|  |  |  |
| --- | --- | --- |
|  | **Client** | **Spouse / Partner (if applicable)** |
| Full name |  |  |
| Date of birth |  |  |
| Age |  |  |
| Sex (circle) | Male Female | Male Female |
| Marital Status (Circle) | Single Married Divorced Separated Widowed | Single Married Divorced Separated Widowed |
| Phone | Home |   |  |
| Work |  |  |
| Cell |  |  |
| Email (optional) |  |  |
| Home Address |  |  |
| Employer | Company |  |  |
| Phone |  |  |
| Health Insurance Co. |  |  |
| Primary Person for Insurance |  |  |
| Referred by: (name of person or website) |  |  |
|  |
| Emergency Contact:  | Name |  |  |
| Phone  |  |  |
| Relationship |  |  |
| Physician | Name |  |  |
| Phone  |  |  |
|  |  |  |  |

Welcome! Please complete this form with care. On the wall of the waiting room in Suite 111, you will see a row of buttons. Find the name “Rosario” next to it and press it when you have completed the forms. This lets me know that you have arrived and are ready to begin.

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| **Children** | Name | Age | At home? (yes or no) |
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| --- | --- | --- | --- | --- |
| **CLIENT Medications and/or Recreational Drugs** | Medicationand/or Recreational Drugs | Reason for Taking | Dosage | Prescribing Doctor |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **SPOUSE OR PARTNER** **Medications****and/or Recreational Drugs** |  |  |  |  |
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|  |  |  |  |  |
| **PRIOR OR CURRENT COUNSELOR** (No contact will be made without your express permission) |  | Therapist | Individual or Couple | Duration (months & # of sessions) | Indicate Year and whether current |
| Client |  |  |  |  |
|  |  |  |  |
| Spouse / Partner |  |  |  |  |
|  |  |  |  |

Please indicate if you would like to address the following areas during therapy. This is NOT a commitment to do so but rather an initial indication of interest.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | Client |   | Spouse/Partner |
|  |  | Yes | No | Maybe |   | Yes | No | Maybe |
| FOUNDATIONAL |  |  |  |  |
| Anger management |  |   |   |   |   |   |   |   |
| Family of origin |  |   |   |   |   |   |   |   |
| Heal Relationship Wounds |  |   |   |   |   |   |   |   |
| Communication |  |   |   |   |   |   |   |   |
| Problem-solving |  |   |   |   |   |   |   |   |
| Intimacy (non-sexual) |  |   |   |   |   |   |   |   |
| Support of Each Other |  |   |   |   |   |   |   |   |
| Relationship Vision |  |   |   |   |   |   |   |   |
| TOPICAL |  |  |  |  |
| Parenting |  |   |   |   |   |   |   |   |
| Financial |  |   |   |   |   |   |   |   |
| Spiritual |  |   |   |   |   |   |   |   |
| Sleep |  |   |   |   |   |   |   |   |
| Sexual Intimacy |  |   |   |   |   |   |   |   |
| Jealousy and affairs |  |   |   |   |   |   |   |   |
| Roles, chores |  |   |   |   |   |   |   |   |
| Time management |  |   |   |   |   |   |   |   |
| In-laws |  |   |   |   |   |   |   |   |
| Blended family issues |  |   |   |   |   |   |   |   |
| Substance abuse |  |   |   |   |   |   |   |   |
| Domestic violence |  |   |   |   |   |   |   |   |
| Depression |  |   |   |   |   |   |   |   |
| Worry / Anxiety |  |   |   |   |   |   |   |   |
| Forgiveness |  |   |   |   |   |   |   |   |
| Honesty / Trust |  |   |   |   |   |   |   |   |
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| Please write in other areas…. |   |   |   |   |   |   |   |   |
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CONFIDENTIALITY

Therapy sessions are strictly confidential except:

* When Rosario A. Puga-Dempsey has reasonable suspicion of abuse of an elderly or dependent adult or a child,
* Instances of danger or threat of suicide or harm to oneself or to others,
* Instances of knowingly downloading, streaming, or accessing any medium in which a child is engaged in an act of obscene sexual conduct or any other form of child pornography,
* Certain legal situations, such as a court order, a court-ordered evaluation, or if you place your mental status at issue in litigation,
* When you submitting billing to your insurance provider or employee assistance program, this may allow the company to inquire about certain matters that have occurred during treatment.
* As a part of weekly, confidential clinical supervision with Dr. Harry Motro, or his affiliates, as required by the BBS for therapists at the Associate level.

PAYING FOR PSYCHOTHERAPY

**FEES:** Rosario A. Puga-Dempsey’s therapy fee is **$125.00 per 50 minute session** and is due at the beginning of each session. This fee may increase annually.

Any time spent on preparation time for legal issues, court time, depositions, time away due to depositions or testimony, travel time, filing documents and reports (including for Child Protective Services), preparing assessments and evaluations, insurance matters, or other related efforts are billed at $300/hour. All attorney fees and costs incurred by Rosario A. Puga-Dempsey as a result of the legal action will be charged to the client. A minimum daily charge for court appearance is $2,000. A retainer of $2,000 is due in advance.

**48 HOUR CANCELLATION POLICY:** Your therapy appointment time is exclusively reserved for you and is considered a firm commitment. One-time exceptions may be made for unforeseeable emergency or illness, otherwise payment in full will be due.  If one person in a couple/family is unable to attend a joint session, attending solo may be an option (please check with me first). Please be aware that insurance companies do not reimburse for missed sessions.

**PROMPTNESS:** In order to respect the value of your time, Rosario A. Puga-Dempsey works hard to begin each session promptly at the appointed time. Your session will end at the scheduled time if you arrive late. If Rosario A. Puga-Dempsey begins a session late due to a rare emergency, the session will be extended to provide the full 50 minute session. Neither Rosario A. Puga-Dempsey nor you is expected to wait longer than 15 minutes past the scheduled time for the start of the session unless there has been previous notice.

**INSURANCE:** Rosario A. Puga-Dempsey does not bill insurance companies directly, but upon your request, will provide you with a statement of receipt to submit to your insurance company for reimbursement.

THERAPY

**SCHEDULE:** Initially, sessions will be at a regular time **at least once per week or every other week**. When you feel ready, sessions will shift to an as-needed basis.

**BENEFITS / NO GUARANTEE**: Participating in therapy can help you learn new and important things about yourself as well as better ways of handling feelings or problems. While there are no guarantees, coming to therapy should help you feel better and produce beneficial results. You have the right to end therapy at any time.

**PROVIDER:** Your therapy will be provided by Rosario A. Puga-Dempsey who is an Associate Marriage and Family Therapist through the State of California, holds a Master’s degree in Marriage and Family Therapy, is supervised by Dr. Harry Motro, is affiliated with the Couples Recovery Center, and is an employee of “Harry Motro, Psy.D., Marriage and Family Therapist, P.C.” which is a Professional Corporation.

EMERGENCY PROCEDURES

***If you are in a crisis or in imminent danger,*** please call one of the following emergency numbers: 911; Emergency Psychiatric Services at 408-885-6100; Suicide and Crisis Services at 855-278-4204; or go immediately to your local emergency hospital. ***Do not rely on Rosario A. Puga-Dempsey*** ***in such situations.***

ELECTRONIC COMMUNICATIONS

Please understand that the confidentiality of Electronic Communications (E.C.) cannot be guaranteed. E.C. may include, but are not limited to, email, text messages, and voicemail. E.C. are **inherently vulnerable and insecure** and may result in the unintentional harmful disclosure of personal information. You acknowledge that you consent to Rosario A. Puga-Dempsey sending E.C. to you by: a) your inclusion of your email address on Rosario A. Puga-Dempsey’s forms, b) providing your email to Rosario A. Puga-Dempsey in session, or c) your sending an email, text message, or other E.C. to Rosario A. Puga-Dempsey. You acknowledge that Rosario A. Puga-Dempsey may not read or respond to E.C. until the next scheduled appointment and that you will not use E.C. for emergencies.

|  |
| --- |
| I have read and understood all the information on this form. By signing below, I agree to the above conditions, and to avail myself (and/or the named minor) of the professional services of Harry Motro, Psy.D., Marriage and Family Therapist, P.C. and consent accordingly to the use of individual, couples, family, and or group psychotherapy, and/or psychological testing. |
|  | Print Name | Sign | Date |
| CLIENT |  |  |  |
| SPOUSE OR PARTNER |  |  |  |
| PARENT(s) OR GUARDIAN |  |  |  |