AK Counseling

NEW CLIENTS [Complete all 6 pages and bring to your first session]

Name _____ Date _____

Age _____ Gender _____ Email _____

[Appointment was scheduled via [ ] Email [ ] Text [ ] Phone] Cell phone _____

Preferred method of contact [ ] Email [ ] Text [ ] Phone Texting is ok [ ] Yes [ ] No

Education level _____ Occupation _____

Employer _____ Duration _____

How happy are you with your job/career? (1=not at all 10=very much) _____Explain _____

_____

Do you have daily structure? _____

Physical health [ ] Poor [ ] Fair [ ] Good [ ] Excellent | Symptoms/Diagnoses _____

Exercise 20min. 3x/wk? [ ] More [ ] Yes [ ] No

Consume [ ] Marijuana [ ] Alcohol [ ] Caffeine [ ] Nicotine [ ] Other_____

How often? How much? _____

Quality of sleep (1=poor 10=great) _____ Average duration/night _____

Mental health [ ] Poor [ ] Fair [ ] Good [ ] Excellent Symptoms/Diagnoses_____

_____

Current prescription medications _____

Current supplements _____

Level of stress (1=none 10=too high) _____ Stress relievers _____

How well do you manage stress? _____

Mood stability? [ ] Poor [ ] Moderate [ ] Good

Reason(s) for seeking therapy _____

Do you see strength or weakness in getting help? _____

Do you feel safe at home? [ ] Yes [ ] No [ ] Other Who lives with you? _____

Personal strengths _____

Personal areas for improvement _____

Do you feel lonely? (1=always 10=never)_____ How frequently do you have face-to-face interaction with friends?

_____

What makes you feel cared for? _____

Do you feel your use of technology could be less? Explain _____

Prior therapy? [ ] Yes [ ] No How long? _____ Dates/years _____

Therapy goals_____

Liked/How it was helpful _____

Disliked/How it was unhelpful _____

Partner status [ ] Single [ ] Dating [ ] Long-term partner [ ] Domestic partnership [ ] Widowed [ ] Married

[ ] Separated [ ] Divorced [ ] Polyamorous [ ] Open [ ] Swing [ ] Other _____

How long have you had this status? _____ Desired status? _____

Partner name(s) & age(s) _____

Substance use concerns about your partner(s)? _____

Children, name(s) & age(s) _____

Family history [ ] Alcoholism [ ] Anxiety [ ] Biploar or Schizophrenia [ ] Drug abuse [ ] Domestic violence/abuse
[ ] Depression [ ] Learning disability [ ] Legal (incarceration, felony, bankruptcy, sued, etc.) [ ] Neglect [ ] Trauma

[ ] Psychosis [ ] Obsessive Compulsive [ ] Other _____

Is your family a source of support for you? [ ] Yes [ ] No

Who are your strongest sources of support? _____

Emergency contact (name, relation to you, phone number _____

Past or present criminal activity/charges? _____

SIGNIFICANT CHALLENGES FOR YOU

Mark an **"X"** if it applies to your **PAST** & an **"O"** for what **CURRENTLY** applies

Anger	Anxiety	Aggressive behavior	Abuse (physical, mental, $$, etc.)	Ambition	Body image/weight	Career/job
Children	Concentration	Communication	Depression	Education	Over eating	Under eating
Energy	Fear	Friendships	Family	Grief	Jealousy	Memory
PTSD	Perfectionism	Pessimism	Life purpose/fulfillment	Making decisions	Money	Panic Attacks
Phobias	Sleep	Procrastination	Moody/Irritable	Shame	Recreation	Stress
Suicidal thoughts	Suicide attempts	Self-mutilation	Maintaining a 'fake' image to appease others	Substance use	Obsessive thoughts	Compulsive behavior
Shame	Trauma	Trusting others	Trusting self	Worry	Other	

Anxiety surrounding intimacy	Sexual desire HIGH LOW	Unmet needs in partnership	Sexual frequency TOO MUCH TOO LITTLE
Infrequent orgasm	Delayed ejaculation	No orgasm	Erection difficulty
Painful intercourse	Rape/Sexual abuse	Sexual practices (BDSM, Kink, etc.)	Have not had intercourse
Sexual orientation	LGBTQ related concerns	Communication/Conflict in intimate relationships	Sexually transmitted disease(s)
Lack of partner	Multiple partners	Gender transition (past, current, future)	Non-traditional relationship(s)
Other			

Guidelines

Please initial next to each bullet point to confirm your compliance.

_____ Please TEXT ME AS SOON AS YOU KNOW YOU CANNOT ATTEND YOUR SCHEDULED APPOINTMENT. Notification via email or phone is also acceptable but *I will receive a text quickest*. You are subject to full or partial rate charge if notice is less than 48 hours or if you are a no-show.

_____ I am legally obligated to report to authorities if you express intent to harm or impose death upon yourself or others; everything else is kept confidential (refer to the Informed Consent page for exceptions).

_____ If I see you in a public setting, out of respect for you I will not initiate communication in order to preserve confidentiality. If you want to initiate communication you can, and I won't be offended if you don't.

_____ Initial appointments are typically between 60 and 90 minutes. Please indicate at the start of a session if you have a time restriction.

_____ Visit AKCounselingMadison.com/Rates for current hourly rates. After 60 minutes, appointments are charged by the quarter hour (75, 90, 105, or 120 minutes).

_____ Payment is due at the end of each session. I accept ALL major credit cards, cash, checks, and HSA cards.

I have read and understand all of the above statements. (Signature) _____

PLEASE, PLEASE MAXIMIZE YOUR THERAPEUTIC EXPERIENCE

_____ You are here because there is something(s) in your life you would like to be different. These topics may be difficult to discuss, and you can be sure this is a safe place to do it. I will not pass judgment no matter what you tell me.

_____ Make yourself comfortable. If you want, try settling your nerves by lying on the couch, diverting eye contact, writing down for me what you want to discuss so I can initiate dialogue. Let me know if I can help you be more comfortable.

_____ I am here to help you make the changes you want/need at your own pace.

_____ I encourage feedback (verbal or written) about your experience.

_____ Please remember that communication via technology (e.g. email, text, etc.) is not 100% secure. Therefore, you risk a breach in confidentiality when using this medium and you agree not to hold AKCI/Alison Kilkelly liable.

I have read and understand all of the above statements. (Signature) _____

* * *

I look forward to working with you! -Alison

"A smooth sea never made a skillful sailor" — English proverb

Patient Rights and Informed Consent

The following are your rights as a person seeking outpatient mental health care under Wisconsin Statute Sec. 51.61.

TREATMENT RIGHTS

o Receive prompt and adequate treatment

o As a voluntary patient you may refuse any services, treatment, and/or pharmacological and supplement suggestions offered. It is your choice as to whether or not you take prescribed medication or supplements.

o You can refuse to participate in experimental research.

PRIVACY RIGHTS

o Refuse to be filmed or taped without your consent

o Your treatment records and conversation about your treatment are kept confidential (Wisconsin Statute Sec. 51.30)

o You have access to your treatment records

o Request restrictions on the use of your protected mental health information; however, there are circumstances by which we are not required to agree with the request (e.g. court subpoena; you report intent to inflict harm or death upon yourself or someone else).

FILE A GRIEVANCE

If you feel that your rights have been violated you have the right to report your grievance to AK Counseling, Inc.

INFORMED CONSENT

All services at AK Counseling, Inc. are voluntary. You have the right to refuse any aspect of treatment. You have the right to be informed by your therapist about:

o The benefits, alternatives, side effects, and administration of treatment

o The consequences of not receiving the proposed treatment

o This consent will be effective until treatment is terminated or you exercise your right to withdraw

I have read and understand the above information.

_____ _____ _____

Printed name Signature Date

I, _____ certify that the information I provided is correct to the best of my knowledge and I have not purposefully misrepresented any information. I will not hold my therapist at AK Counseling, Inc. responsible for errors or omission that I may have made in completing this form. AK Counseling, Inc. has my permission to talk to my emergency contact, can identify themselves as calling from AK Counseling, Inc. or as my "therapist" but without my additional consent cannot discuss details of my treatment with this individual.

_____ _____

Signature Date