

# Client Information Form

*Please fill out this form and bring to your first session. All information is kept confidential.*

Name \_\_\_\_\_ Date of 1<sup>st</sup> visit \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Place of Birth \_\_\_\_\_

Cell Phone \_\_\_\_\_ Is it okay to leave a message at this #? \_\_\_\_\_

Email \_\_\_\_\_

Home address \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_

Relationship \_\_\_\_\_

Emergency Contact Number \_\_\_\_\_

## EMPLOYMENT

Cross what best applies: Full time / Part time / Student / Unemployed

Occupation \_\_\_\_\_

Place of employment \_\_\_\_\_

What would be your dream job/career? \_\_\_\_\_

## EDUCATION

Highest level of schooling achieved \_\_\_\_\_

Areas of study \_\_\_\_\_

Plans/dreams to learn about \_\_\_\_\_

## CULTURE

Please describe yourself as fully as you feel comfortable. (check as many apply.)

### Gender

- Female
- Male
- Transgender
- Transsexual
- Other: \_\_\_\_\_

### Ethnicity

- African American
- Alaskan Native
- Arab American
- Asian American
- Chicano/a, Latino/a, Hispanic
- Multi-racial
- Native American
- Pacific Islander
- White/European American
- Other: \_\_\_\_\_

### Relationship Status

- Single
- Married/Partnered
- Separated
- Widowed
- Divorced
- Engaged
- Other: \_\_\_\_\_

### Sexual Orientation

- Heterosexual
- Gay or lesbian
- Bisexual
- Questioning
- Other: \_\_\_\_\_

What was your religious upbringing?

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What is your current religious or spiritual orientation and interest?

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## CURRENT FAMILY

Please add others who live in your household currently.

Person	Age	Occupation	Mental Health Concerns	Physical Health Concerns
Spouse/partner				
Children: m/f				
m/f				
m/f				
others				

# FAMILY HISTORY

List your major caregivers and your relationship to them

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List other adults who were involved in your childhood. Use a noun or an adjective to describe each person

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List siblings and birth order. (include yourself) Use a noun or adjective to describe each person

Name/relationship	Age	Description

If you were adopted, at what age were you adopted? \_\_\_\_ If your caregivers have separated, please let me know how old you were then? \_\_\_\_

If either mother or father remarried, please describe who remarried and your age at the time. (the term father and mother indicating biological or adoptive parents and/or mother or father substitutes)

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List time of year and how old you were when significant people in your life passed away

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Describe yourself as a child

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# HEALTH

Use the back page if needed

Do you have any physical health concerns? Please list surgeries, medication history (dates & ages).

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Do you have any allergies? If yes, what types?

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Do you have a disability?  No  Yes (Please specify if 'yes') \_\_\_\_\_

Are you currently on medication? If yes, please list the medications, the reason, and how they are helpful. Are there any negative side effects?

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Please describe the following

	Times/week	Amount
Alcohol	_____	_____
Tobacco	_____	_____
Recreational Drugs	_____	_____

Have you been treated for substance abuse or other addictive behavior?  Yes  No  
If yes, please describe the nature of the addiction and the location/dates of treatment

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Have you been hospitalized for depression or other emotional stress? Please describe.

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Have you ever considered suicide?  Yes  No

Have you ever attempted suicide?  Yes  No

Did you have a plan?  Yes  No

Do you feel suicidal now?  Yes  No

Have you been in any car accidents? If yes, please list the dates

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**Have you ever experienced:**

Physical abuse?  Yes  No

Emotional/Psychological/Verbal abuse?  Yes  No

Sexual abuse?  Yes  No

Can you give me some details?

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Were there other traumatic events that occurred in your life?

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Daily Functioning- how is your sleep? Your relationship with food?

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Please rate your level of stress from 1-10 (1 being lowest, 10 highest rate)

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Have you been in psychotherapy before? If yes, how long and for what reason?

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In in therapy previously please describe how your past experience was helpful/unhelpful. What did you like most/least about the therapist?

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Please state briefly your reasons for seeking therapy at this time and what you hope to achieve?

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How long have you been experiencing these problems/problem?

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How can I, as a therapist, be most helpful to you?

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# SELF CARE

What do you like to do for self-care?

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How often do you exercise, do you enjoy it, and what kind of exercise do you choose?

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What activities/hobbies/interests have meaning for you or make you feel alive?

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What do you consider unique about yourself?

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Do you have a favorite movie or book? What is it and why?

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Are there other things you would like me to know? (hopes, fears, recent events, details about specific relationships, your strengths, what you like about yourself, etc..) Please feel free to write as little or as much as you like and use the other side of the page if need be.

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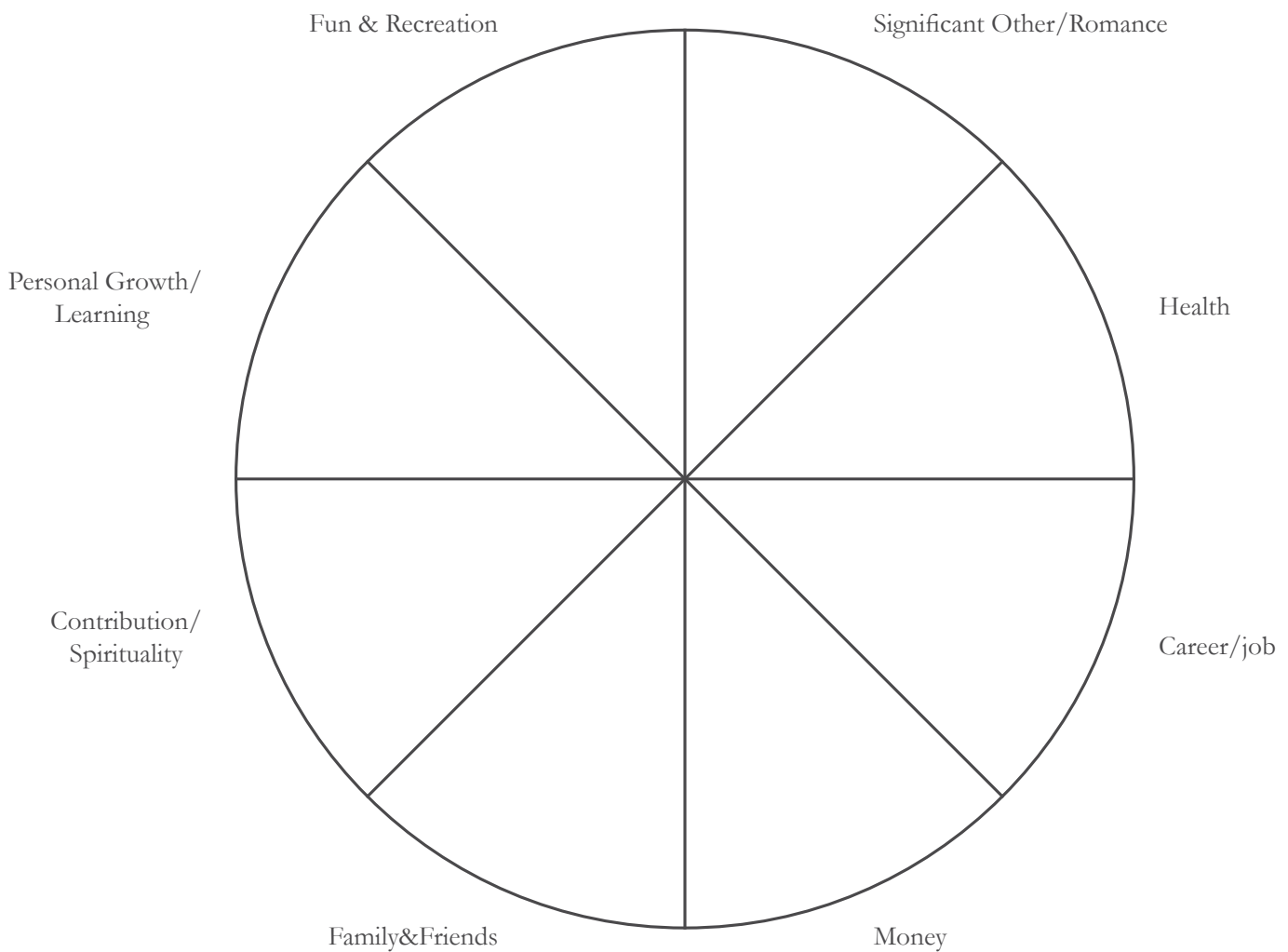
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# WHEEL OF BALANCE

Thriving involves balance. Using the circle, shade your level of satisfaction in each area as it relates to you. For example, if you absolutely love your career then shade the entire pie shape.

Do the same for each area, starting in the middle and radiating outwards.



# ROSANNA MARIA

PSYCHOTHERAPY + COACHING

## CREDIT CARD AUTHORIZATION FORM

Client Name \_\_\_\_\_

VISA \_\_\_\_\_ Mastercard \_\_\_\_\_ American Express \_\_\_\_\_ Discover \_\_\_\_\_

Name on Card \_\_\_\_\_

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_ / \_\_\_\_ CVV Code (on back) \_\_\_\_\_ Zip Code \_\_\_\_\_

I, \_\_\_\_\_, authorize Rosanna Maria Psychotherapy & Coaching LLC to charge my credit card for any and all balances on the account. This includes full session fees, insurance co-pays, and any missed appointment fees canceled within 24 hours of scheduled appointments. I understand that my credit card information will be saved in my clinical file and this authorization remains in effect until canceled.

\_\_\_\_\_  
Client/Legal Guardian Signature

\_\_\_\_\_  
Date



## **Informed Consent To Psychotherapy and Office Policies**

*Please read the following carefully and ask for specifications about any element you do not fully understand.*

I, Rosanna Maria, utilize a holistic framework incorporating the health of the body, mind and spirit. During the course of therapy, I am likely to draw on various theoretical approaches according to the problem presented and my assessment of what will be most beneficial to you. These approaches include humanistic, developmental, somatic, psycho-educational, transpersonal, narrative, behavioral/and or cognitive. If you have any questions about the therapeutic process please feel free to ask.

### **Process, Benefits, and Risks of Psychotherapy:**

Participating in therapy can provide a number of benefits to you. These benefits include the possibility of reducing or eliminating psychological symptoms, improving interpersonal relationships, as well as resolving the specific concerns that led you to seek therapy. Benefits may also include increased capacity for intimacy, decreased negative ideation, decreased self-defeating behaviors, and improved mindfulness. Working toward these benefits require effort on your part. Psychotherapy is most beneficial with your active involvement including honesty and openness to make positive changes in your life. Psychotherapy requires action on your part including applying the skills, ideas, tasks, and suggestions discussed during the session in your every day life outside of therapy. Your feedback and views on your therapy is key to the process. Your feedback on your therapy is an important piece of the process.

During the therapeutic process, discomfort may be experienced by remembering or talking about unpleasant events, feelings, or thoughts. These discussions may evoke strong feelings of anger, sadness, worry, or fear. You may experience an increase in symptoms associated with anxiety, depression, or insomnia. I may challenge some of your assumptions and perceptions or propose different ways of viewing, thinking about, or handling situations. These challenges may evoke feelings of anger, upset, hurt, disappointment, or resentment, all of which are appropriate feelings to discuss within our therapeutic relationship.

Attempting to resolve the issues that prompted you to seek therapy may result in changes that were not originally intended. Psychotherapy may be a catalyst for you making new decisions about changing behavior, employment, schooling, housing, or relationships. Sometimes a decision that is positive for one family member may be viewed negatively by another family member. During the course of psychotherapy, things may feel like they are getting worse before they get better. Change can be easy and swift, but more often it will be slow and challenging before the relief is felt.

I consult with other health professionals regarding my clients in order to increase the effectiveness of the services I provide. I do not use first or last names or other identifying information during these consultations in order to assure that full confidentiality is maintained.

If at any point during our work together either one of us decides that I am not effective in helping you reach your therapeutic goals treatment can be terminated. In the event of termination, I would be happy to provide you with referrals to other therapists should you wish to continue treatment. With your written consent, I will provide him/her with the information needed for proper assessment and evaluation.

### **Confidentiality:**

All information disclosed within sessions and the written records pertaining to those sessions are confidential and may not be revealed to anyone without your written permission, except where law requires disclosure. Law, in the following circumstances, may require disclosure:

1. When you have signed a “release of information form” from me or from another professional or agency stating exactly what information can be released and to whom it may be released;
2. When I believe that there may be a physical danger to you or to others though actions of yours, appropriate authorities, individuals and/or relatives will be notified.
3. When I become aware of actual or suspected child and or elder abuse, I am required by law to report such cases to the local welfare authorities.

The intent of such requirements is that a therapist has a legal and ethical responsibility to take action to protect endangered individuals from harm when the therapist’s judgment indicates that danger exists. It is my policy to fully disclose these matters with my clients before any action is taken, unless there is a compelling reason not to do so.

### **Client Rights:**

As a client, you have the right to review or receive a summary of your psychotherapy record at any time, except in limited legal or emergency circumstances, or when I assess that releasing such information may be harmful to you in any way. In such circumstances, I may provide you with a summary of your records, or may provide the records or its summary to an appropriate mental health professional of your choice.

Upon your authorization, I will release information to any agency/person you specify unless I assess that releasing information will be harmful to you in any way. You will be charged an appropriate fee for any professional time spent in responding to an information request regarding you or your treatment. I am happy to discuss any of these rights with you.

### **Appointments, Availabilities and Emergency Procedures:**

Generally, meeting on a weekly basis at first gives both the therapist and the client a chance to develop an understanding of the problem as well as to get to know each other. The office does not have a receptionist; therefore you will almost always get the voicemail when you call due to my inability to answer the phone while with clients or after business hours. Please leave a detailed message and I will respond within 24 hours. Texting is a good option for scheduling or canceling appointments.

If I am unavailable during an emergency you may leave a message on my voicemail and I will attempt to get back in touch with you. In the event that I am unavailable and you need to talk to someone right away, you can call the 24-hour hotline at the Help Center at 406-586-3333 or go to the emergency room (Bozeman Deaconess Hospital, 406-585-1000).

If an emergency situation arises in which you are being harmed or are in danger of harming yourself or someone else, please call 911.

**Payments & Cancellation Policies:**

I offer a complimentary 20-minute initial consultation session. In this session, we will decide together if we will continue to work together. Subsequent therapy sessions are 50 min or 80 minutes long, dependent on the work we are doing. Length of sessions will be discussed up front and agreed upon together.

My fee is \$95 per hour. Payment is required before session begins if it is a phone or Skype session or directly after if in office. Payment can be made via cash, check, or card. Please make checks payable to Rosanna Maria Psychotherapy & Coaching. There is a \$30 fee for returned checks.

Cancellations happen. Since the scheduling of an appointment involves the reservation of time especially for you, a \$45 fee will be charged for sessions missed without a 12-hour notice of cancellation. For no shows, the missed session is charged in full: \$95. Please be sure to call or text-message in the event that you need to cancel.

**Social Media Policy:**

I do not accept friend requests, contact requests, or connect online with any current or former clients. I believe that adding clients as friends or contacts on social media sites can compromise your confidentiality and privacy. The exception to the rule is my business Facebook page and business Instagram account.

**I accept these terms during our professional relationship. Based on the terms of this agreement, I consent to participate in an evaluation and treatment with Rosanna Maria. I understand that this agreement can be withdrawn at any time.**

Client signature \_\_\_\_\_ Date \_\_\_\_\_

# ROSANNA MARIA

PSYCHOTHERAPY + COACHING

Client Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ M or F  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_  
Email \_\_\_\_\_ Marital Status \_\_\_\_\_  
Home Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

## BILLING INFORMATION

Primary Insurance \_\_\_\_\_ Phone # \_\_\_\_\_  
Address \_\_\_\_\_  
Policy Holder Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Policy # \_\_\_\_\_ Group # \_\_\_\_\_

## FEE POLICY

Charge for the initial visit is \$170 and subsequent visits are \$150 per hour. If you are covered by insurance, your insurance will be billed; however, until insurance accepts the claim, you will be fully responsible for the cost of services. Balances over 30 days will be billed to the credit card on file.

**No Shows will be charged the full rate of \$95. Appointments canceled within 12 hours will be charged a \$45 fee.** If you do not show up for two consecutive appointments, treatment will be terminated. Your signature on this form authorizes the release of any medical or other information necessary to process a claim to insurance and authorizes payment of medical benefits to Rosanna Maria Psychotherapy & Coaching.

## INFORMED CONSENT

My professional ethics and Montana State law require personal information be kept confidential. This means information about you is not revealed to other persons or agencies without your clear and deliberate permission. The written record of any information you share is kept in a locked file.

## HIPAA ACKNOWLEDGMENT

Protecting your privacy is very important to me. By Federal law, I am required to inform you of my office HIPAA Privacy Practices. By signing this form, I am indicating that I have been provided a copy of Rosanna Maria Psychotherapy & Coaching's Notice of Privacy Practices related to health information. I understand that the Notice is subject to change and I can obtain a current Notice by contacting this office.

Signature of Client \_\_\_\_\_ Date \_\_\_\_\_ Signature of Guardian \_\_\_\_\_ Date \_\_\_\_\_

ROSANNA MARIA  
PSYCHOTHERAPY + COACHING