

CLIENT INFORMATION:

Name of adolescent or young adult: _____

Today's Date _____

Date of birth: _____

Adolescent/young adult lives with? Mother____,Father____,Both Parents_____

Please list both parents' names, birth dates, phone numbers and addresses. If you cannot remember birth dates it is okay.

Mother's name: _____

Birth date: _____

Please circle one: Married/Divorced/Separated

Date of Marriage: _____ Separation: _____ Divorce: _____

Mother's address: _____

City: _____ State: _____ Zip Code: _____

Mother's Phone Numbers: Day: _____ Night: _____ Cell:

Father's name: _____

Birth date: _____

Please circle one: Married/Divorced/Separated

Date of Marriage: _____ Separation: _____ Divorce: _____

Father's address: _____

City: _____ State: _____ Zip Code: _____

Father's Phone Numbers: Day: _____ Night: _____

Cell: _____

Are there any phone numbers we cannot leave a message asking you to return a call or reminding you about your child's appointment?

Please list all other family and non-family members living at your residence: Their names, ages and relationship(s):

How did you hear about Lawrence Farber, LCSW?

Please check if we may contact your referral to thank them _____

Are you aware that we are an out of network provider for all insurance plans, but are currently in the process of applying to be on the Blue Cross/Blue Shield panel of providers? _____

Yes _____ No _____

EMERGENCY CONTACT:

Please provide contact information for a person we can contact in case of emergency. This contact will only be used if we believe you, your child or someone else is in immediate danger or if you or your child becomes ill and are unable to continue or depart therapy without assistance.

Emergency Contact Person: _____

Relationship: _____

Phone Number: (_____) _____

Address:

____ City _____ State _____ Zip Code

(Please initial) _____ I agree Lawrence Farber LCSW may contact the above named person under the above named.

Is there/has there ever been any custody dispute? Yes____, No____ If yes, please explain _____

Has your adolescent/young adult had prior therapy and if so when, with whom and for how long?

What is important for Lawrence to know about that experience?

What is your reason for bringing your adolescent/young adult to therapy now? What behaviors do they exhibit that concern you?

What are your goals for your adolescent's/young adult's therapy?

What school does your adolescent attend; if you're a young adult, what school do you attend?
For how long? _____

What role does your adolescent play in your family? How do your adolescent get along with other siblings? Has that changed? If you are a young adult, what role do you think you played in your family (e.g. “Family Hero”, “Middle/Lost Child”, “Clown/Jester”, “Scapegoat/Black Sheep”, “The Parentified/Serious Child”)?

Parent’s relationship: Why did you get married? And if applicable, divorced?

Describe marital relationship problems or concerns that you have currently or have had:

MEDICAL HISTORY

Please complete to the best of your ability. If your adolescent/young adult does not have a current provider please mark N/A or otherwise indicate that it is not applicable. *Please do not leave any spaces blank.*

Psychiatric Information:

Psychiatrist's Name: _____

Phone Number: _____

Current medications prescribed by Psychiatrist:

Medical Information:

Physician's Name: _____

Physician's Phone Number: _____

Date of last complete physical (approximately): _____

Current medical concerns:

Current medications prescribed by
Physician: _____

Adolescent/young adult illnesses, hospitalizations (include psychiatric hospitalizations),
operations, injuries, head injuries, etc:

Birth Complications? Was there consumption of alcohol nicotine of any kind during the
pregnancy? This is very important in differentiating a diagnosis of ADHD from FAS or
FASD. _____

How would you describe your child's current state of health?

Is there anything in your medical history or family health pattern that would be useful for us to know?

Are you concerned about your adolescent's/ young adult's substance use? Yes____, No____ If yes,why?_____

Are others concerned about your adolescent's/young adult's substance use? Yes ____ No _____ If yes, why?

Has your adolescent/young adult ever had treatment for alcoholism or a substance use disorder? Yes _____ No _____ If yes, when? _____

Has your adolescent/young adult ever attended AA, NA, Rational Recovery, SMART Recovery, The Seven Challenges, Women For Sobriety, Dual Recovery Anonymous, Moderation Management, Secular Organization For Sobriety, any mutual help group? Yes _____ No _____ If yes, when?

Was it helpful? Yes____ No_____

NATURE OF PSYCHOTHERAPY AND THE THERAPEUTIC RELATIONSHIP

This practice does not provide 24-hour or emergency therapy services. Should you or someone close to you require such service, the following referrals are offered:

- 9-1-1 for emergency assistance
- Nearest hospital emergency room

Lawrence accept only those clients whom they believe have the capacity to resolve their problems with the assistance of psychotherapy. Although every client's goals are individualized, there are certain basic things you can expect from therapy. Essentially, therapy will help your adolescent/young adult and/or you to better manage the challenges of daily life. Discussion of you and/or your adolescent's/young adult more specific goals and progress will be a constant and central part of the therapy process.

Be aware that counseling often requires the sharing of difficult thoughts and feelings and that you and/or your adolescent/young adults may feel uncomfortable at times. At other times, you and your adolescent/young adult may feel there is not sufficient progress being made. It is especially important that during these difficult times you continue to communicate with Lawrence as they will want to work with you to consider all options available to help meet your therapy goals. Although your sessions may be very emotionally and psychologically intimate, it is important for you to realize the professional nature of your relationship with your therapist. Clients are best served if the therapist-client relationship remains professional and sessions concentrate on your concerns.

RECORDS & CONFIDENTIALITY

All interactions including scheduling of appointments, your records, content of your sessions and progress in counseling, are kept confidential. In order to provide you with the best possible services, Lawrence participate in case consultation with supervisors and peers. Under certain circumstances, we may be required to share confidential information under legal mandate. These circumstances are outlined below.

•Client Authorization: Clients (parents and legal guardians) can give written consent for Lawrence Farber, LCSW to provide information to others (e.g., psychiatrists, doctors, case workers, etc.) in an effort to coordinate treatment. A release is standard practice for Lawrence if you are taking a prescribed psychotropic medicine.

•Imminent Risk of Harm: When there is reason to believe that a client may be at imminent risk of harming him/herself, others, and/or property, the therapist has the legal and ethical option to warn appropriate authorities.

•Cases of Abuse and Neglect: When there is reason to believe that a minor, an elderly person, or a person with a disability is in danger of being, or has been physically, emotionally, or sexually abused or neglected, therapists are obliged by law to report the information to the appropriate authorities.

•Past Abuse: It is required by law to report perpetrators of past abuse if the therapist has reasonable suspicion that they have current access to an individual in a protected group (children, other-abled, elderly people...).

•Orders from Court of Law & Criminal Proceedings: When a court of law orders a therapist to release information, the therapist must comply with such an order. Confidentiality does not extend to criminal proceedings in Texas, so that if a client is presently, or will later become, involved in a criminal lawsuit, the client's file may be opened for court inspection.

•Inappropriate Behavior by Previous Therapist: If a client discloses that a previous therapist behaved in a sexually inappropriate manner, then the current therapist is legally bound to report it to the District Attorney's office as well as to the appropriate state licensing board. The client's identity need not be disclosed if he or she does not wish it.

•Children and Sex: Therapists are required to report sexual activity of minors under the age of consent of 16 years of age that are not emancipated. This means sexual activity between a minor and an adult must be reported to the proper authorities for the protection of the minor. Sexual activity between a minor and another minor may be reportable, depending on the specifics of the situation.

CLIENT RIGHTS

If at any time or for any reason you are dissatisfied with your services, please speak with Lawrence directly. Lawrence is committed to trying to resolve your concerns. Lawrence practices according to national and state guidelines for professional and ethical standards of care. If you have reason to believe that we are practicing outside of these guidelines, you may report your concerns directly to the North Carolina board of Examiners of Clinical Social Workers.

CLIENT RESPONSIBILITIES

- Fees & Payment Expectations

You are responsible for paying your fee at each session. You understand that your current assessed fee is \$120 (60 minutes). If you attend Family, or couple sessions \$180 for 90 minutes.

Our consulting fees remain at \$120 per hour broken up into 15 minute duration for talking to schools, treatment centers etc. Lawrence Farber reserves the right to a sliding scale in accordant to their own wishes and agreements.

Fees may be adjusted with at least a 4-week notice before the fee change would be in effect.

The agreement for paying by check is to pay a \$25 service charge for each check returned. After your second returned check, you will no longer be allowed to pay by check. If your debt becomes outstanding, it will be turned over to a collection agency, thereby releasing your status as a client of Lawrence Farber, LCSW. You will be charged \$25 per hour for all research, copying and administrative work requested on your behalf, including any requests for paperwork and/or clinical evaluations.

Therapists may have to appear in court only if subpoenaed or court-ordered by a judge. In these cases, therapist testimony and/or case consultation will be provided at the cost of \$300 per hour to be paid by the subpoenaing party at the time of court-related service. You will be charged \$300 per hour for all court-related proceedings, including but not limited to, meetings with attorneys and court appearances. Charges will be incurred for court preparation and travel as well as court appearance time. There is no sliding scale for court testimony or court case-related consultation.

- Cancellations & Missed Appointments If you are unable to attend a session due to illness or an emergency, please notify Lawrence as far in advance as possible. If you do not show up for an appointment or fail to cancel at least 24 hours prior to your appointment, you will be responsible for paying 100% of your fee for the missed session. If you are late for your appointment, you will still be charged your assessed fee. Fees for no-shows and cancellations without 24 hours notice must be paid before your next therapy meeting.

Lawrence Farber, LCSW reserves the right to not begin or to terminate a session with clients believed to be under the influence of illicit substances and/or alcohol. If she believes that you are under the influence, she may end the session and require you to find a safe method of transportation to your residence.

Termination of the Therapeutic Relationship

The majority of therapy relationships will end because the client achieves his or her goals and agrees with the therapist to terminate. However, there could be circumstances in which you or your therapist will end the relationship regardless of the other's preferences. You are free to end service at any time for any reason, whether or not your therapist feels it is advisable. We ask that you tell one of us if you plan to stop rather than just not returning and that you schedule one final appointment or tell one of us before the start of the session so that we can review your progress and discuss any referrals that might be beneficial to you.

There are a few situations in which your therapist may determine the need to end the therapeutic relationship. For instance, if you no longer need therapy or cannot benefit from continuing, the therapy relationship must end. If your needs surpass your therapist's ability to help you or if the therapeutic relationship becomes subject to a conflict of interest, the therapist must refer you to another therapist.

CONSENT FOR THERAPY

By signing below, you are indicating that you have read and understand this informed consent statement and that any questions you have had about this document and/or the therapy process have been answered to your satisfaction. You are hereby agreeing to enter into a professional therapeutic relationship with Lawrence Farber, LCSW.

Parent or Guardian Signature; Young Adult's Signature:

Date: _____

Parents or Guardian's; Young Adult's Full Name Printed:

Therapist's Signature: _____

Date: _____

Lawrence Farber, LCSW