THE TrueYou THERAPY AND WELLNESS

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This is an electronically fillable form. You can type directly into each field. Please do your best to answer all questions. This information will be used in your first session as a starting point for discussion. Please bring a printed version with you to your appointment. You will sign and date the form at the beginning of your first appointment.

Name:

Today's Date:

Address:

Phone Number:

Email:

Does anyone else have access to your e-mail address? Yes ☐ No ☐

Relationship Status:

Single ☐ Married ☐ Divorced ☐ Relationship ☐ Domestic Partnership ☐ Other ☐

Living Arrangement:

Alone ☐ w/Partner ☐ w/Partner & Kids ☐ w/Kids ☐ w/Family ☐

Names and Ages of Children (if Applicable):

If Kids live at home part time or away from home, please describe arrangement:

Please describe what brings you to counseling at this time:

What do you hope to accomplish through counseling?

What have you already done to deal with the difficulties?

Have you had previous psychological counseling or psychiatric help?

Yes ☐ **No** ☐

Check all that apply:

Individual Counseling ☐ **Couples' Counseling** ☐ **Group Counseling** ☐ **Family Counseling** ☐

If yes, when and where did you receive counseling and what were the issues:

List any medications and dosages you are currently taking:

Please list any significant health problems that you have been treated for or are currently being treated for:

What are your biggest strengths? What do you do for fun/to relax?

Do you exercise? **Yes** ☐ **No** ☐

What type of exercise:

Describe your eating habits and diet?

Do you smoke cigarettes? **Yes** ☐ **No** ☐

Consume alcohol? **Yes** ☐ **No** ☐

Use non-prescribed (recreational) drugs? **Yes** ☐ **No** ☐

If yes, what and how often?

Interactions between client and therapist are confidential. Unless I have specific permission from you, I will not discuss the content of our sessions with any outside parties. There are four exceptions to confidentiality that Oregon State law requires mental health professionals to report.

1. **Incidences of child or elder abuse.**
2. **Intent to commit suicide.**
3. **Threats to do harm to self or another person.**
4. **Court Order.**

Additionally, in the event of a billing dispute, names, dates and lengths will be disclosed to a collection agency and/or an attorney.

The community that we live in can often feel small and the possibility that we may see one another outside of therapy is always present. Your confidentiality is first and foremost in such situations and therefore, I will leave it up to you if would like to verbally or non-verbally recognize our encounter. I will follow your lead in such situations, as I understand that everyone has a different comfort level when it comes to the privacy of their therapy.

By signing this contract you agree that if you are not able to make an appointment, you will cancel by telephone with at least a 24-hour notice. If you miss a scheduled appointment without giving 24-hour notice, you agree to pay the full session fee. Fees are:

$110 per 50 minute individual session
$130 per 50 minute session for couples or families

All fees are due at the time of service and can be paid by check, cash or credit card I allow limited contact between sessions for informational purposes or emergencies. Any contact by either phone or email that is longer than 10 minutes will be billed at the rates above in half hour increments.

Insurance companies may or may not cover therapy. Clients are required to pay The True You Therapy & Wellness, LLC directly and then apply for insurance reimbursement through their provider. If additional information is needed for you to file this claim, I will be happy to supply that information in a timely manner if you provide clear instructions by email.

My office is located at Riverside Wellness, 2955 N Highway 97, Bend, OR 97703. There is a parking lot for clients and please text me from the front door when you arrive at (541)640-0016 and I will meet you at the front door. Please do not enter the building alone or use the waiting rooms at this time. Access to these areas should become available once the COVID-19 pandemic has abated.

I have read and understand all aspects of this form and agree to the terms and conditions. By signing below, I am consenting to therapy and releasing The True You Therapy & Wellness, LLC/Meagan Sheehy MA, MFT/LPC Associate from any and all liability resulting from therapy. I am the party responsible for payment of services and wil lpay in full at the time of each therapy session. My signature below also confirms that I have received a copy of the "HIPAA Noticed of Privacy Practices" and a "Professional Disclosure Statement" at the beginning of the first therapy session. I also understand that I can view and download copies of both at Meagan's website: www.trueyoutherapyandwellness.com under the "Forms" tab.