

Intake Forms

Christine Livingston Licensed Marriage and Family Therapist

License # 90188

Please fill out the information as completely as possible. Thank you.

Today's Date: _____

Client: _____

Parent /Spouse Name: _____

Birth Date: _____ Age: _____

Birth Date: _____ Age: _____

Driver's License or ID card #: _____

Driver's License or ID Card# _____

Marital Status: Single Married/Date

Divorced/Date

Widowed/Date

Address: _____ City: _____ Zip Code: _____

E-mail: _____ Home Phone: _____ Cell: _____ Work: _____

Employer: _____ Parent/Spouse Employer: _____

Children (Full Name, Age , Living at Home? Y/N): _____

Emergency Contact (Name/Phone): _____

How were you referred to me/us?: _____

Previous Counseling: Who? When? How Long? Outcome? _____

Psychiatric Hospitalization or Rehab & Dates: _____

Primary Care Physician: _____ Phone: _____

Medical Problems: _____

Current Medications/Amounts: _____

Medically Related Hospitalizations/Date: _____

Faith Tradition (if applicable): _____ Church (if applicable): _____

Reason for Seeking counseling:

Informed Consent Form

Welcome! Please read the following regarding our policies. Your understanding of this part of our professional relationship is important. Ask any questions you have at the beginning of session. Sign this only when you feel you understand it and have all your questions answered. It is my desire that the overall therapy experience is helpful to you.

Confidentiality:

Our relationship is both professional and confidential. I will keep written notes and records of sessions. They will remain confidential unless you request the release of information to another professional or individual in writing. We have release forms for this purpose. There are a few exceptions to confidentiality.

Limits of Confidentiality:

1. If I have reason to believe that you are a danger to yourself, it is my duty and desire to intervene in order to keep you safe. This may mean contacting a family member, friend, or even calling the police. The purpose of this would be to provide safety for you until the crisis passes and you are able to more clearly see options for yourself.
2. If I have reason to believe that you are a physical danger to someone else, I also have a duty to intervene. This may require warning the person who is at risk and calling the police.
3. As your therapist I am mandated by law to report known or suspected child abuse, elder abuse, or dependent adult abuse. If a report needs to be made because of something you share with me, I will let you know and discuss the report with you.
4. If Christine Livingston or the entity with whom I work receives a subpoena to appear in court or to provide records of treatment to the court, your right to confidentiality is voided.

Initials: _____ Initials: _____

Scheduling:

Sessions start promptly, and are scheduled for 50 minutes together in order to complete session notes and transition from one appointment to the next. It is my desire to work together to maintain the time limits and use your time wisely.

Your appointments will be scheduled according to your availability while making careful effort to accommodate your schedule. Please note that you are reserving the time in your name. **If you cannot make your appointment please notify me as early as possible so that the time may be offered to others waiting to be scheduled. Appointments cancelled in less than 24 hours will be billed at the full rate for services. Exceptions include sudden illness of yourself or a dependent, and life threatening emergencies. Work schedule changes are not an exception. Likewise, if you fail to appear for your appointment you will be billed at the full rate for services.**

Every attempt will be made to begin each session promptly at the appointed time. If a session begins late, the session will be extended to provide you with the full 50 minute session. The session will end at the scheduled time if you arrive late. Neither you nor your therapist is expected to wait longer than 15 minutes past the scheduled time for the start of the session unless there has been previous notice.

Initial:_____ Initial:_____

Fees, Contact, and Payment Policies:

Fees for my services as a Licensed Marriage and Family Therapist are \$80.00 for a fifty minute session. Fees are due and payable at the beginning of each session unless other arrangements have been agreed upon in advance. In order to maintain the use of the therapy hour please consider the following about your choice of payment:

- If paying by check **please have it made out to Christine Livingston** prior to our appointment.
- If paying by cash please bring in the correct amount of cash for your session.

Initials:_____ Initials:_____

Therapist Availability:

Because I have voice mail and do not carry a beeper, I am not available for emergencies of an immediate nature. It is important that you fully understand this. **If you do not have a friend or family member available in an emergency, you can call: 911; Sutter Center for Psychiatry Call Center , 916-386-3077; 24/7 Suicide Prevention Hotline, 916-368-3111; Sutter Yuba Mental Health 24/7 Crisis Line, 1-888-923-8255 or 530-673-8255.**

Initials:_____ Initials:_____

Initials:_____ Initials:_____

I have thoroughly read the above contract and understand each policy statement, signified by my signature below.

Print Name /Signature:_____ Date:_____

Print Name/Signature:_____ Date:_____

Therapist's Signature:_____ Date:_____