New Client History

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Please print and complete this form in order to orient me to your needs. Be sure to bring your completed history form to our initial evaluation, or we may need to re-schedule our session.

Please read (but do not sign) the **Consent for Treatment** document that's also on the "Paperwork" page of my website. This way, if you have questions, we can address these before signing together. Don't skim; really read it. It contains more information than the standard consent form does.

During our initial session, we'll discuss a very broad range of your life experiences and concerns. Only you know the full story, so please don't limit our conversation to the areas I ask about specifically. With this joint effort, our time should be highly productive and hopefully satisfying, too.

It may be that one or both of us decides you'd benefit more from working with someone else. This a normal part of the evaluation process and may continue for a few sessions. Your job is to assess whether I "get" you enough to be of help and whether I have the expertise you'd need to trust our work would be effective. My job is to assess what your therapeutic needs are, and to be honest about whether I have the expertise and the availability to do that treatment justice. Neither party need feel badly if the match isn't quite right.

Provide your basic information

Full Name _____ Today's Date _____

Gender _____ Birthdate _____ Current age _____

Current relationship status _____

Current occupation:_____

Education: _____

Street Address _____

City _____ State _____ Zip _____

Phone number at which I could leave a private message for you:

(_____) _____

Email address: _____

Your preference for contact with a confidential message: Phone____ E-mail____ Either ____

In case of emergency, contact: _____ at _____.

Relationship to this contact: _____

Describe your current concerns

Please explain what brings you to therapy at this time:

Please **check** all the items below that describe concerns you have had.
Mark with a **star** those that are particularly important to you at the moment.

____Anxiety or nervousness
____Panic attacks or intense fears
____Social skills or loneliness
____Relationship issues or patterns
____Family dynamics
____Self-esteem or personal growth
____Eating patterns
____Body image
____Sexuality patterns, (in)experience or desire
____Alcohol or drug decisions
____Desire to change a behavior
____Managing impulses; hasty decisions
____Managing anger
____Mood swings
____Feeling low or depressed
____Cutting, hitting or burning yourself
____Considering suicide
____Sleeping too much or not enough
____Nightmares
____Chronic pain or fatigue
____Grief in response to a loss or death
____Help adjusting to a change in your life

____Recovering from a trauma or accident
____Cultural identity
____Sexual orientation
____Spiritual identity
____Gender identity
____Feeling detached from people
____Experiencing things that may not be real
____Conflict with a friend, colleague, parent, employer, sibling or _____

____Recovering from abuse or assault
___as a person who caused someone harm
___as a person who experienced harm
___as both
Type(s) of abuse. (Please circle)
Physical Verbal/emotional Sexual Neglect

____Career identity or planning
____Perfectionism or procrastination
____Possible attention deficit or hyperactivity
____Learning difference or disability
____Physical challenge or disability

Outline your health history

Have you ever met with a psychologist, psychiatrist, counselor or social worker in the past?

If yes, most recently by _____ who is a (profession)

_____ in (city/state) _____

Phone: ( ) _____

How was that experience for you?

_____

_____

Any other mental health professional you've met with in the past who is important to mention?

Yes, by _____ who is a (profession) _____

in (city/state) _____. Phone: ( )_____

How was that experience for you?

_____

_____

What **prescription medications,** if any, are you currently taking for emotional health concerns?
(Please list) << Medication >> << Prescribed to help with... >>

Prescribed by _____ who is a _____

in (city/state) _____ Phone: ( ) _____

Have you been prescribed medication(s) for emotional health that you're no longer taking? _____
If so, did you take yourself off the meds independently ____ or discontinue them in consultation with a medical provider? ____. Why did you discontinue the medication(s)?

What **over-the-counter** medications or naturopathic supplements are you currently taking?
(Please list) << Supplement >> << Am using to help with... >>

Ever been hospitalized or received intensive treatment for emotional health concerns? _____
If so, for help with _____
_____ during (mo/yr)_____
(at (facility)_____
in (city) _____>

That you know of, have any of your blood relatives dealt with emotional health issues?
These may be conditions that were actually diagnosed, or may simply be things you have a hunch about, though it's unofficial or unspoken in the family. We're just gathering the big picture.

< Family member > **< Health Concern >** **< Diagnosed? >** **< Got help? >**

Establish your account with this practice

(For all clients to complete, even those who will not be paying by credit card.)

Which credit, debit or medical flex spending account would you like to have on file?

Account #: _____

Expires: Month_____ Year_____ 3-digit # on back (CCV) _____

Name on card: _____

Address on account: _____ Same as my home address
_____ Different from home address:

_____

What's your preferred form of payment?

____ I'd like to use Paypal before each session.
____ I'd like to use cash or personal check at the start of each session.
____ I'd like to use the account noted above and be debited after each session.
____ I'd like to decide as I go.

Payment and receipt are taken care of at beginning of sessions, so endings will not feel abrupt. If you're paying by check, please consider having it filled out before we sit down together.

What is your preference with regard to receiving a receipt for your treatment cost?
(This "Record of Services Provided" includes the codes needed for insurance reimbursement.)

____ I would like to receive a hard copy at each session.
____ I would not like to receive a written Record of Services Provided.

No billing is done, so no confidential information will ever be mailed to you.

How does health insurance figure into your plan?

_____ I'll pay privately and not involve any insurance company. I understand that no record of my therapy will exist other than my confidential treatment file within this office.

_____ I have Premera Blue Cross insurance and expect them to pay the majority of my expenses. I will contribute my share (co-pay) at each session. I understand that I'm responsible for treatment costs if my insurance doesn't cover in the manner I'd expected.

_____ I have insurance, but not Premera Blue Cross. I'll pay for therapy up-front and expect to be reimbursed by my insurance for seeing Dr. Falk as an "out-of- network provider." I'll be given a Record of Services Provided for insurance reimbursement.

>>> **If you are paying privately, skip past this page. > >**

If you plan to use Premera insurance, please complete this top portion:

Policy holder's name _____

Your relationship to policy holder _____

Subscriber #: Prefix [3 letters] _____ ID Number [9 digits] _____

Employer _____

This next section you may use as a guide to gathering your individual policy information. It's optional but could be useful to you, since clients are responsible for treatment costs not covered by their insurance.

Does your policy require you to obtain "pre-authorization" before seeing a mental health provider, or before seeing someone outside than their family doctor? _____

Do they allow a limited # of therapy sessions? _____

If so, they will cover _____ sessions, after which I'd have to pay privately.

Is this session limit...

... per calendar year? (Jan-Dec; count starts out fresh each January) _____

... per 12-month period? _____

... or is it until a new authorization is required for additional sessions to be approved? _____

Do you have a deductible to pay before insurance coverage kicks in? _____

If so, what amount remains before you reach your deductible for this year? $ _____

Does anyone in your family have another insurance policy your company could expect to pay towards therapy? (This is called "co-insurance." It reduces the amount Premera covers) _____

My insurance will reimburse me for _____% for my mental health treatment costs when I see someone contracted with them and _____% when I see someone outside their network.

Describe other aspects of your situation (optional)

Is there anything else you'd like to make sure I understand about you or your situation? For example, anything you'd like to say about the ethnic or religious culture in which you were raised, the circumstances of your current story, details about your career, parenting or relationship status, your gender or sexual identity? Is there anything noteworthy about your personal history that hasn't been asked about on this form? Your hopes for what will happen (or not happen) during therapy?