

CATHRYN L. LEFF, LMFT

Psychotherapy Counseling Services for Couples, Adolescents and Children



Counseling Agreement & Informed Consent

Welcome

I want to welcome you to my practice and let you know that I look forward to working with you. I am a licensed Marriage Family Therapist who is completing her PhD in Psychology, with a concentration in Mental Health Policy and Practice. This paperwork contains information about my professional services and my business policies. There are also questions that will help me better understand you and what challenges you are currently facing. Feel free to ask any questions during your first session, and please complete and bring this packet with you. One packet is required for each person participating in therapy.

Risks and Benefits

The role of a Marriage and Family Therapist is to assist clients with issues regarding relationships. During our work together, you may experience feelings such as sadness, guilt, anger or frustration. As a result of your therapeutic work and the decisions you make, important relationships may be affected or end. You may also find that your journey leads to healthier relationships and solutions to your problems with family and friends. You may experience a reduction in anxiety and/or depression. If you ever have any concerns about your therapeutic process, please discuss them with me during our sessions so we can collaborate together and move forward.

Termination

You may terminate therapy at any time, but I ask that we schedule at least one final session in order to review the work you have done. Occasionally, clients return to therapy when new challenges arise and I welcome the possibility of working with you again. However, further therapy will be at my discretion and also dependent upon my availability. I typically have a wait-list of 1-2 weeks, but if I cannot accommodate you, I will provide you with three referrals to another therapist.

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Length of Therapy

Therapy is a process that is unique to each individual or couple, and depends on the challenges presented. Some challenges can be resolved in a short amount of time (5-10 sessions), and others can take much longer. In your first session, we will develop a treatment plan with goals for you to work toward. If you have any questions regarding the length of your treatment, please feel free to discuss with me at any time during your therapy.

Dual Therapy

It is unethical for two therapists to be treating you at the same time. Unless there is a compelling clinical reason, a crisis or a specialized therapy (i.e., anger management), I do not work with clients who are under the care of another therapist. If you are working with another therapist and need specialized therapy recommended by your therapist, I will need to have you complete a Release of Information Form to coordinate your care with your primary therapist.

Confidentiality

Therapy is best experienced in an atmosphere of trust. All therapy services are confidential and information regarding our sessions cannot be revealed without your written permission. **There are exceptions to confidentiality where disclosure is required by law (see below).** There may be occasions where I consult with adjunct therapists in order to discuss aspects of our sessions in order to best support your process. Understand that I will not use your name and will change identifying details in order to protect your confidentiality. If you should request that I speak with another professional or person (i.e., doctors, former therapists, teachers, family or anyone else outside the therapy room), I will need your written consent, and will only do so after determining this is in the best interest of your therapeutic progress.

Legal Exceptions to Confidentiality

Legal exceptions to confidentiality are in place to protect your safety and the safety of others. This includes: when there is a reasonable **suspicion** of child abuse (physical, sexual, emotional, neglect), or adult dependent care abuse, elder abuse/neglect; and

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where a client threatens to harm or kill other(s) (homicide), or threatens to damage another person's property. Legally, I am a mandated reporter of abuse or intent to harm another. If you are homicidal and make a serious threat to hurt another person (s), I will contact 911 and make every attempt to warn the intended victim or victims. Additionally, if I am court ordered to release records (for example a divorce hearing or custody hearing), I must abide by the court order and I may be compelled by court order to testify under oath and thus must answer all questions honestly.

Suicide Policy

If you are suicidal, I will take all reasonable steps to prevent harm to yourself. This may include breaking confidentiality if you pose a serious risk of self-harm to yourself.

Your signature indicates that you have read and understand confidentiality and limits to confidentiality:

Signature _____ Date: _____

Emergency Contact Information

In the event of an emergency, please provide a contact:

Name _____

Relationship _____ Phone _____

No Secrets Policy

Please note that with couples and family therapy the couple and/or the family is the client (e.g. the treatment unit), **not the individuals**. As such I practice a **no-secrets policy** when conducting marital/couples/family therapy, which means that confidentiality does not apply between the couple or among family members when one member of the treatment unit requests an individual session or contacts me outside of the therapy session to share a secret. On occasion an individual session may be scheduled to assist in the overall therapy process to the treatment unit and will be scheduled only when mutually agreed upon. Please understand that any information given in the individual sessions **will not** be held in confidence or secret in couples and/or family sessions. I will encourage the person holding the secret to share the secret in the following session and will support the client in doing so. I also reserve the right to share or disclose information revealed by one partner or family member in an individual session to the other partner or family members

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as I deem appropriate or necessary to support the treatment units overall treatment progress and goals.

Conjoint Sessions

On occasion, and only if it benefits the client's therapy goals, I may ask that a family member or significant other join us for a therapy session. It is important to note that this is done only on occasion and at the therapist's discretion when it best serves the client. If a family member or significant other agrees to meet for a session, it will be for the client's benefit. Additionally, the third party [friend or significant other] is not joining the session for his or her own therapy, nor will I work with them as a therapist as my therapeutic alliance is with the client, not the family member or significant other. If we decide that this would be beneficial, you will need to sign a written release of information for this type of conjoint session.

Sobriety Policy

I ask that all clients, couples, families, group members arrive to therapy sober and not under the influence of illegal drugs and alcohol. If I notice that you are intoxicated (such as slurred speech, rapid speech, smelling of alcohol, behavior that indicates intoxication with cocaine, prescription drug abuse, or other substances) I will immediately end the therapy session, and assist you in finding a safe ride home (via friend, family member or taxi) as driving while under the influence constitutes a risk to others and is a reportable offense. Once you are safely home, I will reschedule the therapy session where we will process this occurrence. You will be charged your full fee for the session if you arrive intoxicated.

Therapy Sessions

Therapy sessions are weekly, and are scheduled in advance. Standard sessions are 50-minutes in length and begin and end on time. Therapy can be conducted in office or via teletherapy [phone] if you are away on business or ill. The fee is the same for in-office or teletherapy, as I must block out the same amount of time. It is understandable that occasionally you may be late. If you are late to your session, please understand that the session will not extend past your 50-minutes, nor will the time be made up at future sessions, as this will impact other clients I see. Longer sessions are available by request and upon availability of my schedule at a prorated fee. If I find that your session tends to run longer we will discuss this in session in order to maintain healthy boundaries around starting and ending on time.

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Therapeutic Approach & Style

My goal as a therapist is to help people navigate through difficulties in their life and relationships while providing a safe place to heal, explore, develop insight, practice healthy coping tools, integrate and take responsibility for their changes. I facilitate a process where the client is able to move toward healing, self-acceptance, and to ultimately grow and thrive in a supportive environment. While I will meet you each step of the way in your therapy process with compassion and empathy, a therapist is not a cure all, a parent, a friend, or a miracle worker. My style is collaborative, honest, challenging, and direct with solid boundaries and empathy. I reflect, assist, encourage, and point out incongruent patterns around actions and words. I will not work harder than my clients or accept responsibility for your choices or consequences. I respect my client's decisions, and do not advise or direct my clients, as I believe that you are the expert in your own life and are fully capable of creating the life that you want with support and tools.

I formulate the therapeutic plan collaboratively with my clients based on each individual clients needs, their presenting problems, and the goals they wish to achieve. I believe that each client has the potential for healing and change and is responsible for their choices and changes, and for meeting their therapy goals – I do not make guarantees for healing. I use a combination of cognitive behavioral, existential, and client centered therapy with most clients.

Cognitive Behavioral (CBT) Therapy stresses the role of thinking patterns in how we feel and what we do. It is based on the belief that our thoughts, rather than people or outside events, cause our negative feelings. The therapist assists the client in identifying, testing the reality of, and correcting dysfunctional beliefs underlying his or her thinking – uncovering the ‘root to the fruit’ so to speak. The therapist then helps the client modify those thoughts and the behaviors that flow from them. CBT is a structured collaboration between therapist and client and often calls for homework assignments.

Existential psychotherapy is based on the philosophical belief that human beings are fully equipped to create one's own meaning, and exercising one's freedom to choose. The existential therapist encourages clients to face life's anxieties and to start making his or her own decisions while reflecting on consequences and moving away from fear based thinking. The therapist will emphasize that along with having the freedom to carve out meaning comes the need to take full responsibility for the consequences of one's decisions.

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Gottman Method Couples Therapy aims to increase respect, affection, and closeness; break through and resolve conflict, generate greater understandings, and to keep conflict discussions calm. Gottman found that the four negative behaviors that most predict divorce are criticism of partners' personality, contempt (from a position of superiority), defensiveness, and stonewalling, or emotional withdrawal from interaction. On the other hand, stable couples handle conflicts in gentle, positive ways, and are supportive of each other. As your therapist, I will work to help you:

Enhance Your Love Maps. Gottman defines a love map as the place in your brain where you store information pertaining to your partner. This is crucial in really knowing your partner, their dreams, hopes, interests, and maintaining their interest throughout the relationship.

Nurture Your Fondness and Admiration. This means laying down a positive view about your spouse, respecting and appreciating their differences.

Turn Toward Each Other Instead of Away. Acknowledging your partner's small moments in life and orienting yourself towards them will maintain that necessary connection that is vital for the relationship.

Let Your Partner Influence You. It is important to maintain your own identity in a relationship, but it is equally important to yield to your partner and give in. If both partners allow one another this influence, then they will learn to respect one another on a deeper level.

Solve Your Solvable Problems. It is important to compromise on issues that can be resolved, which Gottman believes can be accomplished by these five steps: soften your startup, learn to make and receive repair attempts, soothe yourself and each other, compromise, and be tolerant of each other's faults.

Overcome Gridlock. Major issues that cannot be resolved because both partners' views are so fundamentally different involves understanding of the other person and deep communication. The goal is to at least get to a position that allows the other person to empathize with the partner's view, even if a compromise cannot be reached.

Create Shared Meaning. Create a shared value system that continually connects the partners through rituals/traditions, shared roles and symbols.

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Non-Discrimination Policy

I respect each person's right to choose his or her own belief system. I work well with both the Christian client and the atheist client, as well as client's from many religions and beliefs. If a client would like to work from a faith-based approach, I am happy to discuss this with you and support your process. Additionally, I respect each person's right to their choices in terms of sexual orientation, and provide a safe place for both straight and gay clients.

I believe in supporting people of all ethnicities, cultures and physical challenges. While our gender, ethnicity, orientation or spirituality may be different, I am open to discussing any concerns or questions you may have in working with a therapist who is either a different race, religion, orientation or gender than you. Having an open discussion on any of these topics can lead to a greater level of trust and rapport. If you have any questions regarding my therapeutic approach and style, or my non-discrimination policies, please feel free to discuss this with me.

Court Reports or Letters

I do not write legal letters or court reports on behalf of clients involved in divorce, custody or other legal matters or lawsuits. I do not write letters pertaining to legal matters to any outside person (i.e. doctor, school, attorney, etc) or agency regarding your treatment. If a special circumstance arrives where a letter is required by court order, it will require your written consent and will be billed to you at \$25.00 per page and in addition to my hourly fee. I reserve the right to refuse to write letters on your behalf (unless court mandated) if I do not feel this would be in your best interest, if it places me in a dual relationship, or will compromise our therapeutic relationship. I will not write letters on your behalf if you are involved in a lawsuit for any aspect of your personal or professional life, as this places me in a dual relationship as both your therapist and court advocate, thus crossing therapeutic boundaries. If you are involved in a lawsuit, please understand that entering your mental health into a court hearing may not always be in your best interest as it may compromise your confidentiality and your clinical files may be requested. I will not be your advocate in a court hearing or speak on your behalf as that is not the nature of the therapist/client relationship.

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Signature: _____ Date: _____

Court Fees

If you become involved in legal proceedings that require my mandated 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 time involved and the interruption to my clinical work, I charge \$250 per hour for preparation and attendance at any legal proceeding on your behalf.

Health Care/Managed Care Insurance Policy

In order for the therapist to be reimbursed by an insurance company, a diagnosis of the client must be made and submitted to the insurance carrier before the therapist is paid. Sometimes information on the presenting problem and symptoms the client is experiencing from the client's private therapy records are also required by the insurance company. This information once released becomes part of the client's medical records and may impact confidentiality. Because of this factor in confidentiality, I do not work with Managed Care Health Insurance programs. I will be glad to provide a 'superbill' receipt that you may submit to your insurance company if you wish for a **possible** out of network reimbursement, however, I will not fill out forms or work directly with or on your behalf with your health care insurance company.

Additionally, it is important that you also understand that there is no guarantee that your insurance carrier will cover your therapy sessions. I ask that clients carefully consider this before we begin our work together. If you choose to work with me, my policy is fee for service as described in the following section. Your signature indicates that you understand and agree to respect my policy around managed care health insurance, and will honor this agreement now and in the future.

Signature: _____ Date: _____

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Fees

My fee is \$125 per 50-minute session. This fee is the same for in office, teletherapy [phone sessions], or couples therapy. For extended sessions the fee is increased. Therapy is an investment in self-care, and is a process that takes time. I ask that you meet my full fee unless you are facing serious financial hardship in which case we can discuss a sliding scale fee before the start of your first session that is mutually acceptable to us both. I have 4 sliding scale fee session spots which may be filled at any point in time. If you are not able to afford my fee even if the sliding scale is available, we will not be able to work together, but I will be happy to provide you with three (3) therapy referrals for low cost clinics that offer lower fees. If you utilize my sliding scale, from time to time we will revisit your fee and discuss a possible increase. Should your financial situation improve, I will then discuss an increase in your fee that either meets or is closer to my full fee.

Session Payments

Therapy sessions are to be paid in full at the start of each session at the time service is rendered. Payments may be via check written to Cathryn Leff, by cash, or by Visa, Master or credit/debit card. If you choose to pay (or feel that you may occasionally pay) with a credit or debit card, I ask that you please fill out the attached authorization form. I charge clients at the start of the day on the day of their session. Please note: If you choose to pay in cash, I do not carry change. It is your responsibility to bring the exact cash amount for your session fee. If a check is returned for insufficient funds, you will be responsible for reimbursing any bank fees incurred. Please note: Charges for unpaid services may be turned over to a collection agency which compromises confidentiality. I do not “carry over” session payments from week to week, or extend credit as this could constitute as an unethical “debtor/creditor” dual relationship and ultimately impact the therapeutic relationship.

Reduced Session Payments

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As we move toward the final stage of therapy, we may discuss moving your sessions to every other week, vs. once a week in order to taper off for termination. Once sessions are reduced to two times a month, and/or check in sessions every few weeks, I ask that clients who have been using the sliding scale meet my full fee. If you are a client that will be starting with sessions twice a month, I ask that you meet my full fee. My fees are the same for in office or teletherapy [phone], or couples. Extended sessions are a billed at a higher fee [for example: 90 minutes is considered a double session and is billed as such].

Fee Increases

Fees are reviewed each year, and may increase periodically. Every consideration to client's current finances will be made, the increase will be discussed with the client, and a 30-day notice will be given prior to the increase. I will be happy to answer any questions you may have about this fee agreement. Please understand that you have the right to terminate therapy at any point. If you have any questions regarding my fee policy, please do not sign until discussing with me. Your signature indicates that you understand and agree to these conditions:

Signature _____ Date _____

Appointments/Cancellations

My contact number is through my business phone at (951) 296-9460. If you are trying to reach me on the same day of your session, I ask that you contact me via phone, and not by email. I make every effort to return calls and emails within 24 hours. I understand that occasionally circumstances beyond your control may arise which would prevent you from keeping your appointment. The message number for cancellations is the same as above; this number is located on the business card that you will take with you today. If I am unable to attend our therapy session (outside of scheduled vacations) due to an unexpected emergency or illness, every attempt will be made to contact you 24 hours in advance on the phone numbers and/or email you have provided. If you are sick or

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experiencing any symptoms of illness, I ask that we conduct your session via the phone. I will extend the same consideration if I am ill.

Client Cancellation Procedures and Fees

Short-Notice Cancellation: Appointment cancellations made less than 24 hours of the scheduled appointment will be charged the agreed upon full fee for the session.

No-Show: If you do not show up for a scheduled appointment (that you have not called to cancel) you will be charged the full fee for the session. If you tend to forget appointments please let me know – I will be happy to email you in advance to confirm our sessions. However, you are responsible for keeping track and attending your sessions.

On-going Cancellations or Multiple No-Shows: It is understandable that occasionally an appointment will be cancelled or missed due to illness or emergency. However, your regular session day/time has been reserved for you. My current client schedule does not allow for a great deal of flexibility with respect to continual cancellations, rescheduled appointments, or no shows. If you find that your schedule is no longer able to accommodate the session time reserved for you, please discuss this with me and I will do my very best to find an alternative solution, such as phone sessions, so that we can continue our work together. However, please note that should on-going cancellations, frequent reschedules even within the same week, missed appointments, late payments/ non payment become an issue, and if after discussing other options with you your attendance has not changed, I will need to open up your reserved time to my wait list and add you to the wait list. If you prefer not to be placed on the wait list, then I will provide you with three therapy referrals and/or terminate with you until you are able to attend.

Signature _____ Date _____

Therapist Availability Between Sessions

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I am available to take a brief 5-minute phone call or answer a short 1 paragraph email regarding your therapy appointment times or therapy homework one time between sessions and no more than 1 time per month without the client incurring a fee. We will not process therapy issues via email unless I have specifically asked you to check in as part of your treatment. If you feel that more contact is needed between sessions due to crisis, I am willing to discuss the possibility of increasing the weekly sessions or scheduling a phone appointment temporarily if I feel that it supports your therapy. If frequent non-crisis contact continues between sessions, it will be important to talk about charging for that support time, and/or referring out for a higher level of care than a once a week therapy session can offer.

Therapist Time Off Policy

During my out of office time, I will not be available for individual session, group, family or couples therapy both in person, via email, text or phone unless it is a serious crisis, or life threatening emergency where there is imminent danger to self or others. If you are a threat to yourself or another when I am away, please call 911 immediately. On occasion I may provide the phone number and contact information of a therapist colleague who may fill in during my time away for emergency situations. I ask that clients respect my time away and unless there is a critical emergency, they wait until the next session to discuss. For emergency situations, I will respond to the client within 24 hours of receipt of the email, call or text. For non-emergency clients, I will respond the first business day upon returning back to my office.

Your signature indicates your agreement to my boundaries around client contact during my vacations: _____

Explanation Of Dual Relationships

While a therapeutic relationship can feel psychologically close, it is one that is professional in nature with important boundaries. It is unethical for a therapist to invite you into a business venture, ask you for personal favors, start a social relationship with you, etc. These examples are called, “dual relationships” and can negatively impact clinical boundaries. Although our sessions may be intimate psychologically, it is

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important to acknowledge that we have a strictly professional relationship. On the rare occasion that I see a client outside of the office (when we may accidentally run into each other in public), I am highly discreet and will maintain your confidentiality. I will do my best to follow your lead, and thus it is your choice to acknowledge the encounter with me as your therapist or not. If you do not choose to acknowledge the encounter, I will respect this and will follow your lead.

Policy Regarding Internet Professional and/or Social Networking Sites

On occasion a client will send me an on-line invitation or “friend” request through a social networking site. Unfortunately, this could potentially risk the client’s confidentiality. As such I choose not to accept these requests from clients.

Physical Contact

Sexual contact is never acceptable in the therapeutic relationship. Romantic or sexual talk, or sexual innuendos and sexual jokes are also unacceptable in the therapeutic relationship. If you should express a sexual comment or joke while in session directed to me, we will explore this comment professionally and in a non-shaming way within a therapeutic non-sexual relationship. Hugging is an expression of affection, a greeting or a good bye within many cultures. However, in some cases hugging can be misconstrued as sexual, and can be triggering for some clients, or may interfere with the therapy relationship. Occasionally a client may spontaneously hug me while they exit my office, or may ask for a hug after a particularly difficult or emotional session, or may feel quite comfortable with a hug at the end of sessions or when ending therapy. Some clients are huggers, some are not, and so it is important for me to understand your stance and to maintain appropriate professional boundaries. If I believe after we discuss the request that a non-sexual brief hug is appropriate and supports your therapy, I will allow for this on occasion. Please understand, if I choose not to hug you, it is not an expression of judgment, dislike or dismissal, rather it would be denied in the best interest of your clinical care based on a therapeutic decision.

Please continue onto the next page and fill out the forms completely.

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CLIENT INFORMATION

Full Name:		Relationship Status: S <input type="radio"/> M <input type="radio"/> D <input type="radio"/> Sep <input type="radio"/> W <input type="radio"/>
Name that you like to be called (nickname):		
Date of Birth:	Sex: M <input type="radio"/> F <input type="radio"/>	California Drivers License Number: Car Model: License Plate #:
Occupation:		Monthly Income: Other Income:
Employer/Company Name: Work Address:		

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<p>Home Address w/ zip code:</p> <p>Ok to Mail to this address? Yes <input type="radio"/> No <input type="radio"/></p>	<p>Email:</p> <p>Ok to Email? Yes <input type="radio"/> No <input type="radio"/></p> <p>(Please note that email correspondence is not guaranteed to be confidential)</p>	
<p>Home Phone#:</p> <p>Ok to leave messages? Yes <input type="radio"/> No <input type="radio"/></p>	<p>Cell Phone#:</p> <p>Ok to leave messages? Yes <input type="radio"/> No <input type="radio"/></p>	<p>Work Phone#:</p> <p>Ok to leave messages? Yes <input type="radio"/> No <input type="radio"/></p>

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<p>Have you previously attended therapy?</p> <p>Yes <input type="radio"/> No <input type="radio"/></p> <p>What kind of therapy? Inpatient / Outpatient/ Other _____</p>	<p>If yes, what was the length of treatment, and when were the dates attended?</p> <p>Length:</p> <p>Date(s):</p>	<p>If yes, why did you stop attending therapy?</p>
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BIOPSYCHOSOCIAL HISTORY

Symptoms and Behaviors (Please be as specific as possible to any 'yes' responses)

Mania/ manic symptoms	Yes <input type="radio"/>	No <input type="radio"/>	If "Yes," circle severity: Low ← 1 2 3 4 5 6 7 8 9 10 → High
Depressed Mood	Yes <input type="radio"/>	No <input type="radio"/>	If "Yes," circle severity: Low ← 1 2 3 4 5 6 7 8 9 10 → High
Appetite Disturbance	Yes <input type="radio"/>	No <input type="radio"/>	If "Yes," circle severity: Low ← 1 2 3 4 5 6 7 8 9 10 → High

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Sleep Disturbance	Yes <input type="radio"/>	No <input type="radio"/>	If "Yes," circle severity: Low ← 1 2 3 4 5 6 7 8 9 10 → High
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Change in Energy Level	Yes <input type="radio"/>	No <input type="radio"/>	If "Yes," circle severity: Low ← 1 2 3 4 5 6 7 8 9 10 → High
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Decreased Concentration	Yes <input type="radio"/>	No <input type="radio"/>	If "Yes," circle severity: Low ← 1 2 3 4 5 6 7 8 9 10 → High
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Worthless/ Helpless Feelings	Yes <input type="radio"/>	No <input type="radio"/>	If "Yes," circle severity: Low ← 1 2 3 4 5 6 7 8 9 10 → High
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Anxiety Symptoms/ Panic Attacks	Yes <input type="radio"/>	No <input type="radio"/>	If "Yes," circle severity: Low ← 1 2 3 4 5 6 7 8 9 10 → High
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Bingeing/ Purging	Yes <input type="radio"/>	No <input type="radio"/>	If "Yes," circle severity: Low ← 1 2 3 4 5 6 7 8 9 10 → High
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Feelings of Guilt	Yes <input type="radio"/>	No <input type="radio"/>	If "Yes," circle severity: Low ← 1 2 3 4 5 6 7 8 9 10 → High
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Obsessions/ Compulsions	Yes <input type="radio"/>	No <input type="radio"/>	If "Yes," please describe:
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Phobias	Yes <input type="radio"/>	No <input type="radio"/>	If "Yes," please describe:
Medical Conditions	Yes <input type="radio"/>	No <input type="radio"/>	If "Yes," please describe:
Hyperactivity	Yes <input type="radio"/>	No <input type="radio"/>	If yes, please describe:
Are you having suicidal thoughts?	Yes <input type="radio"/>	No <input type="radio"/>	If yes, do you have a plan about how you would commit suicide:
Do you have the means to carry out your plan?	Yes <input type="radio"/>	No <input type="radio"/>	If yes, how would you do this? If yes, please describe the method:
Have you ever made a suicide attempt?	Yes <input type="radio"/>	No <input type="radio"/>	Describe:

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suicide attempt or been Hospitalized for suicide?			Dates of Attempts:
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Have you had a previous diagnosis by a therapist or psychiatrist?	Yes <input type="radio"/>	No <input type="radio"/>	If yes, please list the diagnosis's and the years:
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Prescription Medications (please list all currently taking or have taken, the length of time and what they are prescribed for: pain, illness, depression, etc)

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List anything other medications or comments that I should be aware of regarding your physical or mental health:

Substance Use

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<p>Are you currently using alcohol, nicotine or other prescription or non-prescription drugs? Please list how much and how often you drink and/or take prescription or non-prescription drugs:</p>	<p>Yes <input type="radio"/></p>	<p>No <input type="radio"/></p>
<p>Have you ever felt like you should cut down on your substance use?</p>	<p>Yes <input type="radio"/></p>	<p>No <input type="radio"/></p>
<p>Is there a history of suicide in your family of origin?</p> <p>If Yes, please list who and what year:</p>	<p>Yes <input type="radio"/></p>	<p>No <input type="radio"/></p>
<p>Have you ever been arrested for a DUI, or drug arrest? Or do you have a past that involves using drugs or alcohol. Please briefly describe circumstances below:</p>	<p>Yes <input type="radio"/></p>	<p>No <input type="radio"/></p>

Family & Relationship History

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Age

Name (Living with you? Yes or No)

Spouse/Partner _____

Parent _____

Parent _____

Stepparent _____

Stepparent _____

Sibling(s) _____

Children/Step _____

Are your parents divorced? (Yes or No) _____

Religion (if any) _____

Sexual orientation _____

Gender orientation _____

(female, male, transgender, transsexual)

Ethnic Group (select all that apply):

American Indian Alaskan Native Asian Phillipino Native Hawaiian

Black/African AmericanCaucasian Middle Eastern Pacific Islander

Hispanic/Latino Multi-Ethnic/Other _____

Family of Origin Issues (Circle Your Answer)

• CATHRYN L. LEFF, LMFT

Psychotherapy Counseling Services for Couples, Adolescents and Children

Have you experienced any abuse in your family or relationships?

None

Emotional

Physical

Sexual

Uncertain

If yes, describe abuse you experienced:

In general, how happy were you growing up?

None Somewhat Mostly Extremely

How much is your family of origin a source of support for you?

None Somewhat Very Extremely

How much conflict in values do you experience with your parents?

None Somewhat Substantial

Legal Issues

Have you personally experienced legal problems? No Yes (describe)

Are you currently involved in a lawsuit? If so please describe:

• CATHRYN L. LEFF, LMFT

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Briefly describe concerns in your life and/or in your relationships that would be relevant for me to know:

On a scale of one to ten, how motivated are you to resolve this issue? _____

Please list your therapy goals (list as many that apply & use the back if need be):

1.

2.

3.

Thank you for taking time to read and complete these questions. This information will be helpful in your therapy process. Your signature is required on the last page before we can begin our work together. Please discuss any questions you may have with me prior to signing.

• CATHRYN L. LEFF, LMFT

Psychotherapy Counseling Services for Couples, Adolescents and Children

Client Signature Page for Informed Consent For Therapy with: Cathryn L. Leff, M.A. Licensed Marriage and Family Therapist (LMFT)

- I have thoroughly read and fully understand the Informed Consent and the therapy policy pages of this document.
- I understand that I am financially responsible for charges and fees incurred.
- I understand limits of confidentiality and mandated reporting by my therapist.
- I agree to respect the boundaries of contact between sessions and understand email is not an appropriate form of processing what is best discussed in session.
- I have answered all questions in full, truthfully and to the best of my knowledge.
- I have had all questions about this document answered and sign willingly.

I authorize Cathryn L. Leff, Licensed Marriage and Family Therapist (LMFT) to provide psychotherapeutic treatment for me, the client signing below:

Client (Print Name) Date

Client (Signature) Date

Therapist Signature Date