Better Way Counseling

1001 S. Bowen Rd Suite 1011
817 467-5003
www.betterwaycounseling.com

DWI Intervention: Anger Management: Parenting Classes: Substance Abuse Evaluation (SASSI): Pre –Marriage & Marriage Counseling: Family Counseling.

Client Information

*All information is treated as confidential and may be released only with your consent.

Date: _____

Referred by: _____

Client name: _____

Date of birth: _____ Age: _____

Gender: _____

Address: _____

Phone / Home: _____

Phone / Cell: _____

Email address:

_____

Preferred contact method? _____

Emergency contact:

Name: _____ Relationship: _____

Phone number: _____
List below all other members living in your household:

Name	Relationship	Age

What is happening in your life that resulted in this appointment?

What would you like to see accomplished in therapy?

Chief complaint (please check all that apply):

__ Depression
__ Low energy
__ Low self-esteem
__Poor concentration

__Hopelessness
__Guilt
__Sleep disturbance (more/less)
__Appetite disturbance (more/less)
__Thoughts of hurting self
__Thoughts of hurting someone
__Isolation/social withdrawal
__Sadness/loss
__Stress
__Anxiety/panic
__Heart pounding
__Chest pain
__Trembling/shaking
__Sweating
__Chills/hot flashes
__Tingling/numbness
__Fear of dying
__Fear of going crazy
__Nausea
__Feeling that you are not real
__Anger/frustration

__Lose track of time
__Unpleasant thoughts
__Easily agitated
__Defies rules
__Blames others
__Argues
__Excessive use of drugs/alcohol
__Excessive use of prescription meds
__Blackouts
__Physical abuse issues
__Sexual abuse issues
__Spousal abuse issues
__ Feeling of "unreality"
__Obsessions/compulsive behaviors
__Thoughts racing
__ Can't hold onto an idea
__ Excessive behaviors (spending, eating, etc.)
__ Delusions
__Not thinking clearly/confusion
__Phobias

Previous outpatient therapy? Yes _____ No _____

Previous diagnosis? _____

Previous medications?

_____

_____

_____

Previous hospitalizations for psychiatric issues? Yes _____ No _____

If yes, when? _____

<u>This office is HIPPA Compliant</u>

<u>For Your Information</u>

Welcome! In an effort to serve you more efficiently and to help establish a trusting relationship, I have found an understanding of our policies prior to our first session will answer many of your question as well as minimize any misunderstandings.

Our program is based on telling the truth and if you don't or can't be truthful we must termination our services.

Confidentiality- I am committed to keeping anything you say to me confidential. The following are exceptions: (a) You direct me to inform someone else about your counseling through a release of information (b) Information is required by your health provider (c) I am ordered to so by the courts (d) I determine that your actions may pose a danger to yourself or to others € Action that have involved child abuse.

Cancelled Appointments- If it is necessary to cancel an appointment, please do so 24 hours prior to your schedule appointment. This allows us to fill your reserved time with another client. If we do not receive this advance notice, then the regular hourly fee is charged to your account and noted to your insurance, if applicable.

Fees- The Counseling fee is based on a 45-50 minute session which allows time to make necessary notes of our session upon completion and complete insurance forms required by each company. The fee is due at the beginning of each appointment. A $ 35.00 fee will be charged to your account for any check that is returned by your bank for insufficient funds.

Services to Minors- Your signature indicates that both of the minor's parent/guardian are aware of the minor receiving services.

_____ _____

Date **Signature of patient or authorized person**