



3495 Piedmont Rd. NE, Bldg. 11, Ste. 708 • Atlanta, GA 30305 • Tel: 678-557-0822 •
Web: www.perspectivesatlanta.com

Welcome to Perspectives Counseling! I'm glad you've made the choice for personal growth. While it's a difficult first step to take, your courage to move forward will bring lasting effects. I hope you'll enjoy the journey!

If you haven't already done so, you may wish to take a moment to view our website at www.perspectivesatlanta.com for information about counseling, fees, and directions. Prior to your first visit, please complete the new client paperwork below and either submit it via email or bring a hard copy to your appointment. I will review important aspects of this paperwork (including HIPAA) in person, but also feel free to ask me for clarification if needed.

Perspectives Counseling is located in The Fountains at Piedmont Center in the heart of Buckhead. Our address is: 3495 Piedmont Rd. NE, Building 11, Suite 708, Atlanta, GA 30305. Some GPS devices find the address to 3495 Piedmont *Avenue*, but this will take you to downtown Atlanta, so you may wish to double check your directions unless you'd prefer an excursion to the Fox Theatre! Once you turn in to The Fountains at Piedmont Center, take the first right and park in the parking deck ahead. We are located in Building 11, Suite 708 in the {Simplified} Counseling office. Enjoy the ambiance of our lobby, and I will greet you at your appointed time.

If you have any questions or concerns, please do not hesitate to contact me at 678-557-0822 or Kristen@perspectivesatlanta.com. I look forward to meeting you soon!

Warm regards,

Kristen

Kristen Aycock, Ph.D.
Licensed Psychologist

Welcome! Please provide the following information for our records. Leave blank any question you would rather not answer. Information you provide here is held to the same standards of confidentiality as our therapy.

Name: _____

Birth Date: ____ / ____ / ____ Age: _____

Gender: Male Female Transgender Other

Sexual Orientation: Straight Gay Lesbian Bisexual Other Prefer not to answer

Race/Ethnicity: _____

Primary Relationship Status:

Single Partnered Married Separated Divorced Widowed

Number of Children: _____

Persons living with you: _____

Local Address: _____

(Street and Number)

(City) (State) (Zip)

Home Phone: () _____ May we leave a message? Yes No

Cell/Other Phone: () _____ May we leave a message? Yes No

E-mail: _____ May we email you? Yes No

*Please be aware that email might not be confidential.

Referred by: _____

May we thank your referral? Yes No

Are you currently receiving psychiatric services, treatment for any mental health/substance abuse issue, professional counseling, or psychotherapy elsewhere? Yes No

Have you had previous psychotherapy?

No Yes, at previous therapist's name _____

Are you currently taking prescribed psychiatric medication (antidepressants or others)?
 Yes No If Yes, please list: _____

If no, have you been prescribed psychiatric medication previously?
 Yes No If Yes, please list: _____

HEALTH AND SOCIAL INFORMATION

1. How is your physical health at present? (please circle)
Poor Unsatisfactory Satisfactory Good Very good

2. Please list any persistent physical symptoms or health concerns (e.g. chronic pain, headaches, hypertension, diabetes, etc.):

3. Are you having any problems with your sleep habits? No Yes
If yes, check where applicable:
 Sleeping too little Sleeping too much Poor quality sleep Disturbing dreams
 Other _____

4. How many times per week do you exercise? _____
Approximately how long each time? _____

5. Are you having any difficulty with appetite or eating habits? No Yes
If yes, check where applicable: Eating less Eating more Bingeing Restricting Purging
Have you experienced significant weight change in the last 2 months? No Yes

6. In a typical month, how often do you have 4 or more drinks in a 24-hour period? _____

7. How often do you engage in recreational drug use?
 Daily Weekly Monthly Rarely Never

8. Have you had suicidal thoughts recently? Frequently Sometimes Rarely Never
Have you had them in the past? Frequently Sometimes Rarely Never

9. Are you currently in a romantic relationship? No Yes
If yes, how long have you been in this relationship? _____
On a scale of 1-10, how would you rate the quality of your current relationship? _____

10. In the last year, have you experienced any significant life changes or stressors?: No Yes
If Yes, please list:

Have you ever experienced:

Extreme depressed mood: No Yes
Wild Mood Swings: No Yes
Rapid Speech: No Yes
Extreme Anxiety: No Yes
Panic Attacks: No Yes
Phobias: No Yes
Sleep Disturbances: No Yes
Hallucinations: No Yes
Unexplained losses of time: No Yes

Unexplained memory lapses: No Yes
Alcohol/Substance Abuse: No Yes
Frequent Body Complaints: No Yes
Eating Disorder: No Yes
Body Image Problems: No Yes
Repetitive Thoughts : No Yes
Repetitive Behaviors : No Yes
Homicidal Thoughts: No Yes
Suicide Attempt: No Yes

OCCUPATIONAL INFORMATION:

Are you currently employed? No Yes
If yes, who is your current employer/position? _____
If yes, are you happy at your current position? _____
Please list any work-related stressors, if any: _____

RELIGIOUS/SPIRITUAL INFORMATION:

Do you consider yourself to be religious? No Yes
If yes, what is your faith? _____
If no, do you consider yourself to be spiritual? No Yes

FAMILY MENTAL HEALTH HISTORY:

Has anyone in your family (either immediate family members or relatives) experienced difficulties with the following? (check any that apply and list family member, e.g., Sibling, Parent, Uncle, etc.):

Depression: No Yes _____
Bipolar Disorder: No Yes _____
Anxiety Disorders: No Yes _____
Panic Attacks: No Yes _____
Schizophrenia: No Yes _____
Alcohol/Substance Abuse: No Yes _____
Eating Disorders: No Yes _____
Learning Disabilities: No Yes _____
Trauma History: No Yes _____
Suicide Attempts: No Yes _____

Please list siblings and their ages, if applicable: _____

Please read the list below and check the items of concern to you.

1. Concern regarding another person	16. Shyness, being assertive
2. Schoolwork/Employment	17. Anxiety, fears, worries
3. Procrastination, getting motivated	18. Irritability, anger, hostility
4. Adjustment/life transition	19. Physical stress
5. Test anxiety/speech anxiety	20. Sleep problems
6. Relationship with peers	21. Eating problems
7. Relationship with romantic partner	22. Alcohol and or drugs
8. Family relationship	23. Depression
9. Grief/loss of significant person	24. Parental substance use
10. Sexual concerns	25. Religious/Spiritual concerns
11. Sexuality concerns	26. Financial concerns
12. Racial identity	27. Relationship violence
13. Physical, sexual, verbal abuse	28. Trauma
14. Self-esteem, self-confidence	29. Body image concerns
15. Loneliness, homesickness	30. Other:

What efforts have you made to deal with these concerns?

_____ What are some of your desired outcomes for the therapy process?

Is there anything else you would like for me to know?

INFORMATION, AUTHORIZATION, & CONSENT TO TREATMENT

Welcome to Perspectives Counseling. We are very pleased that you selected our facility for your therapy, and we are sincerely looking forward to assisting you. This document is designed to inform you about what you can expect from your therapist or group leader, policies regarding confidentiality and emergencies, and several other details regarding your treatment here at Perspectives Counseling. Although providing this document is part of an ethical obligation to our profession, more importantly, it is part of our commitment to you to keep you fully informed of every part of your therapeutic experience. Please know that your relationship with your therapist or group leader is a collaborative one, and we welcome any questions, comments, or suggestions regarding your course of therapy at any time.

Background Information, Theoretical Views, & Client Participation

Information regarding your therapist's educational background and experience may be found on our website under his or her name. Please feel free to view that information at www.perspectivesatlanta.com.

It is our belief that as people become more aware accepting of themselves, they are more capable of finding a sense of peace and contentment in their lives. However, self-awareness and self-acceptance are goals that may take a long time to achieve. Some clients need only a few sessions to achieve these goals, whereas others may require months or even years of therapy. As a client, you are in complete control, and you may end your relationship with your therapist/group leader at any point.

In order for therapy to be most successful, it is important for you to take an active role. This means working on the things you and your therapist talk about both during and between sessions. This also means avoiding any mind-altering substances like alcohol or non-prescription drugs for at least eight hours prior to your therapy sessions. Generally, the more of yourself you are willing to invest, the greater the return.

Furthermore, it is our policy to only see clients who we believe have the capacity to resolve their own problems with our assistance. It is our intention to empower you in your growth process to the degree that you are capable of facing life's challenges in the future without your therapist. We also don't believe in creating dependency or prolonging therapy if the therapeutic intervention does not seem to be helping. If this is the case, your therapist will direct you to other resources that will be of assistance to you. Your personal development is our number one priority. We encourage you to let us know if you feel that transferring to another facility or another therapist is necessary at any time. Our goal is to facilitate healing and growth, and we are very committed to helping you in whatever way seems to produce maximum benefit.

Confidentiality & Records

Your communications with your therapist will become part of a clinical record of treatment, and it is referred to as Protected Health Information (PHI). Your PHI will be kept in a file stored in a locked cabinet in our locked business office. Additionally, your therapist will always keep everything you say to him or her completely confidential, with the following exceptions: (1) you direct your therapist to tell someone else and you sign a "Release of Information" form; (2) your therapist determines that you are a danger to yourself or to others; (3) you report information about the abuse of a child, an elderly person, or a disabled individual who may require protection; or (4) your therapist is ordered by a judge to disclose information. In the latter case, your therapist's license does provide him or her with the ability to uphold what is legally termed "privileged communication." Privileged communication is your right as a client to have a confidential relationship with a counselor. This state has a very good track record in respecting this legal right. If for some unusual reason a judge were to order the disclosure of your private information, this order can be appealed. We cannot guarantee that the appeal will be sustained, but we will do everything in our power to keep what you say confidential.

Please note that in couple's counseling, your therapist does not agree to keep secrets. Information revealed in any context may be discussed with either partner.

Structure and Cost of Sessions

Your therapist agrees to provide psychotherapy for the fee of \$175 per 45 minute session or \$200 per 45 minute session after hours, unless otherwise negotiated by you and your therapist. Doing psychotherapy by telephone is not ideal, and needing to talk to your therapist between sessions may indicate that you need extra support. If this is the case, you and your therapist will need to explore adding sessions or developing other resources you have available to help you. Telephone calls and emails that exceed 10 minutes in duration will be billed at \$30 per 10 minute increments. The fee for each session will be due at the conclusion of the session. Cash, personal checks, Visa, MasterCard, or Discover are acceptable for payment, and we will provide you with a receipt of payment at your request. The receipt of payment may also be used as a statement for insurance if applicable to you. Please note that there is a \$30 fee for any returned checks.

Insurance companies have many rules and requirements specific to certain plans. Unless otherwise negotiated, it is your responsibility to find out your insurance company's policies and to file for insurance reimbursement. We will be glad to provide you with a statement for your insurance company and to assist you with any questions you may have in this area.

Cancellation Policy

An appointment represents time reserved personally for you. **In the event that you are unable to keep an appointment, you must notify your therapist at least 24 hours in advance. If such advance notice is not received, you will be charged the full fee for your session.** This fee will be waived in cases of emergencies.

In Case of an Emergency

Perspectives Counseling is considered to be an outpatient facility, and we are set up to accommodate individuals who are reasonably safe and resourceful. We do not carry pagers nor are we available at all times. If at any time this does not feel like sufficient support, please inform your therapist, and he or she can discuss additional resources or transfer your case to a therapist or clinic with 24-hour availability. Generally, your therapist will return phone calls within 24 to 48 hours. If you have a mental health emergency, we encourage you not to wait for a call back, but to do one or more of the following:

- Call Behavioral Health Link/GCAL: 800-715-4225
- Call Ridgeview Institute at 770.434.4567
- Call Peachford Hospital at 770.454.5589
- Call 911.
- Go to your nearest emergency room.

Professional Relationship

Psychotherapy is a professional service we will provide to you. Because of the nature of therapy, your relationship with your therapist has to be different from most relationships. It may differ in how long it lasts, the objectives, or the topics discussed. It must also be limited to only the relationship of therapist and client. If you and your therapist were to interact in any other ways, you would then have a "dual relationship," which could prove to be harmful to you in the long run and is, therefore, unethical in the mental health profession. Dual relationships can set up conflicts between the therapist's interests and the client's interests, and then the client's (your) interests might not be put first. In order to offer all of our clients the best care, your therapist's judgment needs to be unselfish and purely focused on your needs. This is why your relationship with your therapist must remain professional in nature.

Additionally, there are important differences between therapy and friendship. Friends may see your position only from their personal viewpoints and experiences. Friends may want to find quick and easy solutions to your problems so that they can feel helpful. These short-term solutions may not be in your long-

term best interest. Friends do not usually follow up on their advice to see whether it was useful. They may *need* to have you do what they advise. A therapist offers you choices and helps you choose what is best for you. A therapist helps you learn how to solve problems better and make better decisions. A therapist's responses to your situation are based on tested theories and methods of change.

You should also know that therapists are required to keep the identity of their clients confidential. As much as your therapist would like to, for your confidentiality he or she will not address you in public unless you speak to him or her first. Your therapist also must decline any invitation to attend gatherings with your family or friends. Lastly, when your therapy is completed, your therapist will not be able to be a friend to you like your other friends. In sum, it is the duty of your therapist to maintain a professional role at all times. Please note that these guidelines are not meant to be discourteous in any way, they are strictly for your long-term protection.

Statement Regarding Ethics, Client Welfare, & Safety

Perspectives Counseling assures you that our services will be rendered in a professional manner consistent with the ethical standards of the American Psychological Association, the American Counseling Association, and the American Association for Marriage and Family Therapy. If at any time you feel that your therapist is not performing in an ethical or professional manner, we ask that you please let him or her know immediately. If the two of you are unable to resolve your concern, please contact Dr. Kristen Aycock at 678-557-0822. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. Dr. Aycock can provide you with the appropriate address upon request.

Due to the very nature of psychotherapy, as much as we would like to guarantee specific results regarding your therapeutic goals, we are unable to do so. However, your therapist, with your participation, will work to achieve the best possible results for you. Please also be aware that changes made in therapy may affect other people in your life. For example, an increase in your assertiveness may not always be welcomed by others. It is our intention to help you manage changes in your interpersonal relationships as they arise, but it is important for you to be aware of this possibility nonetheless.

Additionally, at times people find that they feel somewhat worse when they first start therapy before they begin to feel better. This may occur as you begin discussing certain sensitive areas of your life. However, a topic usually isn't sensitive unless it needs attention. Therefore, discovering the discomfort is actually a success. Once you and your therapist are able to target your specific treatment needs and the particular modalities that work the best for you, help is generally on the way.

Technology Statement

In our ever-changing technological society, there are several ways we could potentially communicate and/or follow each other electronically. It is of utmost importance to us that we maintain your confidentiality, respect your boundaries, and ascertain that your relationship with your therapist remains therapeutic and professional. Therefore, we've developed the following policies:

Cell phones: It is important for you to know that cell phones may not be completely secure and confidential. However, we realize that most people have and utilize a cell phone. Your therapist may also use a cell phone to contact you. If this is a problem, please feel free to discuss this with your therapist.

Text Messaging and Email: Both text messaging and emailing are not secure means of communication and may compromise your confidentiality. However, we realize that many people prefer to text and/or email because it is a quick way to convey information. If you choose to utilize texting or email, please discuss this with your therapist. **However, please know that it is our policy to utilize these means of communication strictly for brief topics such as appointment confirmations.** Please do not bring up any therapeutic content via text or email to prevent compromising your confidentiality. **You also need to know that we are required to keep a copy of all emails and texts as part of your clinical record.**

Facebook, LinkedIn, Instagram, Pinterest Etc: It is our policy not to accept requests from any current or former client on social networking sites such as Facebook, LinkedIn, Instagram, Pinterest, etc. because it may compromise your confidentiality.

Google, etc.: It is our policy not to search for our clients on Google or any other search engine. We respect your privacy and make it a policy to allow you to share information about yourself to your therapist as you feel appropriate. If there is content on the Internet that you would like to share with your therapist for therapeutic reasons, please print this material out and bring it to your session.

Twitter & Blogs: We may post psychology news on Twitter or write an entry on a blog. If you have an interest in following either of these, please let your therapist know so that he/she may discuss any potential implications to your therapeutic relationship. Once again, maintaining your confidentiality is a priority. We would recommend using an RSS feed or locked Twitter list, which would eliminate you having a public link to our content.

In summary, technology is constantly changing, and there are implications to all of the above that we may not realize at this time. Please feel free to ask questions, and know that we are open to any feelings or thoughts you have about these and other modalities of communication.

Our Agreement to Enter into a Therapeutic Relationship

We are sincerely looking forward to facilitating you on your journey toward healing and growth. If you have any questions about any part of this document, please ask your therapist.

Please print this page, date, and sign your name below indicating that you have read and understand the contents of this form, you agree to the policies of your relationship with your therapist/group leader, and you are authorizing your therapist/group leader to begin treatment with you.

Client Name (Please Print)

Date

Client Signature

If Applicable:

Parent's or Legal Guardian's Name (Please Print)

Date

Parent's or Legal Guardian's Signature

The signature of the Therapist below indicates that she or he has discussed this form with you and has answered any questions you have regarding this information.

Therapist's Signature

Date