

# Office of Brian J. Edwards

Licensed Marriage & Family Therapist MFC 46737

## PATIENT REGISTRATION

Today's Date: \_\_/\_\_/\_\_\_\_

Patient's full name:

\_\_\_\_\_ SS#: \_\_\_\_\_

Home address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Date of birth: \_\_/\_\_/\_\_\_\_

Patient Employer: \_\_\_\_\_

Family Physician: \_\_\_\_\_

Referred By: : \_\_\_\_\_

Person to Contact in Emergency: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

There is a 24-hour cancellation policy, which requires that you cancel your appointment 24 hours in advance between the hours of 8am and 5pm, Monday through Friday to avoid being charged the full fee for your appointment.

To cancel an appointment, please call Brian J. Edwards, MFT at 818-635-8427.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## OUTPATIENT SERVICES CONTRACT

Welcome to my practice. This document contains important information about my professional services and business policies. Please read it carefully and jot down any questions you might have so that we can discuss them at our next meeting. When you sign this document, it will represent an agreement between us.

### **PSYCHOLOGICAL SERVICES**

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the psychotherapist and patient, and the particular problems you bring forward. There are many different methods I may use to deal with the problems that you hope to address. Psychotherapy is not like a medical doctor visit. Instead, it calls for a very active effort on your part. In order for the therapy to be most successful, you will have to work on things we talk about both during our sessions and at home.

Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychotherapy has also been shown to have benefits for people who go through it. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. But there are no guarantees of what you will experience.

Our first few sessions will involve an evaluation of your needs. By the end of the evaluation, I will be able to offer you some first impressions of what our work will include and a treatment plan to follow, if you decide to continue with therapy. You should evaluate this information along with your opinions of whether you feel comfortable working with me. Therapy involves a large commitment of time, money, and energy, so you should be very careful about the therapist you select. If you have questions about my procedures, we should discuss them whenever they arise. If your doubts persist, I will be happy to help you set up a meeting with another mental health professional for a second opinion.

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## **MEETINGS**

I normally conduct an evaluation that will last from 2 to 4 sessions. During this time, we can both decide if I am the best person to provide the services you need in order to meet your treatment goals. If psychotherapy is begun, I will usually schedule one 50-minute session (one appointment hour of 50 minutes duration) per week at a time we agree on, although some sessions may be longer or more frequent. Once an appointment hour is scheduled, you will be expected to pay for it unless you provide 24 hours advance notice of cancellation (unless we both agree that you were unable to attend due to circumstances beyond your control.) (If it is possible, I will try to find another time to reschedule the appointment.)

## **PROFESSIONAL FEES**

My hourly fee is \$\_\_\_\_\_. In addition to weekly appointments, I charge this amount for other professional services you may need, though I will break down the hourly cost if I work for periods of less than one hour. Other services include report writing, telephone conversations lasting longer than 10 minutes, attendance at meetings with other professionals you have authorized, preparation of records or treatment summaries, and the time spent performing any other service you may request of me. If you become involved in legal proceedings that require my participation, you will be expected to pay for my professional time even if I am called to testify by another party. (Because of the difficulty of legal involvement, I charge \$200 per hour for preparation and attendance at any legal proceeding.)

## **BILLING AND PAYMENTS**

You will be expected to pay for each session at the time it is held, unless we agree otherwise or unless you have insurance coverage which requires another arrangement. Payment schedules for other professional services will be agreed to when they are requested. (In circumstances of unusual financial hardship, I may be will to negotiate a fee adjustment or payment installation plan.)

If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, I have the option of using legal means to secure the payment. This may involve hiring a collection agency or going through small claims court. (If such legal action is necessary, its costs will be included in the claim.) In most collection situations, the only information I release regarding a patient's treatment is his/her name, the nature of services provided, and the amount due.

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## **CONTACTING ME**

I am often not immediately available by telephone. While I am usually in my office between 9 AM and 5 PM, I will not answer the phone when I am with a patient. When I am unavailable, my telephone is answered by voicemail that I monitor frequently. I will make every effort to return your call on the same day you make it, with the exception of weekends and holidays. If you are difficult to reach, please inform me of some times when you will be available. If you are unable to reach me and feel that you can't wait for me to return your call, contact your family physician or the nearest emergency and ask for the psychologist / psychiatrist on call. If I will be unavailable for an extended time, I will provide you with the name of a colleague to contact, if necessary.

## **PROFESSIONAL RECORDS**

The laws and standards of my profession require that I keep treatment records. You are entitled to receive a copy of your records, or I can prepare a summary for you instead. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. If you wish to see your records, I recommend that you review them in my presences so that we can discuss the contents. (I am sometimes willing to conduct a review meeting without charge.) Patients will be charged an appropriate fee for any professional time spent in responding to information requests.

## **MINORS**

If you are under eighteen years of age, please be aware that the law may provide your parents the right to examine y our treatment records. It is my policy to request an agreement from parents that they agree to give up access to your records. If they agree, I will provide them only with general information about our work together, unless I feel there is a high risk that you will seriously harm yourself or someone else. In this case, I will notify them of my concern. I will also provide them with a summary of your treatment when it is complete. Before giving them any information, I will discuss the matter with you, if possible, and do my best to handle any objections you may have with what I am prepared to discuss. At the end of your treatment, I will prepare a summary of our work together for your parents, and we will discuss it before I send it to them.

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## CONFIDENTIALITY

In general, the privacy of all communications between a patient and a Marriage and Family Therapist is protected by law, and I can only release information about our work to others with your written permission. But there are a few exceptions.

In most legal proceedings, you have the right to prevent me from providing any information about your treatment. In some proceedings involving child custody and those in which your emotional condition is an important issue, a judge may order my testimony if he/she determines that the issues demand it.

There are some situations in which I am legally obligated to take action to protect others from harm, even if I have to reveal some information about a patient's treatment. For example, if I believe that a child, elderly person, or disabled person is being abused, I must file a report with the appropriate state agency.

If I believe that a patient is threatening serious bodily harm to another, I am required to take protection actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the patient. If the patient threatens to harm himself/herself, I may be obligated to seek hospitalization for him/her or to contact family members or others who can help provide protection.

These situations have rarely occurred in my practice. If a similar situation occurs, I will make every effort to fully discuss it with you before taking any action.

I may occasionally find it helpful to consult other professionals about a case. During a consultation, I make every effort to avoid revealing the identity of my patient. The consultant is also legally bound to keep the information confidential. If you don't object, I will not tell you about these consultations unless I feel that it is important to our work together.

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**Patient Signature**

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**Date**

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**Brian J. Edwards, LMFT**

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**Date**

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## SELF-ASSESSMENT

What is happening in your life which resulted in this appointment:

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What would you like to see accomplished in therapy?

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### CHIEF COMPLAINT (CHECK ALL THAT APPLY TO YOU)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Depression                  | <input type="checkbox"/> Fear of dying              | <input type="checkbox"/> Feeling that you are not real |
| <input type="checkbox"/> Low energy                  | <input type="checkbox"/> Fear of going crazy        | <input type="checkbox"/> Nausea                        |
| <input type="checkbox"/> Low self-esteem             | <input type="checkbox"/> Phobias                    | <input type="checkbox"/> Obsessions/Compulsions        |
| <input type="checkbox"/> Poor concentration          | <input type="checkbox"/> Thoughts racing            | <input type="checkbox"/> Anger/Frustration             |
| <input type="checkbox"/> Hopelessness                | <input type="checkbox"/> Delusions/hallucinations   | <input type="checkbox"/> Excessive behaviors           |
| <input type="checkbox"/> Worthlessness               | <input type="checkbox"/> Confusion                  | <input type="checkbox"/> Unpleasant thoughts intrude   |
| <input type="checkbox"/> Guilt                       | <input type="checkbox"/> Excessive alcohol/drug use | <input type="checkbox"/> Sexual abuse issues           |
| <input type="checkbox"/> Sleep disturbance           | <input type="checkbox"/> Spousal abuse issues       | <input type="checkbox"/> Physical abuse issues         |
| <input type="checkbox"/> Appetite changes            | <input type="checkbox"/> Argues                     | <input type="checkbox"/> Blames others                 |
| <input type="checkbox"/> Defies rules                | <input type="checkbox"/> Blackouts                  | <input type="checkbox"/> Chest pain                    |
| <input type="checkbox"/> Easily agitated             | <input type="checkbox"/> Sadness / Loneliness       | <input type="checkbox"/> Stress                        |
| <input type="checkbox"/> Anxiety / Panic             | <input type="checkbox"/> Trembling/Shaking          | <input type="checkbox"/> Sweating                      |
| <input type="checkbox"/> Thoughts of hurting someone |   | <input type="checkbox"/> Thoughts of hurting yourself  |
| <input type="checkbox"/> Can't hold onto an idea     |   | <input type="checkbox"/> Isolation / Social Withdrawal |

Previous outpatient therapy?  Yes  No, with \_\_\_\_\_

What was accomplished: \_\_\_\_\_

Medications, list: \_\_\_\_\_

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## ADULT PSYCHOSOCIAL QUESTIONNAIRE

**IDENTIFYING INFORMATION** (age, gender, ethnicity, marital status):

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Presenting Problem:

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Current Social Information:

1. Describe the present living arrangements (include with whom you are living with, and a brief description of these relationships):

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2. How long have you been married/dating/living together? Describe this relationship (include occupation and age of significant other):

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3. How many children do you have? (name, sex, age):

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4. Any history of abuse (emotional, physical, sexual) in current or previous relationships:

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### **FAMILY HISTORY**

1. Any history of significant life events such as death, abuse, divorce, separation, other?:

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2. List mother and father by age, including occupation:

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3. List siblings by age and how you relate to them (past and present):

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4. Have any family members been treated for/have emotional problems? Describe:

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## **DRUG AND ALCOHOL ABUSE**

1. Any family history of drug and/or alcohol usage? List and describe:

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2. Any personal history of drug/alcohol usage? Treatment? List and describe:

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## **EMPLOYMENT HISTORY**

1. Present employment status and where (positive and negative aspects of what is going on at work):

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## **SOCIALIZATION SKILLS**

1. What do you do for pleasure and relaxation?

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