***THE COUNSELING CENTER @***

***Client Questionnaire***

Date: Referred by:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Name(s) (please print) Spouse/Other Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation Spouse/Other Occupation

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone # Work Phone # Spouse/ Other Phone # Spouse/Other Phone #

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address Spouse/ Other Street Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City State Zip City State Zip

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth Spouse/Other Date of Birth

Marital Status (circle one): Single Engaged Married Separated Divorced Remarried

List members of your family and/or all others living in your home:

**Name**  **Sex Age Relationship to you Occupation**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Briefly describe your reason for seeking help:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When were you last examined by a physician?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List any major health problems for which you currently receive treatment:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List all medications you are now taking:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever received psychiatric or psychological treatment or counseling before? Yes No

If yes, please give name(s) of provider(s), location(s) and treatment date(s):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please check all of the symptoms that pertain to you (first check) and/or your spouse/other (second check):

\_\_\_ \_\_\_ Nervous \_\_\_ \_\_\_ Sexual Problems \_\_\_ \_\_\_ Fears

\_\_\_ \_\_\_ Shyness \_\_\_ \_\_\_ Divorce \_\_\_ \_\_\_ Suicidal Thoughts

\_\_\_ \_\_\_ Separation \_\_\_ \_\_\_ Alcohol Use \_\_\_ \_\_\_ Financial Concerns

\_\_\_ \_\_\_ Drug Use \_\_\_ \_\_\_ Impulse-Control \_\_\_ \_\_\_ Trouble with Friends

\_\_\_ \_\_\_ Anger \_\_\_ \_\_\_ Stress \_\_\_ \_\_\_ Unhappiness

\_\_\_ \_\_\_ Sleep \_\_\_ \_\_\_ Headaches \_\_\_ \_\_\_ Problems at Work

\_\_\_ \_\_\_ Relaxation \_\_\_ \_\_\_ Memory Problems \_\_\_ \_\_\_ Tiredness

\_\_\_ \_\_\_ Legal Matters \_\_\_ \_\_\_ Insomnia \_\_\_ \_\_\_ Lack of Ambition

\_\_\_ \_\_\_ Energy \_\_\_ \_\_\_ Inferiority Feelings \_\_\_ \_\_\_ Trouble with Decisions

\_\_\_ \_\_\_ Loneliness \_\_\_ \_\_\_ Career Choices \_\_\_ \_\_\_ Lack of Concentration

\_\_\_ \_\_\_ Education \_\_\_ \_\_\_ Nightmares \_\_\_ \_\_\_ Health Concern(s)

\_\_\_ \_\_\_ Temper \_\_\_ \_\_\_ Appetite Changes \_\_\_ \_\_\_ Marriage Problems

\_\_\_ \_\_\_ Trouble with Children \_\_\_ \_\_\_ Problems with Parents \_\_\_ \_\_\_ Stomach Trouble

\_\_\_ \_\_\_ Bowel Troubles \_\_\_ \_\_\_ Problems being a Parent \_\_\_ \_\_\_ Troubling Thoughts

**Do you agree with the conditions and provisions of this Practice Policy? Yes\_**  **No\_** 

**I give permission for the therapist to correspond with me via text and/or email. Yes\_**  **No\_** 

 **email only**  **text only** 

**May we contact you at work? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ May we leave messages for you at work? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Person(s) to be contacted in case of emergency:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name Relationship to You Phone number**

***I have/will read the practice policies and the HIPPA privacy notice and agree to abide by the terms.***

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Responsible Party Date**

***C3 Counseling Center Practice Policies***

***About Us:***

* The Counseling Center director is Dr. Bruce A. McCurdy who is a practicing licensed psychologist.
* We are available during normal office hours Monday - Friday (9AM – 4PM).
* Most often, Kyle is the best person to contact with initial questions about counseling and the next step to get started with us. You can contact him via phone at (865)-228-1897 or via email at kbcruze.mft@gmail.com
* Currently we have five full- or part-time licensed mental health professionals and one graduate student intern available to serve your needs.

***Appointments:***

* Our services are by appointment only.
* The length of the appointment varies on the basis of services provided. Individual therapy is generally for 45 to 50 minutes, and this is known as the “clinical hour”.
* Cancelation policy: For our private pay clients, there is a $60.00 no-show fee for appointments which are not canceled within 24 hours or for an emergency.

***Messages:***

* Phone Messages: as we work together, you will notice that we do not accept phone calls while we are with our clients. During those times and at other times during the day or evening, our calls are answered electronically. We check for messages frequently during the day and are able to return 90 to 95 percent of our calls the same day. If we anticipate that greater availability is necessary from us to adequately meet your needs, special arrangements can be made for additional services.
* If you have an emergency and are unable to reach us, you may obtain assistance by calling the Crisis Help Line at 615-244-7444, the YW Domestic Violence Center at 615-242-1199, or by going to your local hospital emergency room.
* Text messages and email are used for brief information and administrative purposes. It is important for our clients to understand that text messaging and email is not a secure mode of communication. The correspondence is at a risk of being intercepted, can be monitored by others, stored on a device, sent to non-intended individuals and human error could result in someone else receiving communication other than the intended therapist. By signing that you have read this document, you are acknowledging that you understand that it is your responsibility to keep your emails and text messages private to the extent that you want to keep them private.
* Digital Sessions: No substantial therapy will be done by phone, email or text unless discussed ahead of time.

***Initial Contact:***

 Our first appointment is often called an “intake session” and most often lasts two hours. This appointment is scheduled for you to discuss your concerns and problems from your point of view. There may be a time during this appointment to obtain historical and other background data or this information may be gathered at subsequent sessions. In times of crisis, the usual format for the initial evaluation is not followed in the hope that the time might be used to resolve or relieve the immediate crisis. As part of the initial evaluation, new clients may be requested to complete a questionnaire concerning their beliefs, experiences, thoughts and feelings.

***Counseling:***

 We expect and encourage you to obtain knowledge of the process, goals and possible side effects of the counseling. We expect to make our counseling give you the maximum benefit, and we will also keep you informed about alternatives to our counseling.

 Counseling may be tremendously beneficial for some individuals, while at the same time there are some risks. The risks may include the experience of intense and unwanted feelings, including sadness, fear, anger, guilt or anxiety. It is important to remember that these feelings may be natural and normal and are an important part of the counseling process. Other risks of counseling may include: recalling unpleasant life events, facing unpleasant thoughts and beliefs, increased awareness of feelings, values and experiences, alteration of an individual’s thinking, calling into question some or even many of your beliefs and values.

As your counselors, we will be available to discuss any of your assumptions, problems or possible negative side effects of our work together.

Infrequently, a patient’s distress remains or becomes so high that hospitalization or the use of medication must be considered. We are not physicians and consequently do not prescribe medication; however, at times we may encourage you to consider hospitalization. In cases where hospitalization and/or medication may be required, this will be discussed in advance with you and if necessary, with other responsible parties. We work with several psychiatrists in the area, and we often collaborate on the issues of medication, hospitalization and second opinions; in this way your needs are better served.

***Psychological Assessment:***

In addition to any questionnaire administered as a part of the initial evaluation, it is often beneficial to conduct a “formal” psychological assessment and/or testing in the early stages of therapeutic services or in consultation for others. The decision to assess using psychological instruments will be discussed with you in advance, and the discussion will include the nature of the tests to be used, the rationale for the testing, and if warranted, the results of the testing. Accurate and valid results are obtained from psychological assessments and testing only when the client is willing to cooperate, motivated to do well and provides the “right answers”. As such, professional ethics in Tennessee law mandate that the psychological tests themselves are not distributed to clients at any time. It may be necessary to schedule a 3 to 4 hour block of time in order to accomplish a single testing and it is important to recognize that for every hour spent in face to face contact, another hour may be spent in test scoring, data interpretation and report writing. If you request, the results of the testing will be discussed. A written report can also be provided; however, written reports require additional time to prepare and are more expensive to the client.

***Client Rights:***

At any time you may question and/or refuse our counseling or diagnostic procedures or methods, or gain whatever information you wish to know about the process and course of the counseling. Our clients are given the respect of the highest level of confidentiality. There are, however, important exceptions to confidentiality that are legally mandated. In general terms, these exceptions require: 1.) that we notify relevant others if we judge that a client has any intention to harm either themselves or another individual; 2.) report any incident of suspected child abuse, neglect, or molestation in order to protect the child, children or vulnerable adult involved; 3.) that in legal cases, we or our records may be subpoenaed by the court. Confidentiality will be respected in all cases, except as noted above. In those additional cases where in our judgment the maintenance of confidentiality is, in fact, destructive to you, we will inform you of our concern, and you will have the final decision as to whether or not we maintain confidentiality. When needed, you will be asked to sign a “Consent for Release of Confidential Information” form which will allow us to discuss your evaluation and/or treatment with others (e.g. physicians, previous counselors, etc.). If you wish, you may also limit the time of release by an expiration date, and/or limit what we have permission to discuss by writing these instructions on the release form.

***Professional Boundaries and Social Media******Policy:***

The professional codes of ethics that govern all of our licenses emphasize the protection of our therapeutic work together. Due to the importance of your confidentiality and the importance of minimizing any negative impact of dual relationships, we will not accept friend or contact requests from current or former clients on any social media networking sites (Facebook, Instagram, Twitter, etc.). We believe that adding clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship.

***Case Consultation:***

 For the purpose of providing you with the best care, we may periodically discuss your case with another licensed professional without disclosing your identity either by name or facts.

***Termination:***

Termination of counseling may occur at any time and may be initiated by either the client or the counselor. We request that if a decision to terminate is being made, that there be a minimum of a seven-day notice in order that a final termination session or process may be scheduled to explore the reasons for termination. Termination itself can be a constructive, useful process. If any referral is warranted, it will be made at that time. Additionally, medical records are retained for ten years, unlike psychotherapy notes which will not be retained after termination of treatment.

***Clients Who Are Dependents:***

If you are requesting our services as the guardian or parent of a child, or the guardian of a dependent adult, the same general practice as outlined above will apply. However, as your child’s counselor, it is important that your child be able to completely trust us. As such, we keep confidential what your child says in the same way that we keep confidential what an adult says. As the parent or guardian, you have the right and responsibility to question and understand the nature of our activities and progress with your child, and we must use our discretion as to what an appropriate disclosure is. In general, we will not release specific information that the child provides to us; however, we feel it is appropriate to discuss your child’s progress in broader terms and value your participation in their counseling experience.

***Charges:***

Our standard fee for a one-hour counseling session is $145.00 (and for members of Christ Community Church our fee is $100.00). Because we want to provide counseling services to as many members and friends of Christ Community Church as we can, a sliding scale is available for those who are unable to afford the full rate. If you need to use the sliding scale to establish a reduced fee, you will be asked to complete a brief application during the initial session. You will be asked to indicate your annual household income and then be charged the rate that coincides with your scaled range. Please understand that our sliding scale is based on an honor system. In order to help as many people as we can, we request that you monitor and adjust the amount of your fees when and if your ability to pay changes.

 Our charges are based on a 45 to 50-minute counseling hour. The fee also includes our time on your behalf, including record keeping and preparation. We encourage you to discuss fees at any time, and we ask that you pay for services at the time of the session, unless other arrangements have been made in advance. We request that your check for payment be made out in advance so that our entire time may be spent attending to your concerns. When a psychological report is sent to a third party, payment in full is necessary prior to release of the report.

***Insurance:***

 If you have a health insurance plan, your visits may be reimbursed by your insurance company. Depending on the parameters of your insurance policy and nature of your counseling issues, your counseling fees may or may not be covered. If you are expecting to be reimbursed by your insurance carrier, please be sure to discuss this thoroughly with your counselor during the initial session. Since you have a contract with your health insurance carrier, it has been our experience that they are more responsive to you, the insured, than to us, the providers. Therefore, we prefer you file your own claims, but will be glad to assist you with any part that involves us. Insurance forms that require information from us must first be completely filled out in all of the appropriate places by you. We will then complete our section. Your insurance company probably requires diagnostic and treatment information before reimbursing you. We will release that information to them with your written permission. If you wish, we will be happy to discuss with you the “diagnosis” that we are releasing to your insurance carrier. While a client’s diagnosis is very sensitive information and is generally treated as such by insurance carriers, we cannot guarantee how any particular insurance carrier or employer respects this information. If you prefer that we not release information to your insurance carrier for reimbursement purposes, or if your insurance carrier fails to reimburse you in a manner which you expect, you will remain responsible to the fee for services.

Again, welcome and we look forward to our work together, and anticipate that it will be a very blessed and beneficial process for both you and us.