

Center for Integrative Medicine

1100 E. 3rd St., Suite G100

Chattanooga, TN 37403

(423) 643-2246

Fax: (423) 643-2030

Website: www.cim.md

Email: sprevost@cim.md

In order to facilitate your initial visit, please provide the following information. This will be read by your therapist and will become a part of your confidential record.

Date _____

Personal Information:

Name _____
First Last MI

Home Phone # _____ Work Phone # _____

Cell Phone # _____

Email _____

Home address _____

May we call you at home? _____ Work? _____

May we email you? _____ Correspond to your home address? _____

Birth date _____ Age _____

Social Security # _____ (if filing insurance)

Marital Status: Single _____ Married (How long?) _____
Divorced _____ Widowed _____ Separated _____
Other _____

Employer _____

Employer's Address _____

How long employed there? _____

Occupation _____

Partner's/Spouse's Name _____

Age _____

Partner's/Spouse's Employer _____

Partner's/Spouse's Address (if different)

Names and ages of children

Name

Age

Insurance Information:

Insured's name and
address _____

SS# _____

Insurance Company _____

Address _____

Group No. _____

Insured's Employer _____

Work No. _____

Who referred you to us? _____

Medical Information

Person to contact in case of an emergency:

Name	Relationship	Phone #
_____	_____	_____

Physician _____

Physician's Phone # _____

Date of last physical _____

Describe any physical problems you or members of your household have which require medical or physical care:

Have you ever been pregnant? _____ If so, how many times? _____

How many live births have you had? _____ How many abortions? _____

How would you describe your pregnancy?

How would you describe your labor and delivery?

Do you have any concerns about your postpartum recovery?

Other Information:

Education (Highest grade completed) _____

Partner's/Spouse's Education _____

Religious Affiliation _____

Military Service (include dates) _____

Why did you decide to seek counseling at this time?

How long do you expect your therapy to last?

Have you ever received counseling before? If so, when and why?

Mental Health Screening Form

Please read the following and check those to which you would respond "yes."

- Have you previously been involved in counseling?
- Do you currently use alcohol or other non-prescription drugs?
- Is there a history of mental health problems in your family?
- Have you ever been physically abused?
- Have you ever been emotionally abused?
- Are your concerns interfering with your academic or work performance?
- Have you ever attempted suicide?
- Have you ever been hospitalized for mental health reasons?
- Is there a history of alcohol or drug problems in your family?
- Have you ever been in legal trouble?
- Have you ever been sexually abused or assaulted?
- Are you currently taking and prescription medications?

Please use the following scale to answer the next three questions	Not at all	Mildly	Moderately	Highly
How serious do you consider your present concern(s)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How motivated are you to resolve your concern(s)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How optimistic are you that your concern(s) can be resolved?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Family History				
Mother's Age:	<input type="text"/>	If deceased, how old were you when she died?	<input type="text"/>	
Father's Age:	<input type="text"/>	If deceased, how old were you when he died?	<input type="text"/>	
Number of Brothers:	<input type="text"/>	Their Ages:	<input type="text"/>	<input type="text"/>
Number of Sisters:	<input type="text"/>	Their Ages:	<input type="text"/>	<input type="text"/>

Do you have a family history of depression, substance abuse, Bipolar disorder, or suicide? Please explain.

Were you adopted or raised with parents other than your natural parents?

Yes No

Religious Affiliation

- Protestant
- Catholic
- Jewish
- None, but I believe in God
- Atheist or Agnostic

Other (please specify)

Do you desire to have your religious values incorporated into the counseling process? Yes No

Medication

Type/Dosage	Reason
-------------	--------

Feelings (Check all that apply):	Thoughts (Check all that apply):
----------------------------------	----------------------------------

- | | | | |
|------------------------------------|--|--|---------------------------------------|
| Helpless <input type="checkbox"/> | Anxious <input type="checkbox"/> | Confused <input type="checkbox"/> | Racing <input type="checkbox"/> |
| Depressed <input type="checkbox"/> | Out of Control <input type="checkbox"/> | Unintelligent <input type="checkbox"/> | Obsessive <input type="checkbox"/> |
| Shameful <input type="checkbox"/> | Afraid <input type="checkbox"/> | Worthless <input type="checkbox"/> | Distracted <input type="checkbox"/> |
| Angry <input type="checkbox"/> | Numb <input type="checkbox"/> | Unmotivated <input type="checkbox"/> | Disorganized <input type="checkbox"/> |
| Guilty <input type="checkbox"/> | Relaxed <input type="checkbox"/> | Unattractive <input type="checkbox"/> | Paranoid <input type="checkbox"/> |
| Hopeless <input type="checkbox"/> | Happy <input type="checkbox"/> | Unlovable <input type="checkbox"/> | Suicidal <input type="checkbox"/> |
| Lonely <input type="checkbox"/> | Excited <input type="checkbox"/> | Confident <input type="checkbox"/> | Sensitive <input type="checkbox"/> |
| Sad <input type="checkbox"/> | Hopeful <input type="checkbox"/> | Worthwhile <input type="checkbox"/> | Honest <input type="checkbox"/> |
| Stressed <input type="checkbox"/> | Inferiority Feeling <input type="checkbox"/> | Homicidal <input type="checkbox"/> | |
| Unhappy <input type="checkbox"/> | Mood Shifts <input type="checkbox"/> | | |

Other:

Symptoms/Behaviors:

- | | | | | | |
|-----------------------|--------------------------|------------------------|--------------------------|--------------------------|--------------------------|
| Eating Less | <input type="checkbox"/> | Acting Out Sexually | <input type="checkbox"/> | Marital Relationships | <input type="checkbox"/> |
| Procrastinating | <input type="checkbox"/> | Acting Aggressively | <input type="checkbox"/> | Socializing | <input type="checkbox"/> |
| Attempting Suicide | <input type="checkbox"/> | Disorganization | <input type="checkbox"/> | Parent/Child Conflicts | <input type="checkbox"/> |
| Poor Concentration | <input type="checkbox"/> | Impulsivity | <input type="checkbox"/> | Lack of Ambition/Goals | <input type="checkbox"/> |
| Crying | <input type="checkbox"/> | Recklessness | <input type="checkbox"/> | Poor Relationships | <input type="checkbox"/> |
| Withdrawing socially | <input type="checkbox"/> | Irritability | <input type="checkbox"/> | Nightmares | <input type="checkbox"/> |
| Skipping Classes/Work | <input type="checkbox"/> | Passivity | <input type="checkbox"/> | Worries about body image | <input type="checkbox"/> |
| Self-critical | <input type="checkbox"/> | Drug Use | <input type="checkbox"/> | Spiritual Problems | <input type="checkbox"/> |
| Injuring Self | <input type="checkbox"/> | Alcohol Use | <input type="checkbox"/> | Dating Concerns | <input type="checkbox"/> |
| Overeating | <input type="checkbox"/> | Exercising Regularly | <input type="checkbox"/> | Finances | <input type="checkbox"/> |
| Compulsivity | <input type="checkbox"/> | Being Good to Yourself | <input type="checkbox"/> | Career Issues | <input type="checkbox"/> |
| Sexual Problems | <input type="checkbox"/> | Other: | | | |

Physical Symptoms:

Explain:

- | | |
|---------------------------|--------------------------|
| Insomnia | <input type="checkbox"/> |
| Tired | <input type="checkbox"/> |
| Weight gain or loss | <input type="checkbox"/> |
| Pain | <input type="checkbox"/> |
| Headaches | <input type="checkbox"/> |
| Tightness in Chest | <input type="checkbox"/> |
| Dizziness/Lightheadedness | <input type="checkbox"/> |
| Numbness/Tingling | <input type="checkbox"/> |
| Vomiting | <input type="checkbox"/> |
| Rapid Heart Beat | <input type="checkbox"/> |
| Dry Mouth | <input type="checkbox"/> |
| Excessive Sleep | <input type="checkbox"/> |
| Loss of Memory | <input type="checkbox"/> |
| Eating Problems | <input type="checkbox"/> |
| Other: | |

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Some important facts about psychotherapy

It is our intention at the Center for Integrative Medicine to treat our clients professionally and with respect. The therapy experience begins with an intake interview where personal data, information on your presenting problems, and your history are taken. In order to make informed decisions about your therapy, we want you to understand the rights you have as a client from the beginning of your work with us, our guidelines for working with you, and how to have the most meaningful therapeutic experience.

Client Rights:

1. You may talk (or not talk) about your therapy to anyone you choose, but the therapist is ethically obligated to maintain confidentiality (with some legal exceptions, see our handout).
2. You have the right to ask questions about the therapist's credentials, training, and experience.
3. You are entitled to ask the therapist about the methods of therapy, the techniques used, the duration of therapy, fees, and any other facts about the therapy or therapist relevant to your therapy.
4. You may refuse any technique in therapy which makes you feel unduly uncomfortable.
5. You are always entitled to a second opinion.
6. You have the right to terminate therapy at any time.

Therapeutic relationship:

The therapist's professionalism requires reasonable boundaries be set in our work with clients. You may expect to be treated with respect, care, and dignity. However, friendships outside of the office sessions are unethical and a sexually intimate relationship is never right. This is a reportable crime in Tennessee.

Confidentiality:

Please see our attached sheet on issues of confidentiality.

Email:

With respect to electronic mail (e-mail), you are cautioned that email is not a confidential means of communication. The Center for Integrative Medicine cannot ensure that email messages will be received or responded to if your therapist is not available. Further, email is not the appropriate way to communicate confidential, urgent, or emergency information. You are encouraged to call the Center (423-643-2246) through the day or contact 911 in an emergency.

Risk and Benefits:

There is a possibility of risks and benefits when undergoing psychotherapy. Therapy may involve the risk of remembering unpleasant events and may arouse strong emotional feelings. Therapy can impact relationships with significant others. The benefits of therapy may be improved ability to relate to others, a clearer understanding of self, values, goals; increased productivity; and an ability to deal with life's stressors. Taking personal responsibility for working with these issues may lead to greater healing and growth.

Referrals:

If, at any point, you decide that this is not the appropriate facility to meet your needs, you will be given a referral to a resource more appropriate to your specific needs and goals.

Missed Appointment

If you are unable to keep an appointment, please notify our office immediately. If an appointment is cancelled without 24 hours prior notice, you will be charged for the session, which is customarily not covered by insurance. If you or your children are ill, we offer one "freebie."

Session Length

Therapy sessions are billed on a 45 minute "hour." In order to respect the time of patients coming after you, it is important that we adhere to this policy. If you need additional time, we can schedule a follow-up session at a later date.

Financial/insurance issues:

Please see the attached sheet for our fee structure.

If you are not employing your insurance benefits, please note that you will be expected to pay the full fee. If you choose to pay for services *on the day that they are rendered*, you will be given a 30% reduction in the fee. If you do not pay for services on the day they are rendered, you will be expected to pay the full fee.

I have had the opportunity to discuss any questions I have about this information.

Client's Name

Date

I have discussed this information with my client.

Therapist's Name

Date

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Issues of Confidentiality

We place a high value on the confidentiality of the information that our clients share with us. Personal information that you share with us may be entered into your records in written form. However, an effort is generally made to avoid entry of information which may be especially sensitive.

People from outside our office are not allowed access to our files. If for some reason there is a need to share information in your record with someone outside of our office (for example, your physician or another therapist), you will first be consulted and asked to sign a form authorizing a transfer of the information. The form will specify the information which you give us permission to release to the other party and will specify the time period during which the information may be released. You can revoke your permission at any time by simply giving us written notice.

Exceptions to Confidentiality

There are several important instances when confidential information may be released to others.

First, if you have been involved in litigation of any kind and inform the court of the services that you received from us (making your mental health an issue before the court), you may be waiving your right to keep your records confidential. You may wish to consult your attorney regarding such matters before you disclose that you have received treatment.

Second, if you threaten to harm yourself or someone else and we believe your threat to be serious, we are obligated under the law to take necessary actions to protect people from harm. This may include divulging confidential information to others and would only be done under unusual circumstance where someone's life appears to be in danger.

Third, if we have reason to believe that you are abusing or neglecting a child, we are obligated by the law to report this to the appropriate state agency. The law is designated to protect children from harm and the obligation to report suspected abuse or neglect are clear in this regard.

Fourth, Tennessee law requires a licensed psychotherapist to report any serious violations of the ethical code by another licensed provider to the appropriate licensing Board. If you have had a problem with another provider in the past and do not wish to have this exception to confidentiality apply to you, you cannot share any information regarding a previous provider's breach of ethics with your current therapist, which would disclose his or her name to us. If we know the name of a provider who might have violated you in the past, we are obligated under the law to report it.

In addition, there may be some other rare instances in which you waive your rights to have your records protected. If you are involved in any type of current or potential legal matters, we suggest that you discuss such matters with your attorney before informing others of the services you have received here.

In summary, we make every reasonable effort to safeguard the personal information that you may share with us. If you have any questions about confidentiality, please feel free to discuss your concerns with us.

Name

Date