

NEW CLIENT INFORMATION/CONSENT FORM

Lynn Erwin M.A. MFT #44848

Welcome to my practice. Please take a few minutes to fill out the following form. This information will enable me to better meet your needs. Thank you for your time.

Client Name: _____ **Today's Date** _____
(To be completed by the Parent/Guardian if patient is younger than 18 years)

Date of Birth _____ **Age** _____ **Social Security #** _____

Address _____
Street address City State Zip

Email Address _____ I do not wish to receive emails

Phone Number(s): Home _____ Work _____ Cell _____

Current Relational Status: Single Married - Date _____ Co-habiting-

Date _____ Separated - Date _____ Divorced- date _____ Widowed-

Date _____

Please list all of your children:

Name _____ **Age** _____ **In home?** ___Y ___N

Name _____ **Age** _____ **In home?** ___Y ___N

Name _____ **Age** _____ **In home?** ___Y ___N

Name _____ **Age** _____ **In home?** ___Y ___N

Employer/School _____ **Occupation** _____

Referral source: _____

Person to be contacted in case of an emergency

Name _____ **Relationship** _____

Home phone: _____ **Work phone:** _____

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Presenting Problem(s):

Please describe your reasons for seeking counseling (include date/month the problem started):

Please list any serious medical conditions that you are or have been treated for:

Insurance Info:

Insurance Provider _____

Primary Policy Holder _____ **Primary Date of birth** _____

Policy Identification # _____

All co-pays will be collected at time of service via cash, check, Venmo or credit card.

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PLEASE INDICATE ANY AREAS OF CONCERN TO YOU AT THIS TIME:

- Marriage/Relationship
- Family
- Job/School performance
- Friendships
- Hobbies
- Financial Situation
- Physical Health
- Anxiety level/Nerves
- Depression
- Suicidal Ideation
- Mood
- Eating Patterns
- Sleeping Patterns
- Sexual functioning
- Ability to concentrate
- Ability to control your temper

Please list any medications that you are currently taking: _____

Please describe any current or past problems with substance abuse:

Please give a brief description of any previous therapy experiences you have had including substance abuse treatment. _____

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Confidentiality

All information between counselor and patient is held strictly confidential unless:

1. The client authorizes release of information with his/her signature.
2. The client presents a physical danger to self.
3. The client presents a physical danger to others.
4. Child/elder abuse/neglect is suspected.

In the latter two cases, I am required by law to inform potential victims and legal authorities so that protective measures can be taken.

Clients whose costs are covered by insurance should be aware that coverage always requires a diagnosis. Some insurance companies require even greater information in order to complete treatment reports

It is assumed that by requesting the completion of an insurance form you are granting permission to fill out the necessary information concerning diagnosis and treatment. Questions regarding your insurance company's policies on confidentiality should be taken up with the company directly.

Financial Terms

The hourly therapy fee is \$150.00 unless other arrangements have been made. Assistance with the billing of insurance carriers will be provided at no fee by the therapist. Check, cash, Venmo or most credit cards are accepted. **If you wish to use a credit card please request a credit card form.**

Canceled/Missed Appointments

A scheduled appointment means that time is reserved only for you. If an appointment is missed or canceled with less than 24 hours notice, the client will be billed a \$50 missed appointment fee. **Missed appointments are not covered by insurance and are the responsibility of the client.**

Consent for Treatment

I authorize and request that Lynn Erwin M.A., MFT, provide psychological examinations, treatments, and/or diagnostic procedures which now or during the course of my care as a client are advisable. I understand that the purpose of these procedures will be explained to me upon my request and subject to my agreement. I also understand that while the course of therapy is designed to be helpful, it may at times be difficult and uncomfortable.

Signature of Client (or parent/guardian)

Date

Signature of Therapist

Date