FAMILY THERAPY INTAKE FORM

*To be completed by individuals ages 14+

Name:_____

Name of Parents / Guardians (if you are under the age of 18):

_____

Address:_____

RES #: _____ (May I leave a message Y/N)

Work #:_____(May I leave a message Y/N)

Mobile #:_____(May I leave a message Y/N)

Email address (Email correspondence is not considered a confidential method of communication):_____

May I email you? Y/N

Age: _____ Birthdate: _____

Who referred you to me? _____

Are you currently employed? (Y/N)

Occupation:_____

Marital Status (please circle one)

Never Married Cohabiting Married Separated Divorced Widowed

List the name(s) of children with their age and gender:_____

_____

_____

Who do you live with?_____

Emergency Contact Name and Number: _____

MEDICAL HISTORY

How would you rate your current physical health? (please circle one)

Poor Unsatisfactory Satisfactory Good Very Good

Please list any specific health problems you are currently experiencing and any medications you currently take:_____

_____

How would you rate your current sleeping habits? (Please circle one)

Poor Unsatisfactory Satisfactory Good Very Good

How many times per week do you exercise? _____

What types of exercise do you participate in? _____

_____

Please list any difficulties you have with your appetite or eating habits:

_____

_____

Are you currently experiencing overwhelming sadness, grief or depression? Y/N

If yes, for approximately for how long:_____

Are you currently experiencing anxiety? Y/N

If yes, for approximately for how long:_____

Have you previously received any type of mental health services (psychotherapy, psychiatric services, etc.)? Y/N

If yes, when and for how long? Name(s) of previous therapist(s):

_____

_____

Are you currently taking any prescription medication? Y/N

Have you ever been prescribed psychiatric medications? Y/N

Please list and provide dates when prescribed:_____

_____

_____

Indicate if there is a family history of any of the following. If yes, please indicate the family member's relationship to you:

Alcohol/Substance Abuse: Y/N _____

Anxiety: Y/N _____

Depression: Y/N_____

Eating Disorders: Y/N_____

Schizophrenia: Y/N_____

Suicide Attempts: Y/N _____

Obsessive Compulsive Behaviour: Y/N_____

Domestic Violence: Y/N _____

Circle any of the following that may apply to you:

Headaches Inferiority feelings Shy with people Dizziness Feel tense

Can't make friends Fainting spells Feeling panicky Afraid of people

No appetite Binge eating Fears and phobias Poor home conditions

Obsessions Unable to enjoy yourself Stomach trouble Depressed/Sad

Always worried Suicidal feelings Often fatigued Hallucinations

Need for tranquilizers Overambitious Financial Problems Infidelity

Job problems Nightmares Unable to relax Insomnia Gambling

Recurrent dreams Sexual problems Alcohol/drug use Sexual identity

Perfectionism Bereavement Self-injurious behavior Divorce/separation

Trauma Trouble with the law Legal matters Aggressive behavior

Restrictive eating Anxiety Internet/gaming addiction Discrimination Purging

Do you drink alcohol? If yes, how much?

_____

Do you use recreational drugs? If so, what kind and how often? _____

_____

FAMILY OF ORIGIN

Father's name and age: _____

His occupation:_____

Health (If deceased: circumstance and how loss affected you):_____

_____

_____

Describe your father's personality and the nature of your relationship with him past and present:_____

_____

_____

Mother's name and age :_____

Her occupation:_____

Health (If deceased: circumstance and how the loss affected you):_____

_____

_____

Describe your mother's personality and the nature of your relationship with her past and present:_____

_____

_____

SIBLINGS

Name:_____ Age:_____

Occupation:_____

Name:_____ Age :_____

Occupation:_____

Name: _____ Age:_____

Occupation:_____

Name :_____ Age :_____

Occupation:_____

Describe your relationship with your siblings (past and present):_____

_____

_____

Were there other adults involved in your upbringing? Y/N

If yes, whom?

_____

Describe the atmosphere in your childhood home:

_____

_____

_____

ROMANTIC RELATIONSHIPS

Are you currently in a relationship? Y/N

If yes, for how long?_____

Do you live with your partner? Y/N

Describe your partner's personality: _____

_____

_____

On a scale of 1-10, how would you rate your relationship?_____

Give details on any previous marriages or long-term relationships?_____

_____

_____

QUESTIONS ABOUT YOUR FAMILY

How close do you feel to your family members (scale of 1-10)_____

How well do you get along with your family members: (scale of 1-10)_____

What are your treatment objectives (please circle all that apply):

Improve communication Problem solving More quality time together
Respect/understanding Less harsh discipline Conflict resolution Emotional safety
Parenting skills Physical safety Help for children's behaviour Resolve individual
issues Power and control issues Sharing of the chores

What have you already tried to address these difficulties?_____

_____

_____

Whose idea was it for you to come to therapy?

_____

_____

Was there a prompting event that led someone to make this call? _____

_____

_____

_____

What are your family's biggest strengths?_____

_____

_____

Name the top three concerns that you have in your family._____

_____

_____

_____

Please make at least three suggestions as to something you could personally do to improve your family dynamics regardless of what your family members do:

_____

_____

_____

_____

Is there anything else that you would like to mention?_____

_____

_____

_____

Thank you for taking the time to complete this extensive questionnaire. It helps me to help you!

Signature:_____ Date:_____

THERAPEUTIC CONTRACT

I consent to treatment with Adrienne Durst. I understand that I can terminate therapy at any time. Confidentiality is a fundamental principle of therapy. I understand that no information shared or disclosed between myself and Adrienne will be disclosed to any third party without my written permission, except for the following circumstances:

1. DUTY TO WARN & PROTECT: When a client discloses intentions or a plan to harm another person, the mental health professional is required to warn the intended victim and report this information to legal authorities. In cases in which the client discloses or implies a plan for suicide, the health care professional is required to notify the family of the client and/or required authorities.

2. ABUSE OF CHILDREN & VULNERABLE ADULTS

If a client states or suggest that he or she is abusing a child (or vulnerable adult) or has recently abused a child (or vulnerable adult) or that a child (or vulnerable adult) is in danger of abuse, the mental health professional is required to report this information to the appropriate social services and/or legal authorities.

3. PRENATAL EXPOSURE

Mental health care professionals are required to report admitted prenatal exposure to controlled substances that are potentially harmful.

4. INSURANCE PROVIDERS

Insurance companies and other third-party payers are given information that they request regarding services to clients.

5. SUPERVISION/CONSULTATION

The therapist may discuss treatment for the purpose of supervision and consultation when needed, with the understanding that any identifying characteristics remain confidential. If you ever want me to share information with someone else (such as your doctor), you need to sign a written authorization form giving me consent to do so.

SESSIONS

Sessions are 50 minutes in length and take place weekly. If you appear late for a session that time will be lost at your expense. Couple and family therapy sessions begin only when everyone is present. Longer and more frequent sessions may be arranged by mutual agreement. If several members of your family attend sessions with me, or when working with partners in couples therapy, information shared with me by one family member is not necessarily confidential from others in treatment.

FEES

The rate per session is 170 dollars for individuals and 190 dollars for couples and family therapy. Fees are payable at the beginning of each session and can be made either by cash, check or etransfer. I am only available to discuss scheduling arrangements by phone. It is recommended that if there is information that you want to discuss that an additional session is booked, as phone conversations over 15 minutes will be billed for one therapeutic hour. There will be a fee for any requested documents. Fees are re-evaluated and subject to change on a yearly basis. Fees for couple or family therapy remain the same even if you are seen during an individual session without your partner, spouse, parent or other family member.

INSURANCE

I am a member of the Order of Social Workers of Quebec as a Marital and Family Therapist, my permit number is # DURA05-02-180. I also hold a Psychotherapist permit through the Ordre des Psychologues du Quebec and my permit number is #60581-13. Additionally, I can issue receipts under the Academy of Naturopaths and Naturotherapist of Canada and my permit number is #12-5715. Since insurance policies may vary, it is important to read your policy carefully and understand the extent of your coverage. If receipts are needed for insurance please advise me.

CANCELLATION POLICY

You are required to give 48 hours if you are unable to attend the session. Cancellations received less then two business days in advance and missed appointments will be charged at the full fee, except in instances of illness or emergency.

TERMS & AGREEMENTS

You agree that my role is limited to providing treatment and that you will not involve me in any legal dispute, especially a dispute concerning custody or custody arrangements. I will not testify or otherwise get involved with lawyers during civil litigation or other legal proceedings. In the unusual circumstances that you are involved in a legal proceeding that requires my participation, you will be expected to pay for all of my professional time, including preparation and transportation costs, even if I am called to testify by another party. Because of the complexity and difficulty of legal involvement I charge a separate fee.

I offer in person therapy and teletherapy. Recording any therapeutic session whether it be in face to face therapy, audio or videoconferencing is prohibited by any party including the therapist or client without the other party's written permission. Violation of this policy by covert recording will lead to termination of therapy.

Please note that during the summer months I will only be offering teletherapy sessions but will resume in-person therapy from September to June. Lastly, I may bring my dog named Clara, who is a Golden Retriever, to my office. She's lovely.

I have read and understand Adrienne Durst's therapeutic contract and agree to abide by its terms.

Client's signature:

_____

Signature of therapist:_____

Date:_____