that you can ask questions about the process at any time. You agree to make monetary contributions for services rendered and to provide a 24-hour notice to cancel your appointment. **If you are signing this document to consent to treatment for a child, you attest you have the authority to do so.**

I am sincerely looking forward to facilitating you on your journey toward healing and growth. If you have any questions about any part of this document, please ask.

Client Name (Please Print)	**Date**

Client Signature

If Applicable:

Parent's or Legal Guardian's Name (Please Print)	**Date**

Parent's or Legal Guardian's Signature

Parent's or Legal Guardian's Name (Please Print)	**Date**

Parent's or Legal Guardian's Signature

Initial here:
_____ I have read and understand the 'Working with children/adolescents' section.
_____I have read and agree to the 'Waive right to subpoena' section.
_____I have read/understand/agree to the "Cancellations" section.
_____I have read the "communication guidelines" section.
_____ I have read/understand/agree to making a monetary contribution for my counseling session if I do not give 24-hour notice of cancellations.

The signature of the Therapist below indicates that she or he has discussed this form with you and has answered any questions you have regarding this information.

Therapist's Signature	**Date**

Grace Counseling Services, LLC
Loretta Hill-Adams, MSW, LMSW, Supervised Mental Health Therapist
PO Box 2432, Powder Springs, GA 30127
770-560-2551
www.

CLIENT INFORMATION FORM

Today's date: _____ **Date of birth:** _____

Your name: _____
Last **First** **Middle Initial**

Home street address: _____

City: _____ **State:** _____ **Zip:** _____

Name of Employer: _____

Address of Employer: _____

City: _____ **State:** _____ **Zip:** _____

Cell Phone: _____ **Work Phone:** _____

Home Phone: _____ **Email:** _____

Calls will be discreet, but please indicate any restrictions: _____

_____

Referred by: _____

- May I have your permission to thank this person for the referral?
  ☐ Yes ☐ No
- If referred by another clinician, would you like for us to communicate with one another?
  ☐ Yes ☐ No

Person(s) to notify in case of any emergency: _____
Name **Phone**

I will only contact this person if I believe it is a life or death emergency. Please provide your signature to indicate that I may do so: (Your Signature): _____

Please briefly describe your presenting concern(s): _____

_____

_____

_____

_____

_____

What are your goals for therapy? _____

_____

_____

_____

_____

_____

How long do you expect to be in therapy in order to accomplish these goals (or at least feel like you have the tools to accomplish them on your own)? _____

***The following information on this form will help guide your treatment.*
*Please try to fill out as much as you are comfortable disclosing.***

MEDICAL HISTORY:

Please explain any significant medical problems, symptoms, or illnesses: _____
_____
_____

Current Medications:

Name of Medication	Dosage	Purpose	Name of Prescribing Doctor

Do you smoke or use tobacco? YES NO If YES, how much per day?_____

Do you consume caffeine? YES NO If YES, how much per day? _____

Do you drink alcohol? YES NO If YES, how much per day/week/month/year? ____

Do you use any non-prescription drugs? YES NO

If YES, what kinds and how often? _____

Have any of your friends or family members voiced concern about your substance use? YES NO

Have you ever been in trouble or in risky situations because of your substance use? YES NO

Previous medical hospitalizations (Approximate dates and reasons):_____
_____
_____

Previous psychiatric hospitalizations (Approximate dates and reasons):_____
_____
_____

Have you ever talked with a psychiatrist, psychologist, or other mental health professional? YES NO
(Please list approximate dates and reasons): _____
_____
_____

Height _____ Weight (if applicable) _____ Age_____ Gender _____

Sexual & Gender Identity: __ Heterosexual __Lesbian __Gay __Bisexual __Transgender
__ Asexual __ In Question __Other: _____

Racial/Ethnic Identity:
__African/African-American/Black __ Latino/Latino-American __Bi-Racial/Multi-Racial
__American Indian/Alaska Native __ Middle Eastern/Middle Eastern-American
__Asian/Asian-American/Asian Pacific Islander __White/European-American __Not listed

Religious or Spiritual Beliefs: _____

Are you interested in Loretta bringing in a Christian perspective? YES NO _____
(Note there is no pressure or judgement of how you answer the above question)

FAMILY:

How would you describe your relationship with your mother?_____
_____

How would you describe your relationship with your father?_____
_____

Are your parents still married?_____ If they divorced, how old were you when they separated or divorced, and how did this impact you? _____
_____

Were there any other primary care givers who you had a significant relationship with? If so, please describe how this person may have impacted your life: _____
_____

How many sisters do you have? _____ Ages? _____
How many brothers do you have? _____ Ages? _____
How would you describe your relationships with your siblings? _____
_____

RELATIONSHIPS & SOCIAL SUPPORT & SELF-CARE:

Currently in Relationship? ____ How Long? ____ Relationship Satisfaction: POOR 1 2 3 4 5 6 7 EXCELLENT

Married/Life Partnered? _____ How Long? ____ Previously Married/Life Partnered? YES NO
If so, length of previous marriages/committed partnerships_____

Do you have Children?____ If YES, how many and what are their ages:_____

Describe any problems any of your children are having: _____
_____

List the names and ages of those living in your household: _____
_____

Please briefly describe any history of abuse, neglect and/or trauma: _____
_____
_____

Current level of satisfaction with your friends and social support: POOR 1 2 3 4 5 6 7 EXCELLENT

Please briefly describe your coping mechanisms and self-care:_____
_____
_____

Is spirituality important in your life and if so please explain:_____
_____

Briefly describe your diet and exercise patterns:_____
_____

EDUCATION & CAREER

High School/GED___ College Degree___ Graduate Degree(or Higher)___ Vocational Degree___

What is your current employment?_____

Employment Satisfaction: POOR 1 2 3 4 5 6 7 EXCELLENT

Any past career positions that you feel are relevant?_____
_____

What do you think are your strengths?_____

_____

_____

PLEASE CHECK ALL THAT APPLY & ***CIRCLE*** THE MAIN PROBLEM:

DIFFICULTY WITH:	NOW	PAST	DIFFICULTY WITH:	NOW	PAST	DIFFICULTY WITH:	NOW	PAST
Anxiety →			People in General →			Nausea →		
Depression			Parents			Abdominal Distress		
Mood Changes			Children			Fainting		
Anger or Temper			Marriage/Partnership			Dizziness		
Panic			Friend(s)			Diarrhea		
Fears			Co-Worker(s)			Shortness of Breath		
Irritability			Employer			Chest Pain		
Concentration			Finances			Lump in the Throat		
Headaches			Legal Problems			Sweating		
Loss of Memory			Sexual Concerns			Heart Palpitations		
Excessive Worry			History of Child Abuse			Muscle Tension		
Feeling Manic			History of Sexual Abuse			Pain in joints		
Trusting Others			Domestic Violence			Allergies		
Communicating with Others			Thoughts of Hurting Someone Else			Often Make Careless Mistakes		
Drugs			Hurting Self			Fidget Frequently		
Alcohol			Thoughts of Suicide			Speak Without Thinking		
Caffeine			Sleeping Too Much			Waiting Your Turn		
Frequent Vomiting			Sleeping Too Little			Completing Tasks		
Eating Problems			Getting to Sleep			Paying Attention		
Severe Weight Gain			Waking Too Early			Easily Distracted by Noises		
Severe Weight Loss			Nightmares			Hyperactivity		
Blackouts			Head Injury			Chills or Hot Flashes		

FAMILY HISTORY OF (Check all that apply):

Drug/Alcohol Problems			Physical Abuse			Depression		
Legal Trouble			Sexual Abuse			Anxiety		
Domestic Violence			Hyperactivity			Psychiatric Hospitalization		
Suicide			Learning Disabilities			"Nervous Breakdown"		

Any additional information you would like to include:

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Please initial that you have read this page _____