



PSYCHOSOCIAL ASSESSMENT

Christy Findlay M.S., LPC, NCC (#76693)

Phone: (972) 468 1663 www.christyfindlay.com

Invest in You!

WELCOME

Please PRINT, fill out and bring the following information to your first appointment.



PSYCHOSOCIAL ASSESSMENT

Christy Findlay M.S., LPC, NCC (#76693)

Phone: (972) 468 1663

www.christy@christyfindlay.com

Invest in You!

CLIENT NAME: _____ TODAY'S

DATE: _____

DATE OF BIRTH: _____ AGE: _____ MARITAL STATUS: _____

IF YOU HAVE BEEN MARRIED/IN A SIGNIFICANT RELATIONSHIP/OR HAVE CHILDREN
PLEASE ANSWER THE FOLLOWING QUESTIONS

NUMBER OF MARRIAGES or SIGNIFICANT RELATIONSHIPS: _____

DETAILS FROM EACH MARRIAGE or SIGNIFICANT RELATIONSHIP:

1ST MARRIAGE OR SIGNIFICANT RELATIONSHIP (circle if marriage or relationship)

Spouse/Partners' first name only: _____ How many years married: _____ Years together: _____

Did you seek counseling during this relationship? Yes or No

Are you currently seeking a divorce or are you separated from your spouse at this time? Yes or No

How many children from this marriage/relationship: _____

First name/sex/age of child: _____

First name/sex/age of child: _____

First name/sex/age of child: _____

2nd MARRIAGE OR SIGNIFICANT RELATIONSHIP (circle if marriage or relationship)

Spouse/Partners' first name only: _____ How many years married: _____ Years together: _____

Did you seek counseling during this marriage? Yes or No

Are you currently seeking a divorce or are you separated from your spouse at this time? Yes or No

How many children from this marriage/relationship: _____

First name/sex/age of child: _____

First name/sex/age of child: _____

First name/sex/age of child: _____

3rd MARRIAGE OR SIGNIFICANT RELATIONSHIP (circle if marriage or relationship)

Spouse/Partners' first name only: _____ How many years married: _____ Years together: _____

Did you seek counseling during this marriage? Yes or No

Are you currently seeking a divorce or are you separated from your spouse at this time? Yes or No

How many children from this marriage/relationship: _____

First name/sex/age of child: _____

First name/sex/age of child: _____

First name/sex/age of child: _____

REFERRAL SOURCE: (who referred you to this therapist or how did you locate them)

PRIMARY ISSUE _____ SECONDARY ISSUE _____

Reasons and circumstances leading you to therapy at this time:

Choice of Mood Altering Experiences including Any Compulsive Acting out Behaviors: illegal, over the counter, and prescription drugs; alcohol; gambling; spending; work; food; sex; pornography; or other problematic behaviors.

Circle or indicate other or none here: _____

History of Significant Incidents: Please give details in notes section below

None Reported Family Problems Marital Problems Work Problems
Legal problems Financial Problems Health Problems Abuse History

NOTES: _____

SUBSTANCE USE HISTORY IF ANY (CIRCLE NONE IF YOU HAVE NEVER USED ANY SUBSTANCES) NONE

SUBSTANCE	USE		AMOUNT		ROUTE	FREQUENCY	DURATION	HOW OBTAINED
	FIRST	LAST	CURRENT	PEAK				

SOCIAL HISTORY

Spiritual Assessment:

Family of Origin: _____
Current Observance: _____

How do you define spirituality?

Religious or Spiritual Practices:

How would you like to improve upon your spirituality and/or religious beliefs?

Educational Background:

Highest Degree _____
Learning Disabilities _____
Special Education Services History _____

Employment History: (include military history, rank, duties; any licensure restrictions, longest history of employment, any job related difficulties including attendance, conflicts with boss or coworkers, harassment; reason for leaving etc.)

Current Employment Status (include any licensure restrictions, longest history of employment, etc):

Financial Issues/Hardships: Please explain in notes section below:

Stable: Unstable (specify):

NOTES:

Legal History and Current Legal Status: (include current restrictions)

Please list details of each offense/charge e.g. felony, misdemeanor, when, what for and the outcome, in notes section below

Arrest(s): No Yes, _____

Assault: No Yes, _____

Domestic Violence: No Yes, _____

Public Intoxication: No Yes, _____

Jail: No Yes, _____

Prison: No Yes, _____

Probation: No Yes, _____

Parole: No Yes, _____

Pending Charges: No Yes, _____

NOTES:

Current Living Situation: (house, apartment, rental, own, who and how many in home, etc)

Leisure and Recreational Activities: (e.g., reading, games, travel, hobbies, etc)

Support System: (please list names of people or organizations who are currently supportive to you)

Describe abuse/trauma history: (please indicate if you experienced the trauma first hand or secondarily as in witnessing others trauma. Also, please write none if you have no trauma history)

Emotional/Verbal:

Physical:

Sexual:

Grief/loss: (this should include loss from death/separation and or natural disasters such as flood, fire or tornados)

PLEASE LIST ALL TRAUMA EVEN IF YOU DO NOT WANT TO DISCUSS IT. PLEASE INDICATE WITH YOUR INITIALS HERE IF YOU WISH TO ADDRESS YOUR ABUSE HISTORY DURING THERAPY.

FAMILY HISTORY: (indicate if biological family or adopted family)

	FIRST NAME	MENTAL HEALTH	SUBSTANCE ABUSE	TRAUMA ABUSE
Mother				
Father				
Sibling				
Sibling				
Sibling				
Grandfather				
Grandmother				
Aunt				
Uncle				
Cousin				
Other				
Other				

What is your birth order? (first born, middle child, youngest child)

PLEASE ADD YOUR OWN NOTES ABOUT FAMILY ISSUES YOU STRUGGLE WITH:

GOALS FOR TREATMENT

Client's Primary Goals are (three or four):

- 1) _____
- 2) _____
- 3) _____
- 4) _____

Clinical Support Services (Note: Have client complete signed consent whenever possible):

Primary Care Physician: No Yes Name: _____

Phone: _____

Psychiatrist: No Yes Name: _____

Phone: _____

Past Therapist: No Yes Name: _____

Phone: _____

Clergy: No Yes Name: _____

Phone: _____

If you are currently taking any medication or have taken any medication for any reason please list what you take/took , indicate if they were prescription or over the counter and why you are/were taking the medication.

TREATMENT HISTORY: (this includes inpatient and outpatient treatment)

Previous Psychological, Psychiatric or Therapeutic Experiences (include type, number, and dates of treatments):

PROVIDER/FACILITY/CLINICIAN:	LOCATION:	DATES:	DIAGNOSIS:	DISCHARGE STATUS:

Please include any other information that you think is important or that you feel your therapist needs to know

END OF CLIENT PORTION OF PSA

Christy Findlay, M.S., LPC, NCC

New Client Information

Date _____

Name(s) _____ Age _____ Date of Birth _____
Address _____ City _____ Zip _____

Mandatory credit card number to keep on file: _____
Name on card if different from yours: _____
Exp. Date ____ / ____ CVC code ____ Zip code _____

Occupation _____ Name of Employer _____

Best Phone Number to Reach You _____ - _____ - _____
Please initial this space if it is okay to leave detailed voicemail to the above phone number, concerning your counseling appointments? _____ if not what is your preferred method for us to contact you other than email (email unless encrypted is not secure and will not protect your information)? _____

My Emergency Contact Person

Name: _____ Relationship: _____ Phone: _____

Chief Complaint:

Informed Consent for Psychotherapy

CONFIDENTIALITY: All information disclosed within sessions and the written records pertaining to those sessions are confidential and may not be revealed to anyone without your written permission except where disclosure is required by law.

WHEN DISCLOSURE IS REQUIRED OR MAY BE REQUIRED BY LAW: Some of the circumstances where disclosure is required or may be required by law are: where there is a reasonable suspicion of child, dependent, or elder abuse or neglect; where a client presents a danger to self, to others, to property, or is gravely disabled; or when a clients' family members communicate to Christy Findlay that the client presents a danger to others. Disclosure may also be required pursuant to a legal proceeding by or against you. If you place your mental status at issue in litigation initiated by you, the defendant may have the right to obtain the psychotherapy records and/or testimony by Christy Findlay. In couple and family therapy, or when different family members are seen individually, even over a period of time, confidentiality and privilege do not apply between the couple or among family members, unless otherwise agreed upon. Christy Findlay will use her clinical judgment when revealing such information. Christy Findlay will not release records to any outside party unless she is authorized to do so by all adult parties who were part of the family therapy, couple therapy or other treatment that involves more than one adult client. In the event that Christy Findlay dies, all of her client records will be placed will her supervisor Robert Good.

EMERGENCY: If there is an emergency during therapy, or in the future after termination, where Christy Findlay becomes concerned about your personal safety, the possibility of you injuring someone else, or about you receiving proper psychiatric care, she will do whatever she can within the limits of the law, to prevent you from injuring yourself or others and to ensure that you receive the proper medical care. For this purpose, she may also contact the person whose name you have provided for an emergency contact.

HEALTH INSURANCE & CONFIDENTIALITY OF RECORDS: Christy Findlay accepts BCBS Choice PPO insurance. You must be aware that submitting a mental health invoice for reimbursement carries a certain amount of risk to confidentiality, privacy or to future capacity to obtain health or life insurance or even a job. The risk stems from the fact that mental health information is likely to be entered into big insurance companies' computers and is likely to be reported to the National Medical Data Bank. Accessibility to companies' computers or to the National Medical Data Bank database is always in question as computers are inherently vulnerable to hacking and unauthorized access. Medical data has been reported to be legally accessed by law enforcement and other agencies, which also puts you in a vulnerable position. If you are using health insurance, coverage is approved with diagnosis codes that indicate a mental illness. Insurance companies must justify payments for counseling and/or psychiatric services; a mental illness, then, necessitates treatment. Diagnosis is usually determined rather quickly; some diagnosis codes are not covered by health insurance (diagnosis will be discussed in the initial session to address any privacy or billing questions). Remembering that most insurance companies require a diagnosis in order to pay for your treatment, and that not all diagnoses are covered, doesn't mean mental health services are not necessary. Any diagnosis that can be found in the Diagnostic and Statistical Manual V (published by the American Psychiatric Association and used by all US mental health professionals) is sufficient to suggest some kind of therapy services (whether covered by your insurance or not).

LITIGATION LIMITATION: Due to the nature of the therapeutic process and the fact that it often involves making a full disclosure with regard to many matters which may be of a confidential nature, it is agreed that, should there be legal proceedings (such as, but not limited to divorce and custody disputes, injuries, lawsuits, etc.), neither you nor your attorney(s), nor anyone else acting on your behalf

will call on Christy Findlay to testify in court or at any other proceeding, nor will a disclosure of the psychotherapy records be requested unless otherwise agreed upon.

COURT TESTIMONY

If requested to testify or be subpoenaed to appear in court, Christy Findlay, M.S., LPC, NCC, requires a minimum fee of \$540.00 (4 hour minimum, billed at \$120.00 an hour, and \$60.00 travel expense), to be paid prior to the court appearance. If she is required to be at court longer than 4 hours, the time will be billed at \$120.00 per hour, including partial hours. There will be a charge of \$0.50 per page for any documents that Christy Findlay needs to print and bring to court.

In the event disclosure of your records or testimony is required by law, **payment will be expected from you, regardless of whose attorney subpoenas my involvement.** Client records will not be released without written consent, unless court-ordered to do so. **Please note: a subpoena does not constitute a court order**

CPS and/or COURT REPORTS

In the event that Christy Findlay is asked to produce a written report for Child Protective Services, or for a Court, it will be billed at a regular session rate of \$95.00.

E-MAILS, CELL PHONES, COMPUTERS, AND FAXES: It is very important to be aware that computers and unencrypted e-mail, texts, and e-faxes communication can be relatively easily accessed by unauthorized people and hence can compromise the privacy and confidentiality of such communication. E-mails, texts, and e-faxes, in particular, are vulnerable to such unauthorized access due to the fact that servers or communication companies may have unlimited and direct access to all e-mails, texts and e-faxes that go through them. It is always a possibility that e-faxes, texts, and email can be sent erroneously to the wrong address and computers. Please notify Christy Findlay if you decide to avoid or limit, in any way, the use of e-mail, texts, cell phones calls, phone messages, or e-faxes. If you communicate confidential or private information via unencrypted e-mail, texts or e-fax or via phone messages, she will assume that you have made an informed decision, will view it as your agreement to take the risk that such communication may be intercepted, and she will honor your desire to communicate on such matters. Please do not use texts, e-mail, voice mail, or faxes for emergencies.

RECORDS AND YOUR RIGHT TO REVIEW THEM: Both the law and the standards of Christy Findlay's profession require that she keep treatment records for at least 5 years. Unless otherwise agreed to be necessary, Christy Findlay retains clinical records only as long as is mandated by Texas law. If you have concerns regarding the treatment records, please discuss them with Christy Findlay. As a client, you have the right to review or receive a summary of your records at any time, except in limited legal or emergency circumstances or when Christy Findlay assesses that releasing such information might be harmful in any way. When more than one client is involved in treatment, such as in cases of couple and family therapy, Christy Findlay will release records only with signed authorizations from all the adults (or all those who legally can authorize such a release) involved in the treatment.

TELEPHONE & EMERGENCY PROCEDURES: If you need to contact Christy Findlay between sessions, please leave a message with Jennifer at (972) 943-0400 and your call will be returned as soon as possible. If an emergency situation arises, indicate it clearly in your message and if you need to talk to someone right away call Psychiatric Emergency Services at (866) 260-8000 and/or the Police: 911.

PAYMENTS & INSURANCE REIMBURSEMENT: Counseling is an investment towards your overall mental health. The initial session is \$125.00, for ongoing sessions, there are two options: a 50 minutes session for \$110.00, or a 90 minute session for \$165.00, two hour sessions will be \$220.00. Clients who wish to file insurance should remember that professional services are rendered and charged to the clients and not to the insurance companies. Christy Findlay will provide you with a copy of your receipt at the end of each session, which you can then submit to your insurance company for possible

reimbursement, if you so choose. As was indicated in the section, *Health Insurance & Confidentiality of Records*, you must be aware that submitting a mental health invoice for reimbursement carries a certain amount of risk. Not all issues/conditions/problems, which are dealt with in psychotherapy, are reimbursed by insurance companies. It is your responsibility to verify the specifics of your coverage.

FOR INSURED CLIENTS: The only insurance accepted by Christy Findlay is Blue Cross Blue Shield, Choice PPO. Not all issues/conditions/problems, which are dealt with in psychotherapy, are reimbursed by insurance companies. In order to file a claim with the insurance provider, the client must present with a mental diagnosis. I will make fee adjustments according to my contract with an insurance carrier. Any contractually agreed charges that are not paid are the responsibility of the client or responsible party. If I do not have a contract, my full fees will be charged. Anything not paid for by the insurance company is charged to the client or responsible party. I will file a claim for the services rendered to your insurance company that I am a provider. However, please remember, I do not work for any insurance companies. I work for my clients. Accordingly, failure on the part of your insurance company to honor any payment agreement, process an authorization request or claim, add unexpected limitations to your policy, etc. leaves you, responsible for any unpaid charges.

I acknowledge & agree to pay Christy Findlay, M.S., LPC, the following fees per each service provided to me by Christy Findlay (includes co-pays & co-insurances) In so doing, I consent for Christy to provide requested information to my insurance company in order to secure payment from the company for services rendered:

(initial)

Initial Diagnostic Evaluation: \$125.00

Individual Session: \$110.00

Family/Couples Session: \$110.00

THE PROCESS OF THERAPY/EVALUATION AND SCOPE OF PRACTICE: Participation in therapy can result in a number of benefits to you, including improving interpersonal relationships and resolution of the specific concerns that led you to seek therapy. Working toward these benefits, however, requires effort on your part. Psychotherapy requires your very active involvement, honesty, and openness in order to change your thoughts, feelings, and/or behavior. Christy Findlay will ask for your feedback and views on your therapy, its progress, and other aspects of the therapy and will expect you to respond openly and honestly. Sometimes more than one approach can be helpful in dealing with a certain situation. During evaluation or therapy, remembering or talking about unpleasant events, feelings, or thoughts can result in you experiencing considerable discomfort or strong feelings of anger, sadness, worry, fear, etc., or experiencing anxiety, depression, insomnia, etc. Christy Findlay may challenge some of your assumptions or perceptions or propose different ways of looking at, thinking about, or handling situations, which can cause you to feel very upset, angry, depressed, challenged, or disappointed. Attempting to resolve issues that brought you to therapy in the first place, such as personal or interpersonal relationships, may result in changes that were not originally intended. Psychotherapy may result in decisions about changing behaviors, employment, substance use, schooling, housing, or relationships. Sometimes a decision that is positive for one family member is viewed quite negatively by another family member. Change will sometimes be easy and swift, but more often it will be slow and

even frustrating. There is no guarantee that psychotherapy will yield positive or intended results. During the course of therapy, Christy Findlay is likely to draw on various psychological approaches according, in part, to the problem that is being treated and her assessment of what will best benefit you. These approaches include, but are not limited to: Solution Focused, Behavioral, Cognitive-Behavioral, Psychodynamic, Existential, System/Family, developmental (adult, child, family), humanistic or psycho-educational. Christy Findlay **provides neither custody evaluation recommendations** nor medication or prescription recommendations nor legal advice, as these activities do not fall within her scope of practice.

TREATMENT PLANS: Within a reasonable period of time after the initiation of treatment, Christy Findlay will discuss with you her working understanding of the problem, treatment plan, therapeutic objectives, and her view of the possible outcomes of treatment. If you have any unanswered questions about any of the procedures used in the course of your therapy, their possible risks, Christy's expertise in employing them, or about the treatment plan, please ask and you will be answered fully. You also have the right to ask about other treatments for your condition and their risks and benefits.

TERMINATION: As set forth above, after the first couple of meetings, Christy Findlay will assess if she can be of benefit to you. Christy Findlay does not work with clients who, in her opinion, she cannot help. In such a case, if appropriate, she will give you referrals that you can contact. If at any point during psychotherapy Christy Findlay either assesses that she is not effective in helping you reach the therapeutic goals or perceived you as non-compliant or non-responsive, and if you are available and/or it is possible and appropriate to do, she will discuss with you the termination of treatment and conduct pre-termination counseling. In such a case, if appropriate and/or necessary, she would give you a couple of referrals that may be of help to you. You have the right to terminate therapy and communication at any time.

COUNSELING RELATIONSHIPS: The relationship that exists between a therapist and a client is professional rather than social. Therefore, contact with Christy Findlay, LPC will only take place in the context of the provision of a professional service. Therapist are not allowed to accept gifts, are unable to write references for you, and are unable to relate to a client in any way other than the professional context of counseling sessions. If Christy Findlay, LPC, sees you in public, she will protect your confidentiality by acknowledging you only if you approach your therapist first. Counseling sessions are approximately 90 minutes or 50 minutes depending on the client. Christy Findlay, LPC may discuss cases with other therapist, but will maintain confidentiality. Therapy services will be rendered in a professional manner consistent with accepted legal and ethical standards.

CANCELLATION: Since the scheduling of an appointment involves the reservation of time and booking a room specifically for you, a minimum of 24 hours' notice is required for re-scheduling or canceling an appointment. Unless we reach a different agreement, the full fee will be charged to the credit card on file for sessions missed without such notification. **Initial Here**

**I have read the above Informed Consent for Psychotherapy carefully;
I understand them and agree to comply with them:**

Client's Name (print) _____
Signature _____ Date _____

Client's Name (print) _____
Signature _____ Date _____

Psychotherapist's Name (print) Christy Findlay, M.S., LPC, NCC
Signature _____ Date _____