

Confidential New Client Intake

Welcome to Leah Newman Counseling. We want to make the most of each appointment you have with us. One way of doing this is for you to write down some basic information in advance of your first appointment. Please fill out the following fields as completely and legibly as possible. This information is confidential. If you have concerns about the relevance of any information and wish to leave it out, please feel free to do so.

First Name _____ **Preferred Name** _____ **Last Name** _____

Address _____ **City** _____ **Zip** _____

Preferred Contact # () _____ - _____ **Email** _____

Age _____ **Birth Date** ____/____/____ **Gender Identity** (circle) M F NB **Other** _____

Emergency Contact Name _____ **Number** () _____ - _____

Spouse Name _____ **Age** _____ **Years in Relationship** _____

Satisfaction with Relationship (circle) Good Okay Poor **Do you have any children?** (circle) Y N

Why are you seeking counseling? _____

Check all that you are *currently* experiencing:

- | | |
|---|---|
| <input type="checkbox"/> Abuse | <input type="checkbox"/> Panic Attacks |
| <input type="checkbox"/> Anger | <input type="checkbox"/> Phobias |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Problems at Work/School |
| <input type="checkbox"/> Body Image Issues | <input type="checkbox"/> Relationship Problems |
| <input type="checkbox"/> Compulsions | <input type="checkbox"/> Sadness/Depression |
| <input type="checkbox"/> Drug/Alcohol Abuse | <input type="checkbox"/> Self-Esteem Issues |
| <input type="checkbox"/> Difficulty Concentrating | <input type="checkbox"/> Sexual Problems |
| <input type="checkbox"/> Difficult Making Decisions | <input type="checkbox"/> Stress |
| <input type="checkbox"/> Eating Problems | <input type="checkbox"/> Suicidal Thoughts/Feelings/Actions |
| <input type="checkbox"/> Excessive Irritability | <input type="checkbox"/> Thoughts about Sexuality |
| <input type="checkbox"/> Grief | <input type="checkbox"/> Thoughts about Gender |
| <input type="checkbox"/> Guilt/Shame | <input type="checkbox"/> Trouble with Family |
| <input type="checkbox"/> Hallucinations | <input type="checkbox"/> Trouble with Friends |
| <input type="checkbox"/> Infidelity | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Loneliness | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Obsessions | <input type="checkbox"/> Other _____ |

How did you hear about Leah Newman Counseling? (Circle)

Psychology Today Good Therapy Google Referred by Doctor/Other Practitioner Word of Mouth Other _____

Current Medications

| Medication | Dosage | Reason For Medication |
|------------|--------|-----------------------|
| | | |
| | | |
| | | |
| | | |

Diagnoses given by other doctors, psychiatrists, psychologists, or therapists:

Substance Use

If you currently consume alcohol, how many drinks per occasion do you consume? _____

How many times per week do you consume alcohol? _____

Check all that apply:

- I have a history of problematic use of alcohol.
- Others have expressed concern with my alcohol consumption.
- I currently use non-prescribed drugs or street drugs (i.e. marijuana, cocaine, and methamphetamine).
- I have a history of problematic use of prescription &/or non-prescription drugs.
- I have a family history of addiction.

Trauma

Have you experienced trauma in your life? (circle) No Yes (please explain on back page)

Family Mental Health

In the section below, identify if there is family history of any of the following. If yes, indicate the family member's relationship to you in the space provided (Father, Mother, Grandmother, Grandfather, etc.):

- Addiction _____
- Anxiety _____
- Bipolar _____
- Depression _____
- Domestic Violence _____
- Eating Disorders _____
- Schizophrenia _____
- Suicide Attempts _____

Harmful Behaviors

- Current Self-Harm
- History of Self-Harm
- Current Suicidal Feelings
- History of Suicidal Feelings
- History of Suicide Attempts
- Current Homicidal Feelings
- History of Homicidal Feelings

Relationship Quality & Status

If you are currently in a relationship, what is your relationship status? (circle)

Married Boyfriend/Girlfriend Domestic Partner Separated

How do you rate your relationship? (1=bad, 5=neutral, 10=great) _____

Additional Information

Where do you work? _____

What do you do? _____

How do you rate your job satisfaction? (1=bad, 5=neutral, 10=great) _____

If you consider yourself spiritual or religious, please circle your faith/belief.

Protestant Catholic Jewish Muslim Buddhist Hindu Spiritual Atheist Agnostic Other

Briefly describe your faith/spiritual beliefs _____

Please List Three Things You Would Like to Accomplish In Counseling:

1. _____
2. _____
3. _____

If you need more room to explain your answers, please use the back of this page

Informed Consent and Financial Agreement

Please read and sign. Keep a copy for your records.

Leah Newman Counseling is a home office. Though there may be other people in the house, no one will ever see you arrive or enter the building and will never hear your counseling sessions. Your confidentiality is my highest priority.

Rights and Risks

- You have the right to ask questions about any aspect of the counseling process.
- If you have been referred by a court, state agency, or employer you have the right to divulge only what you want to be included in a report.
- Therapy is most effective when you are open and speak honestly about your emotions and experiences.
- Therapy may include talking about emotionally provoking subjects and scenarios, which may at any time lead to feeling better or even worse.
- Therapy may lead to change, growth, and shifts in priorities.
- There is no guarantee that your situations or emotional state will change or improve. The only guarantee is that your counselor will make every effort within reason to deliver professional counseling services within the scope of her knowledge and ability.

Confidentiality

- Information shared by you in session is kept confidential.
- Information will not be released without your written consent except for professional consultation and supervision if needed. Professional consultation is often utilized by your counselor when the need for additional guidance in cases are necessary. When other professional counselors are consulted, your anonymity is maintained and the other counselors are held to the same confidentiality requirements as your counselor. Please discuss this further with your counselor if you have any concerns or questions. Supervision is a licensure requirement for all pre-licensed counselors and is the same as consultation only with a specific professional in a supervisory role.
- I am required by law to disclose information pertaining to suspected abuse of vulnerable populations (i.e. children, elderly, and mentally ill), the inability to care for basic needs for food, clothing or shelter and threatened harm to self or others.
- In the event that the court subpoenas your counseling record, your counselor will make her best effort to be discrete with the information released so to help maintain your confidentiality.
- If participating in couples, family, or group counseling, your confidentiality cannot be guaranteed. However, we will discuss the need for all parties involved to maintain confidentiality so to keep the counseling environment and sessions a safe place for all to divulge and process information.
- Please be aware that all personnel (counselors and administrative staff) in the building may have access to your records or information, though they too are bound by the same confidentiality requirements as your counselor.
- In the event of your counselor's death, office personnel will contact you about the death and offer you referrals and alternative options for counseling.
- It is important for you to know that in the unfortunate event of your death, the confidentiality of your records will *still* be maintained. Some states, however, permit the administrator or executor of a deceased person to access records whether this is your spouse close relative, or other named person. If faced with such issue, your counselor will consult legal counsel and trusted colleagues for advice and do her very best to maintain your privacy within her legal bounds.
- It is possible that at any point you may receive a receipt of your payment via email.

- You may want to discuss further limits or exceptions of confidentiality if you have other concerns or questions not addressed in this document.

Counseling and Financial Records

- The counselor is required by law to maintain appropriate documentation of each counseling session with you. To do so, it is important for you to know that she must take notes during session so to accurately document your session.
- Session notes are kept in a locked file cabinet only accessible by your counselor. At any point your counselor reserves the right to transfer files from paper to digital format.
- You have the right to see your psychotherapy notes at any time unless the counselor feels it would be damaging to you emotionally.
- All records (session and financial) are kept for 7-10 years (sometimes longer for juveniles) after the termination of the counseling relationship. After this time has elapsed, the documents are destroyed by shredding.
- You may have your psychotherapy notes or session summaries sent to other professionals at any time with your written consent.
- You may obtain documentation of payment for sessions you have attended so to obtain reimbursement by your insurance company.

Appointments

- All office visits can be scheduled by contacting your counselor directly or by going to www.leahnewmancounseling.com.
- Please arrive on time as you use up your own session time when you arrive late for an appointment. The usual length of an appointment is 50 minutes. I often suggest arriving 15 minutes early so to recall previous sessions and to mentally and emotionally prepare yourself for the session.
- Late cancellation (less than 24 hours before your appointment) and/or no-show appointments are billed to you for the amount of your session fee for each incident. In the case of illness, please notify your counselor no later than 8:00 a.m. the day of the appointment. Please leave a message if you get voice mail and consider texting or emailing as well. If your appointment is cancelled or missed, contact your counselor or go to www.leahnewmancounseling.com to reschedule.

Sessions and Communication Via Technology

- You as the client understand that phone, email, and online sessions have limitations as well as benefits compared to in-person sessions, among those being the lack of personal “face-to-face” interactions and the lack of visual and audio cues in the therapy process.
- You understand that telephone/online therapy with me is not a substitute for medication under the care of a physician. You understand that telephone or online therapy may not be appropriate if you are experiencing suicidal or homicidal thoughts or are in crisis.
- If a crisis should arise, you agree to contact the **24-HOUR HOTLINE (1-800-273-TALK), CALL 911, OR PROCEED TO THE NEAREST EMERGENCY ROOM.**
- You also understand that I follow the laws and professional regulations of the State of Tennessee and all treatment will be considered to take place in the State of Tennessee.
- Although I do my very best to ensure and maintain confidentiality for all types of communication by applying passwords and encryption, confidentiality of phone calls, email, chat (video and otherwise), voicemail, fax, or text message is not guaranteed and your counselor will not be held responsible for lack of protection on the receiving end of communication. If you choose to use any of these methods I ask that you limit your information to what you are comfortable with the public knowing in the event that this information is discovered. Likewise, if we are working online together or texting via cell phone, I encourage you to determine who has access to your computer and phone. This would include family members, co-workers, supervisors, and friends. I encourage you to only communicate with me through a personal cell phone or computer to further ensure your privacy for yourself. Be sure to fully exit out of all online sessions, emails, chats, and texts.

Online Sessions

- I hold online sessions on VSee, a HIPPA approved and encrypted online counseling site. You can find this program on www.vsee.com. Please ensure that you have established an account prior to your scheduled counseling session and long on 2-3 minutes before we are scheduled to meet. If we are unable to connect or connection is interrupted due to a technological breakdown, please try to log back on within 10 minutes. If we are unable to re-establish communication, please email, call or text for a new appointment time.
- Please be aware that all payment for online sessions is expected immediately following the completion of your session. An invoice will be sent to your email from which you can pay directly by credit card. If you want or need to pay with cash or check we will need to arrange payment 3-5 days prior to your session.

Dissatisfaction with Treatment

If you are unsatisfied with your treatment or need to report concerns or unethical behavior, you may contact the Tennessee State Board of Licensed Professionals at 1-888-310-4650.

Fees

- Your fee and any accrued fee for no show or late cancellation is expected at the time of service via cash, debit/credit card, FSA/HSA card, PayPal, Venmo, or Google Pay. NO CHECKS.
- Except in cases of minors or when other arrangements are made, the person receiving the counseling service is financially liable.
- In the event that you find it necessary to change mental health providers and require records to be sent from Leah Newman, your account must be paid in full.
- Fees may change without notice, though your counselor will attempt to notify you in advance as a courtesy.

Standard Session Fee: \$200 (50 Minute Session), \$300 (90 Minute Session), \$300 (Assessment Session)

No Show and Late Cancellation: Cost of your session

Out of Session Legal/Disability/FMLA Paperwork and Consultations: \$50/hour

Your signature below indicates that you consent to treatment and agree to abide by the above stated policies and agreements.

_____ / ____ / _____

Client/Parent/Guardian Signature

Date

_____ / ____ / _____

Counselor Signature

Date