

Office _____

Date of initial visit _____

Client Information

Please print clearly!!

Patient name _____

Street _____ City _____ State _____ Zip _____

Age _____ DOB _____ Email (For newsletter) _____

Phone Day _____ Phone Eve _____ Cell _____

May we leave a general message with individuals who may answer the phone? Ex “call back Dr. Schwarz” or “I need to cancel and re schedule you” or “your appointment is at...”

Yes _____ No _____ (If no you must leave another number we can leave a message on)

Best number for messages _____

Marital Status _____ #of children _____ ages: _____

If Married for how long have you been married _____

Is this your 1st Marriage Yes No

Highest grade or degree completed _____

Type of employment _____

[if patient is a Child Parents names} _____

Insurance Information

Type _____

Primary insured _____ DOB _____

ID # _____ Group # _____

Mailing address of insurance company

Street _____

City _____, State _____ Zip _____

I give my authorization and permission for Dr. Schwarz to release information to my insurance company for reimbursement purposes.

Signature _____ Date _____

I authorize payments to be sent to Dr. Schwarz for services.

Signature _____ Date _____

Payment Policy

I understand that I am responsible for payment in full to Dr Robert Schwarz at time of service. They will provide me with a form to submit to my insurance company for reimbursement purposes. If my insurance carrier does not reimburse me I am still responsible for payment at the time of visit for services rendered.

Signature _____ Date _____

Contacts for emergencies or consultations

When was the last time you had a physical or saw a physician? _____

Name of Primary physician _____

Address _____ Phone number _____

May we contact him/her for continuity of care?

YES _____ NO _____

	Name	Relationship	Phone
Emergency contact			

Referral Source

Referred by _____

May we contact them or send a thank you for referral note?

YES _____ NO _____

Phone _____

address _____ City _____ Zip _____

Yellow pages _____ Delaware County _____ Main Line _____

Section Psychologist _____ Marriage & family _____ Hypnosis _____

Superpages.com _____ Internet _____, Psychology today _____

Yoga Life _____, New Visions _____

800 # in Back of Men are From Mars Women are From Venus Book _____

Substance use

Do you smoke? _____ How much? _____

How much alcohol do you drink? _____

How much Coffee, tea or caffinated drinks do you drink? _____

Do you use street drugs? (Pot, Acid, cocaine etc.?) _____ How often? _____

Do you use inhalants? (Whipits, glue, aerosols, etc?) _____ How often? _____

Medications

Current Non-Psychiatric Medications or supplements

Medicine	Dose	How long on this drug	Purpose	How effective is it?	Describe any side effects
1.					
2.					
3.					
4.					

Current Psychiatric Medications

Medicine	Dose	How long on this drug	Purpose	How effective is it?	Describe any side effects
1.					
2.					
3.					

Past Psychiatric Medications

List each drug chronologically, starting with the first medication prescribed.

Medicine	Dose	How long on this drug	Purpose	How effective was it?	Describe any side effects
1.					
2.					
3.					
4.					

Summary of Prior Psychotherapy (Please include alternative healers)

List chronologically, beginning with the first therapist you have ever worked with.

Name of therapist and degree	Date, duration and frequency	Reason for seeking treatment	What type of therapy was it? Was it helpful? Did you have any negative reactions?
1.			
2.			
3.			
4.			

Please List the types of Physical Problems you have had in the last 10 years

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

INFORMED CONSENT

Please Read and Initial each page and Sign

COUNSELING SERVICES OFFERED/THEROETICAL APPROACHES

People can make better decision if they have enough information and understand how something works. Here are some aspects of counseling and therapy as I see and practice it.

With over 23 year of practice and thousands of hours of training beyond graduate school, I have come to use a number of approaches in an integrative manner. The approach I use with a given person (couple) is based partly on the nature of the presenting complaint(s) as well as the preferences of the client. The approaches I use include coaching techniques, NLP, Solution Oriented Therapy, structural family therapy, Ericksonian Hypnosis, Cognitive – Behavioral Therapy, John Gray’s Mars and Venus Gender Communication Therapy, kinesiology, and meridian based energetic approaches that look at imbalances within the person’s energy system as well as the energetic influence of thoughts beliefs and emotions on the body.

OUTCOME EXPECTATIONS

Please note that it is impossible to guarantee any specific results regarding your counseling goals. However, we will work together to achieve the best possible results for you.

Counseling & therapy require your active involvement, willingness to be truthful, as well as efforts to acknowledge and/or change your thoughts, feelings and behaviors. You will have to work both in and out of the counseling sessions. There are no instant, painless, or passive cures, no “magic pills.” Instead there will be homework assignments, exercises, writing and journals and perhaps other projects. Most likely you will have to work on relationships and make long term efforts. Sometimes change will be easy and swift, but more often it will be slow and deliberate: effort may need to be repeated.

As with any intervention, there are benefits and risks associated with counseling and therapy. Risks might include experiencing uncomfortable levels of feelings like sadness, guilt, anxiety, anger frustration, or having difficulties with other people. Being confronted with your difficulties can be very challenging. Some changes may lead to what seems to be worsening circumstances or even losses (for example, counseling can not necessarily keep a marriage intact.)

If we are to work together we will need to specify methods, risks and benefits of treatments, the approximate time commitment involved, costs and other aspects of your particular situation. We will discuss a plan that seems most appropriate to help you reach your goals. Periodically, we will evaluate your progress and if necessary redesign our treatment plan and your goals and the methods used.

Client(s) Initials _____

CONFIDENTIALITY

I regard the information you share with me with the greatest respect, so I want us to be clear as possible about how it will be handled. There are two circumstances in which I cannot guarantee confidentiality, legally and or ethically. 1) When I believe you intend to harm yourself or another person, and 2) when I believe a child or elder person has been or will be abused or neglected. Otherwise, I will not tell anyone anything about your treatment, diagnosis, history, or even that you are a client without your full knowledge and usually a signed Release of Information Form.

The only other exception to the above is that your diagnosis and billing information will be released to your insurance company if you seek reimbursement. I cannot guarantee the further confidentiality of this information once it is sent to the insurance company. If your therapy is being paid for by a third party such as an insurance company from an automobile accident they may require specific information about your symptoms and progress to continue paying for your treatment. If this happens you will be informed of this event ahead of time and we can discuss your options at that point.

CONFIDENTIALITY WITH COUPLES WORK

If I am working with you in the context of couples or relationship work, I will not share details of our private sessions with your partner. This is information that is also protected by confidentiality. If there is something I believe your partner should know, I will ask permission to share it and encourage you to share it yourself. If you are actively having an affair or withholding information from your partner that I believe is important I will encourage you to share it. If you are not able to share it I will excuse myself as your therapist as I will not be part of keeping a detrimental secret from your partner. Even in this case your confidentiality will be protected.

LENGTH OF SESSIONS AND CANCELLATIONS

I assure you that my services will be rendered in a professional manner consistent with accepted ethical standards. There are several session length options. Sessions are either 50 minutes, 80 minutes or 100 minutes. We will schedule our sessions for our mutual agreement. If you are unable to keep an appointment please call to cancel or reschedule at least 24 hours in advance. This time is set aside just for you. If unable to give such advance notice you will be billed in full for the session missed. In instances of extreme emergency such as car accident while driving there, an extreme accident by a family member that day, last minute cancellation by baby sitter, or major accident on the road you are traveling on to get to my office which significantly delays traffic, the fee will be waived. (If you are coming for couples work and your sitter cancels I

Client(s) Initials _____

prefer that one of you still make the session as opposed to last minute canceling.) I am not able to wave to fee for late cancellations due to inconvenience, error in scheduling on your part, last minute meetings at work etc. I would love to have that flexibility but unfortunately late cancellations do not allow me enough time to fill your slot.

FEES/METHODS OF PAYMENT

My standard fees are: \$170 for a 50 minute session, \$255 for an 80 minute session. I do keep 5 sliding scale slots available each week for those who simply cannot afford my fees. If you are in need of a sliding scale slot we will negotiate your fee at our first session. My goal is to be able to provide affordable counseling for anyone who is motivated to help themselves. Lack of finances should not deter someone who wants assistance. In return for your fee, I agree to provide counseling services for you. Payment is required at the beginning or end of each session. Cash or personal checks are acceptable for payment. Credit cards are accepted for phone counseling or if absolutely needed for payment for office visits. (We prefer not to use credit cards but will when necessary) You may also pre-pay for sessions if you wish.

BILLING/INSURANCE REIMBURSEMENT

If you wish to seek reimbursement for my services from your health insurance company, I will be happy to complete any forms related to your reimbursement provided by you or the insurance company. Payment in full is expected at time of visit. Except in certain circumstances, I do not receive third party payment. I will not file insurance claims for you but will provide the necessary documentations.

Some insurance companies will reimburse clients for my counseling services and some will not. Generally companies that allow you to see an out of network practitioner for mental health services will provide reimbursement. Those that do, usually require that you meet your out of network deductible before reimbursement is allowed and then they will reimburse you a portion of the fee. *However, please remember that you are responsible and not your insurance company for paying the fees agreed upon*

Health insurance companies often require that I provide a diagnosis of your mental health condition and indicate that you have an “illness” before they will agree to reimburse you. I will inform you of the diagnosis I plan to render before I document it on the forms you will submit to your insurance carrier. Any diagnosis made will become a part of your permanent insurance records.

Client(s) Initials _____

EXPLANATION OF DUAL RELATIONSHIPS

Although our sessions may be very intimate psychologically, it is important for you to know that we have a professional relationship rather than a social one. Our contact will be limited to sessions you will arrange with me. In the rare occasion we may bump into each other out of the office I will of course maintain your confidentiality. If you wish to extend a brief hello that is fine. Or, if you wish not to acknowledge the encounter that is fine as well. There have even been times when clients wish to introduce me to friends as their therapist so they can give a call later to set up an appointment. That is fine too. You will learn a great deal about me as we work together during your counseling experience. However, it is important for you to remember that you are experiencing me in my professional role. Ethical principles do not allow for dual relationships. This means that we cannot have a role as therapist/client and have another role such as you being my plumber or lawyer. It is unethical for therapists to have intimate personal relationships with clients. Sometimes patients/clients develop strong feelings about their therapist. There is nothing wrong with these feelings. In that event, they should be discussed as part of treatment. Under no circumstances is it ethical or helpful for them to be acted upon.

COMPLAINT PROCEDURES

If you are dissatisfied with any aspect of our work, please inform me immediately. This will make our work together more efficient and effective. If you think that you have been treated unfairly or unethically, by me or any other counselor, and cannot resolve this problem with me, you can contact the Pennsylvania Psychological Association at (717) 232-3817 for clarification of clients' rights as I've explained them or even to lodge a complaint. If you have any questions, please feel free to ask. Please sign and date both copies of this form. A copy for your records will be returned to you. I will retain a copy for my confidential records.

Client's signature _____ Date _____

Therapist's signature _____ Date _____

Expectations of Therapy

Name _____ Date _____

If you have never been to a therapist before you may be not completely clear about what you expect or want from a therapist. If you have been to therapy before, you may have some specific ideas about what you want from therapy.

This brief questionnaire is designed to help you clarify your thoughts as well as to help us understand what you expect so we can tailor therapy to your needs or clarify unreasonable expectations.

Please circle the appropriate numbers to show how strongly do you agree with the following statements

Strongly disagree Slightly disagree neutral slightly agree strongly agree

1 2 3 4 5

I want my therapist to understand and validate my feelings.	1	2	3	4	5
I want therapy to be highly structured.	1	2	3	4	5
I want therapy to be very loose and spontaneous depending upon what is on my mind at the time.	1	2	3	4	5
I want my therapist to tell me specific interventions to do to solve my problems.	1	2	3	4	5
I want my therapist to be gentle and supportive.	1	2	3	4	5
I want therapy to include looking at how my thoughts and beliefs may create negative patterns in my life.	1	2	3	4	5
I want therapy to include looking at spiritual or existential issues.	1	2	3	4	5
I want my therapist to focus mostly on listening and allowing me to vent my problems or solve problems for myself.	1	2	3	4	5
I want therapy to include specific exercises and readings when appropriate to augment my treatment.	1	2	3	4	5
I want my therapist to be able to confront me when I resist or may be sabotaging myself.	1	2	3	4	5

I have very specific issues to work on in therapy.	1	2	3	4	5
I do not have specific goals but want general guidance and assistance.	1	2	3	4	5
It is the therapist's Job to make me better.	1	2	3	4	5

(Optional) If you prefer to use your own words feel free to write out what you want from your therapist? _____

Expectation for length of treatment in number of sessions

Under 5 5-10 10-20 20+ prefer to come in on as needed basis

Please circle any specific tools or techniques you would be open to using to help resolve your issues.

Self - examination training energy work role-playing hypnosis

Are finances a substantial burden for you at this time? If yes, please describe your situation.

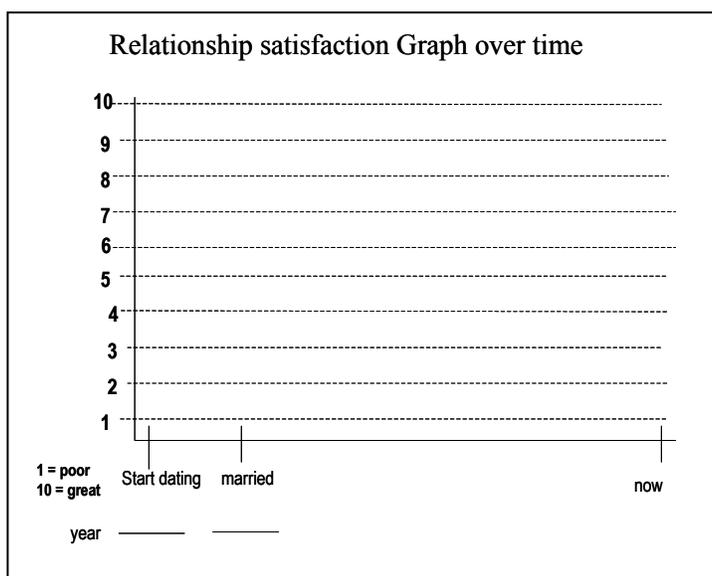
Is there anything else you want your therapist to know about you or your situation?

COUPLES QUESTIONNAIRE.

You make a big difference in the outcome of your couple's work. Please give yourself the gift of taking the time to answer these questions. Approach this task with the following thoughts in mind. 1) You are providing valuable information to your therapist to understand you better and to help you have a better relationship . 2) You are taking the time to become more aware of your own process in order for you to help you get what you want. 3) Be honest and non judgmental (of yourself or your partner). Feel free to use extra paper if you wish. You can also choose to leave anything out that you cannot answer.

1. Think back to when your relationship began. What qualities or behaviors did you see in your partner that were most attractive to you?
2. Think back to when your relationship began, what did qualities did the relationship bring out in you that made you feel good about you.
3. Currently, what qualities or behaviors do you see in your partner that are most attractive to you.
4. Currently, what qualities does the relationship bring out in you that make you feel good about you.

5. In this question you are being asked to look at how your relationship has changed over time. Some relationships start out great and keep going great until a certain point and they crash. Other relationships start out good and slowly decay. Others start out rough and get better. Starting from when you dated until now please graph the quality of your relationship. (Feel free to tailor the graph to fit you. E.g. If you are not married just cross that out.. IF you have been together 20 yrs and just got married last year move the line for marriage. If you have been married for 10 years the space from married to now covers 10 years if you have been married 5 years it covers 5 years etc.



6. What significant events (for better or worse) have occurred in your lives during your relationship (e.g. deaths. New child, new/lose job)When did each event occur?

Year	Event
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

7. On a scale of 0-10 (0 = not at all 10= very high) how much is fighting problem?

8. List the top 3 things you fight about

- 1) _____
- 2) _____
- 3) _____

9a. When you are talking about something, what percentage of time does your partner validate your point/ repeat your thoughts?

9b. When your partner is talking about something what percentage of time do you validate your point/ repeat your partner thoughts?

10a. What percentage of time does your partner understand your feelings?

10b. What percentage of time do think understand your partner's feelings?

11. What are 3 things that you know you need to do better or different to make improve your relationship

- a) _____
- b) _____
- c) _____

12. What are 3 things that you would like your partner to do better or different to make improve your relationship

- a) _____
- b) _____
- c) _____

13. Imagine that you could score every interaction you have with your partner as either positive or negative. Nothing is neutral. It can be a little positive or a lot positive, a little negative or a lot negative. You count words, gestures, kisses, activities, fights, etc. You add all the positives up on one side and you add all the negatives on the other. You would end up with a ratio: of positive: negative. For the last month What would you say that ration was. Do not discuss this with your partner. It is your felt sense of what it has been.

_____Positive : _____negative (examples 3:2 or 1:3 or 5:1 or 1:1)

Brief Family Relationship History

Pick five words or phrases that describe your mother (or mother figure):

Pick Five words or Phrases that describe your father (or father figure)

What was the relationship of your parents like? What was the atmosphere of the house like ?

What conclusions decisions did you make in either childhood or adolescence about what you wanted out of marriage or relationships?

Were there any other significant relationships positive or negative in your family (e.g. brother or grandmother)?

NAME _____

Relationship Satisfaction Scale* (brief version)

Instructions: Place a check (✓) in the box that best describes how much satisfaction you feel in your closest relationship.
Please answer all 5 items.

	0--Very dissatisfied	1--Moderately dissatisfied	2--Somewhat dissatisfied	3--Neutral	4--Somewhat satisfied	5--Moderately satisfied	6--Very satisfied
1. Communication and openness							
2. Resolving conflicts and arguments							
3. Degree of affection and caring							
4. Intimacy and closeness							
5. Overall satisfaction							

Please Total Your Score on Items 1 to 5 Here →

Please indicate who you were evaluating (e.g. spouse) →

* Copyright © 1983 by David D. Burns, M.D. (Revised 1996, 1997.)

As an individual

What things/activities bring you pleasure or joy?

What do you do that connects you with your (best) self?

What characteristics do you consider as your strengths?

Take some time and broaden your view of your life. Please comment on your satisfaction or dissatisfaction in other areas of your life besides this relationship. Work/Career, Friends, Physical health/exercise, Play/Fun, Spirituality, Life Dreams or Goals