TWIN RIVERS
Counseling

New Client Packet (Page 1)

☐ Male ☐ Female

First Name: Middle Name: Last Name:

Street Address

City: State: Zip Code:

Date of Birth: Home Phone: Cell Phone: Work Phone:

If Parent / Guardian: First Name: Last Name: Relation to Client:

Emergency Contact Name: Phone Number: Relation to Client:

Appointment Notification

If you wish to receive an email confirmation regarding your appointments please complete the appropriate fields below.

Email address: Signature of Authorization: Date:

By providing my signature I consent and am aware that the email message I receive will contain the client's name listed above. I consent to receive email notifications regarding my appointment(s).

Feedback

We welcome your comments, complaints, and compliments in person, via phone, letter, or email. Please visit our website for information on these channels.

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CONSENT FOR TREATMENT, FINANCIAL RESPONSIBILITY, LIMITS TO CONFIDENTIALITY

I understand and consent to treatment at Twin Rivers Counseling and to the release of information for therapeutic, billing, supervision and other purposes in connection with my treatment, between and among Twin Rivers Counseling therapists, staff and service contractors who perform work on behalf of Twin Rivers Counseling, as well as with other medical providers that may have an interest in or may be helpful to me or/my child's care. I understand that for a more detailed look at how my (my child's) health information may be released and used under certain circumstances, I may review the current Notice of Privacy Practices which is available to me upon request.

I understand that payment is due at time of service for all fees. In the event that charges are filed with my insurance carrier I am liable for all co-pays, deductibles, and any fees unpaid by insurance for any reason, and I am responsible for understanding my benefit plan. Additionally, I understand that Twin Rivers Counseling has no contractual obligation with my insurance company or me that would entitle or guarantee me reimbursement for expenses I incur for services at Twin Rivers Counseling. I understand that I may request a receipt of payment that I may turn into my insurance company for possible reimbursement based upon my policy's out-of-network benefits.

I understand that the counseling services I/my child receive are strictly confidential to the fullest extent allowable by state and federal law. Licensed therapists are mandated to report known or suspected abuse of a minor, elderly or disabled person; a client that is a danger to self or others; and certain court mandated situations. Limits to confidentiality are disclosed to me in the Notice of Privacy Practices available to me upon request.

Client Signature (Parent/Guardian if minor): Date:

ACKNOWLEDGEMENT OF NOTICE OF PRIVACY PRACTICES

This is to acknowledge I have been presented with Twin Rivers Counseling's Notice of Privacy Practices. This is also available to me upon my request in the office.

Printed Name of Client: Signature of Client / Client's Personal Representative:

Printed Name of Client's Personal Representative: Description of Representative's Authority to Act for Client:

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DISCLOSURE OF POLICIES AGREEMENT

PARENTS OF MINOR CLIENTS: It is very important that children have a sense of privacy in their counseling in order for them to be open and honest. A child's right to confidentiality will be honored within the limits of state law. Although parents generally have an unlimited right to information involving their children, the counselor will attempt to disclose information to parents based on the counselor's judgment of what is in the child's best interest from a therapeutic standpoint.

THERAPY CONSIDERATIONS: You should understand that there are various types of therapy that may be involved in your treatment and that there are some risks that may be involved, which could range from feeling uncomfortable to a more intense reaction. The purpose of therapy is to help you handle problems/situations in a constructive way. You should understand that you have the right to discontinue therapy at any time as well as the right to change therapists until you find one with whom you feel comfortable. You should also understand that your therapist can provide you with information on alternative ways to handle your issues, which may include a referral to another therapist who specializes in a specific area, or to an agency that may handle your care in the event that you are unable to fulfill your financial obligations to Twin Rivers Counseling.

CRISIS SITUATIONS: Twin Rivers Counseling is not a crisis intervention facility. If a life-threatening or other crisis situation arises, please take the following steps: (1) Call 911 or your local police, (2) Call Netcare at (614) 276-2273. (3) Call your counselor to make them aware of the situation.

INTAKE PROCESS: It is our ultimate goal that you get the help you are searching for. Twin Rivers Counseling employs numerous counselors to address the various needs of our clients. During our intake process we make every effort to schedule you with a counselor who is best suited to address your unique situation. If you feel uncomfortable directing your concerns to your counselor, please inform our intake staff and we will attempt to find another counselor for you or if necessary an outside referral.

RECORDS RELEASE: Requests for release of records are authorized by our counseling staff and/or the Executive Director. Record retrieval can take up to 2 weeks depending on storage location and administrative processing. Administrative staff will contact the party when the record is ready for pick-up. Costs will be determined by what is allowable under Ohio Revised Code 3701.741.

LEGAL PROCEEDINGS: I understand that my therapist may be required to become involved in legal proceedings involving my therapy (or my child's therapy). In that case, I agree to pay for the therapist's time in preparing for such legal action, including, but not necessarily limited to: traveling to and attending a deposition, hearing, or trial, including any time spent waiting to testify, responding to a subpoena, in addition to any legal fees my therapist may incur as part of my involvement in such legal action.

COLLECTIONS: I understand that if I do not fulfill my financial responsibilities to make payments that I owe to Twin Rivers Counseling, that Twin Rivers Counseling may take appropriate collection action against me, up to and including taking legal action to collect amounts due from me. If that happens, I understand that the minimal amount of information necessary for such collection activity will be released and I consent to that release.

NO SHOW/CANCELLATION POLICY: The following fees are assessed for a no show or less than 24 hour cancellation of an appointment: 1st no show or less than 24 hour cancellation: $50.00; 2nd no show or less than 24 hour cancellation (at any time during treatment process): $65.00; 3rd no show or less than 24 hour cancellation: Full fee. Please leave cancellation messages in general or scheduling voicemail box, NOT counselor's voicemail box.

FEES: All fees are due at time of service. The following list is not an exhaustive list of all services available. You may receive services from us that are not listed. Please consult with our staff to verify fees prior to receiving services from us. Initial Session $165.00, 60 minutes; Follow-up Session $135.00, 45-50 minutes; Follow-up Session with Senior Counselor $150.00, 45-50 minutes; Marriage or Family Session $145.00, 45-50 minutes; Marriage or Family Session with Senior Counselor $160.00, 45-50 minutes; 80-90 minutes $190.00; 30 minutes $80.00. Returned check fee: $40.00. Phone calls, letters, summaries, reports and other non-session related items provided by a clinician are billed in 15 minute increments.

SLIDING FEES: Your fee may differ if a courtesy sliding-fee was previously arranged. All sliding fee arrangements are re-evaluated every six (6) months and may increase by up to $10.00.

I have read and agree to the terms of the policies on this page. I have had the opportunity to ask questions about them; and agree to abide by and be bound by them.

Printed Name of Client: Signature (Client / Parent / Guardian / Responsible Party): Date:

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Client Medical History and Current Concerns

Client Name: Date: Height: Weight:

Recent Weight Gain / Loss?: Date of last physical: Physician Name and Phone:

Number of Children: Allergies:

Current Medical Problems:
ALL Current Medications (include dosage, prescribing doctor, and phone number):
Past Medical Problems (include prior mental health treatment and psychotropic medications):

Number of Pregnancies: Use of Alcohol x/week: Use of Caffeine x/week:

Use of Tobacco x/week: Exercise x/week:

What changes or benefits do you hope to obtain from counseling?

1. 4.

2. 5.

3.

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Please check any symptoms or emotions you have experienced in the last month

- ❑ Often feeling restless and irritable
- ❑ Being preoccupied with sexual thoughts and urges
- ❑ Lack of interest in sex
- ❑ Risky sexual behavior
- ❑ Excited
- ❑ Optimistic
- ❑ Trouble making myself slow down
- ❑ My thoughts going faster than I can speak
- ❑ Impulsive behavior
- ❑ Concentration difficulties
- ❑ Bored
- ❑ Happy
- ❑ Can't keep a job
- ❑ Feeling up one minute and down the next
- ❑ Lack of motivation
- ❑ Parents interfering with decisions
- ❑ Arguing with my parents
- ❑ Other problems with my parents
- ❑ Problems in my marriage or relationship
- ❑ Being uninterested in my mate
- ❑ Sexual problems in my marriage or relationship
- ❑ My mate being critical of me
- ❑ Sexual infidelities in my relationship
- ❑ Arguing with my mate
- ❑ Other marital problems
- ❑ Conflicted
- ❑ Dizziness/fainting
- ❑ Rapid heartbeat
- ❑ Unable to relax
- ❑ Vomiting
- ❑ Panicky
- ❑ Tense
- ❑ Palpitations
- ❑ Dry mouth
- ❑ Flushing
- ❑ Tingling/numbness
- ❑ Excessive sweating
- ❑ Stomach trouble
- ❑ Bowel disturbances
- ❑ Chest pains
- ❑ Anxious
- ❑ Having thoughts I can't suppress
- ❑ Feeling the urge to check things I've done
- ❑ Feeling the urge to avoid certain places or objects
- ❑ Trouble keeping my mind on task
- ❑ Fatigue
- ❑ Feeling that I'm not good
- ❑ Losing interest in sex
- ❑ Gaining weight
- ❑ Thinking about dying or killing myself
- ❑ Feeling guilty about past misdeeds
- ❑ Regretful
- ❑ Losing pleasure in my daily activities
- ❑ Helpless
- ❑ Insomnia or sleep disturbance
- ❑ Crying
- ❑ Sadness
- ❑ Feeling hopeless about the future
- ❑ Depressed
- ❑ Conflicts with co-workers
- ❑ Unhappy
- ❑ Lonely
- ❑ Envious
- ❑ Annoyed
- ❑ Betrayed
- ❑ Guilty
- ❑ Jealous
- ❑ Don't like being touched
- ❑ Fear of having or getting a disease
- ❑ Itchy or burning skin
- ❑ Sexual Disturbances
- ❑ Experiencing sexual attractions that bother me
- ❑ Becoming aroused by children
- ❑ Feeling troubled by repetitive thoughts
- ❑ Being preoccupied with cleanliness
- ❑ Compulsions
- ❑ Feeling emotionally "numb"
- ❑ Recurring nightmares
- ❑ Trouble keeping my mind on task
- ❑ Being troubled by painful memories
- ❑ Thinking about a frightening event
- ❑ Feeling that I've lost time
- ❑ Difficulty remembering things about my past
- ❑ Feeling strange and distant from myself
- ❑ Problems with my memory
- ❑ Problems with knowing where I am
- ❑ Headaches
- ❑ Visual disturbances
- ❑ People following me or out to hurt me
- ❑ Conflicts with my boss
- ❑ Hard to make my child obey
- ❑ Losing my temper with my child
- ❑ Child has academic problems
- ❑ Other problems with my child
- ❑ Using alcohol excessively
- ❑ Using drugs
- ❑ Blackouts
- ❑ Withdrawal
- ❑ Spells of Violence
- ❑ Overeat
- ❑ Take too many risks
- ❑ Aggressive Behavior
- ❑ Spending money on things when I shouldn't
- ❑ Difficulty controlling my temper
- ❑ Temptation to hurt or punish
- ❑ Fearful
- ❑ Fear of crowds in public places
- ❑ Fear of speaking in public places
- ❑ Fear of heights
- ❑ Other fears
- ❑ Losing someone close to me
- ❑ Losing my hopes and dreams
- ❑ An important romance ending
- ❑ Taking laxatives to control weight
- ❑ Vomiting to control calorie intake
- ❑ Going on "eating binges"
- ❑ Worrying about maintaining my figure
- ❑ Feeling afraid of becoming fat
- ❑ Hearing voices
- ❑ Special messages coming to me
- ❑ Thoughts being stolen from my mind
- ❑ Trouble keeping track of my thoughts
- ❑ Procrastination
- ❑ Muscle pain/spasms
- ❑ Back pain
- ❑ Hearing Problems
- ❑ Tremors
- ❑ Tics
- ❑ Twitches
- ❑ Work too hard
- ❑ Loss of control
- ❑ Watery eyes
- ❑ Skin problems
- ❑ Angry

Client Name: Date: