

Counseling & Expressive Arts Consent Form

This form outlines the counseling services provided, and the expectations of the therapist and the client. It is intended to provide you with the information necessary to feel safe and supported in your decision to use counseling/expressive arts therapy.

CONFIDENTIALITY

Any information about you and/or your artwork is held with utmost confidentiality and can only be released by either your written and signed consent or by court order.

CONFIDENTIALTY EXCEPTIONS

1. When you may be a danger to yourself or others I am obligated to keep you safe;
2. When there is a suspicion or disclosure of abuse I am obligated to report;
3. When records are subpoenaed by court order;
4. When you give permission to consult with other individuals / professionals.

APPOINTMENTS

- Appointments are scheduled through direct communications with therapist.
- If you are unable to attend a session, it is your responsibility to inform therapist at least 24 hours in advance so that the time can be made available to others. You will be charged for your appointment if you do not provide 24 hour notice.

PAYMENT

- The standard session of 1 hour is available at a rate of \$75. A session of 1 ½ hours is available for \$120. All services are self-pay, with superbill provided to you for submission to insurance for reimbursement. Sliding scale rates are determined on a case-by-case basis (\$45-75).

- Payments of cash or check at the time of service. Invoices can be e-mailed or handed to client directly at client's request.

TECHNICAL AGREEMENT

- You can contact me by e-mail or phone to confirm or change appointment or basic information. For confidentiality reasons, clinical questions will not be answered over e-mail and will be deferred to the next session.

GENERAL

You will be asked to outline your therapeutic goals, and our work together will be focused on helping you towards these goals. Please be aware that therapy may at times bring up challenging issues or emotions. You will be supported to work through these feelings in a safe and productive manner. If you have concerns, preferences, or suggestions, let me know so I can further support you.

Expressive arts in counseling uses a variety of art materials. It also may use movement, sound, drama, writing, activities, etc. These may be used to prompt discussion, promote insight, develop skills, or otherwise achieve stated treatment goals.

THERAPIST RESPONSIBILITIES

To be prepared and on time for each session

To provide a safe and supportive environment for the client

To keep all information and art work confidential & organized

To adhere to all legal and professional guidelines

CLIENT RESPONSIBILITIES

To keep appointments by showing up on time and paying the fee

To cancel appointments within 24 hours

To be open and trust the process of expressive arts

To be honest

CLIENT AGREEMENT

I _____ have been informed of the above conditions and accept the terms of service for counseling & expressive arts. I have read, understand and agree with the above.

Name (please print)

SIGNATURE _____

DATE: _____

PHONE#: _____

EMAIL: _____

PROVIDER SIGNATURE:

Date:

Therapy Intake Form

Please fill out this form prior to your appointment and email it or bring to the first session. All information disclosed on this form will remain confidential unless otherwise authorized by you.

Name: _____

Date of Birth: _____

Address: _____

Phone Number: _____

Is it OK to leave a message at this number? Yes No

Email: _____

I prefer Phone Email *Please note: Email correspondence not considered to be a highly confidential medium of communication.

Emergency Contact: _____

Relationship to you: _____

Relationship Status: single married divorced widowed other

Family member/household member information:

(Please provide first names, ages, and relationship to you)

Medical issues or concerns: _____

Primary Care Physician: _____

Would you like your other health care provider(s) to be informed on your progress in therapy to better coordinate your treatment? Yes No

GENERAL HEALTH AND MENTAL HEALTH INFORMATION

Do you have any experience with Art Therapy or art making? Yes No

(Please note: Art experience or art interest is not required to participate)

What are your hobbies or interests? _____

What are your strengths and skills? _____

How would you describe your friendships?: _____

Describe your previous therapy/counseling experiences: _____

How would you rate your current physical health?

- Poor
- Unsatisfactory
- Satisfactory
- Good
- Very good

How would you rate your current sleeping habits?

Poor Unsatisfactory Satisfactory Good Very good

Please list any specific sleep problems you are currently experiencing:

Do you exercise? Yes No

Please list type and frequency:

Are you experiencing now (or have you ever experienced) the following? (please circle & specify if past or present):

Depression

Trauma / PTSD / Abuse

Anxiety / panic

OCD / Phobias

Suicidal thoughts / attempts

Eating disorders

Postpartum depression / anxiety

Addictions (describe)

Grief/loss

PMS / PMDD / Menopause concerns

Bipolar disorder

Infertility / ARTs / Donor conception

Schizophrenia

Pregnancy loss/termination

Borderline personality disorder

Other:

Are you currently experiencing any chronic pain? Yes No

If yes, please describe:

Are you currently taking any medications for physical or mental health related issues?

Please list any significant (positive or negative) life changes or stressful events you have experienced recently:_____

ADDITIONAL INFORMATION:

Please describe your spiritual/religious identity or orientation:_____

Please describe your cultural identity:

Gender identity:_____

Sexual orientation:_____

Any concerns related to sexuality or sexual health?

Please briefly describe your family of origin & the impact of these relationships:

What would you like to accomplish during your time in therapy?:

Is there anything else you'd like me to know about you?:
