



Recovery & Wellness  
Professional Services

Lawrence Farber, LSCW  
5 Allen Ave. Suite B, Asheville, NC 28803

Today's Date \_\_\_\_\_

**CLIENT INFORMATION:**

**Name of Adolescent** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_

Adolescent lives with: Mother \_\_\_\_\_ Father \_\_\_\_\_ Both Parents \_\_\_\_\_

**Mother's name** \_\_\_\_\_

Date of Birth \_\_\_\_\_

**Please circle one:** Married/Divorced/Separated

Date of: Marriage \_\_\_\_\_ Separation \_\_\_\_\_ Divorce \_\_\_\_\_

**Mother's address** \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mother's Phone Numbers: Home \_\_\_\_\_ Cell \_\_\_\_\_

**Father's name** \_\_\_\_\_

Date of Birth \_\_\_\_\_

**Please circle one:** Married/Divorced/Separated

Date of: Marriage \_\_\_\_\_ Separation \_\_\_\_\_ Divorce \_\_\_\_\_

**Father's address** \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Father's Phone Numbers: Home \_\_\_\_\_ Cell \_\_\_\_\_

Are there any phone numbers we **cannot** leave a message asking you to return a call or reminding you about your adolescent's appointment with Lawrence Farber?

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

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Is there currently or has there ever been a custody dispute? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please explain:

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How did you hear about Lawrence Farber?

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Please check if he may contact your referral to thank them \_\_\_\_\_

Are you aware that he is only in-network with Blue Cross Blue Shield at this time?

\_\_\_\_ 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 your child or someone else is in immediate danger or if 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 in case of an emergency

Has your adolescent had prior therapy? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please list when, with whom, and for how long:

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What is important for Lawrence to know about that experience?

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

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What are your goals for your adolescent's therapy?

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What school does your adolescent attend?

\_\_\_\_\_ For how long? \_\_\_\_\_

Grade/Year: \_\_\_\_\_ Teacher's name: \_\_\_\_\_

Are there currently any issues at school?

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Please list your adolescent's interests, hobbies, friends, etc.

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**FAMILY INFORMATION:**

Grandparents: Living? Maternal: Y/N Paternal: Y/N

Ages: Maternal \_\_\_\_\_/\_\_\_\_\_ Paternal \_\_\_\_\_/\_\_\_\_\_ If deceased, list year of death

Please describe your adolescent's childhood and current relationship with parents (including stepparents) and grandparents



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Describe any marital relationship concerns that you currently have or had in the past:

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## **MEDICAL HISTORY**

Please complete to the best of your ability. If your adolescent 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:

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### **Medical Information:**

Physician's Name: \_\_\_\_\_

Physician's Phone Number: \_\_\_\_\_

Date of last complete physical (approximately): \_\_\_\_\_

Current medical concerns:

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Current medications prescribed by Physician:

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Please list any childhood/adolescent illnesses, hospitalizations (include psychiatric hospitalizations), operations, injuries, head injuries, etc.

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Did your adolescent experience any birth complications? Was there consumption of alcohol, nicotine, or any drugs during the pregnancy? This is very important in differentiating a diagnosis of ADHD from FAS or FASD.

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

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

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Are you concerned about your adolescent's substance use? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, why?

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Are others concerned about your adolescent's substance use? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, why?

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Has your adolescent ever received treatment for alcoholism, or a substance use disorder?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, when? \_\_\_\_\_

Has your adolescent ever attended AA, NA, Rational Recovery, or SMART Recovery?  
Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, when?

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Was it helpful? Yes \_\_\_\_\_ No \_\_\_\_\_



Is there anything else that you think would be helpful for Lawrence to know about your adolescent or family?

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### **THERAPIST-CLIENT AGREEMENT**

Lawrence Farber, LCSW does not discriminate on the basis of sex, gender, sexual orientation, race, ethnicity, color, national origin, age, economic status, disability, marital status, HIV/AIDS status, religion, creed, Veterans status, or political beliefs. Lawrence Farber, LCSW is licensed in the State of North Carolina as a Clinical Social Worker.

#### **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, or visit the nearest hospital emergency room

Lawrence accepts only those clients whom he believes 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 you to better manage the challenges of daily life. Discussion of your 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 may feel uncomfortable at times. At other times, you may feel that you are not making enough progress. It is especially important that during these difficult times you continue to communicate with Lawrence as he 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 participates in case consultation with supervisors and peers. Under certain circumstances, your therapist may be required to share confidential information under legal mandate. These circumstances are outlined below.

- **Client Authorization:** Clients (or parents/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 disabled, elderly people...).
- **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.
- **Kids and Sex:** Therapists are required to report sexual activity of minors under the age of consent of 17 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 he is 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 \$150 (60 minutes). If you attend Family, or couple sessions, \$225 for 90 minutes.

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 \$135 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 drugs and/or alcohol. If he believes that you are under the influence, he 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. Lawrence asks that you tell him if you plan to stop rather than just not returning and that you schedule one final appointment or tell him before the start of the session so that you can review your progress together 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

therapy 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.

Signature (client/child) \_\_\_\_\_

Full Name Printed \_\_\_\_\_

Date \_\_\_\_\_

Signature (parent/legal custodian) \_\_\_\_\_

Full Name Printed \_\_\_\_\_

Date \_\_\_\_\_

Therapist's Signature \_\_\_\_\_

(Lawrence Farber, LCSW)

Date \_\_\_\_\_