



Welcome to my office. As a licensed clinical social worker I am governed by various laws and regulations and by the code of ethics of my profession. The Ethics Code requires that I make you aware of specific office policies and how these procedures may affect you.

Patient Rights: Our relationship is strictly voluntary and you may leave the psychotherapy relationship any time you wish. Please keep in mind that ending relationships can be difficult and closure is very important when moving on. Given this, I request that you give at minimum two weeks notice so we can conclude on a healthy and positive note.

Limits of Confidentiality: Sessions between psychotherapist and patient are strictly confidential, except under certain legally defined situations involving threats of harm to self or others, and situations of child abuse, elder abuse, or abuse of otherwise dependent individuals. If I suspect you are an imminent danger to others, I am required by law to notify the police and to inform any intended victim(s). In the case of possible harm to yourself, I am ethically bound to inform your nearest relative, significant other, or to otherwise enlist methods to prevent your harm to self or suicide. In instances of child abuse, elder abuse, or dependent other abuse, I must notify the proper authorities.

Effective January 1, 2015, licensed therapists in California are now mandated reporters of therapy clients who: 1. knowingly access or trade content that depicts minors in acts of obscene sexual conduct. 2. promote, employ or engage in conduct that involves: a. prostitution (or live sexual performance) of a minor. b. modeling or posing a minor alone or with others to produce a depiction of obscene sexual conduct.

*Sessions may **not** be audio or video recorded without the exclusive consent of all parties involved, including that of your therapist (me). It is a felony to record a confidential conversation without the written consent of all involved parties.

*If you know you will likely be engaged in a lawsuit (i.e. divorce or custody lawsuit) it is your responsibility to advise me of this possibility as soon as possible. If the court subpoenas my services, you will be charged the hourly rate of \$225 per hour for the duration that my services are required for the legal case, including any prep-time required. You will be billed for any costs I incur related to your legal case including any necessary airfare, car or taxi transportation, hotel, phone, or legal assistance required.

Payment & Fees: It is customary to pay for sessions at the time of the session, unless otherwise arranged. Please have payment ready before the session begins. Payments must be in full and are subject to increase with at least a 2 week advanced warning of possible fee increase. Acceptable forms of payment are cash, check (made out to “*Tim Norton, LCSW*”), Visa, Master Card, Discover Card and American Express.

Insurance: I will be pleased to provide a monthly “superbill”/invoice/receipt for you to submit to your insurance provider. Please understand that your insurance is an arrangement made between your carrier and yourself with reimbursement coming to you whenever provided by your insurer. It is your responsibility to understand what your reimbursement may be for services rendered by an “out of network provider” such as myself.

Telephone Accessibility & Emergency Procedures: I will return calls during my scheduled business hours should you need to contact me between sessions. I can not guarantee an immediate return call, although every effort will be made to return calls within a reasonable amount of time. If you have a therapeutic emergency and I am out of town or unreachable for more than an hour, contact Andrew Iskandar at (919) 475-3191. If it is a true, life threatening emergency, call 911 for help or go to your nearest emergency room. In the event of a phone call beyond 10 minutes, you will be charged for that session/portion thereof at your usual hourly fee.

Appointments & Cancellation Policy: Sessions are 50 minutes long. Occasionally you may have to miss an appointment. If you need to cancel or reschedule an appointment, please notify me as soon as possible, at least 48 hours in advance, so that I might fill the hour. If you do not give me 48 hours warning regarding missing a scheduled session, you will be charged for the missed session. This is necessary because a professional time commitment is set aside and held exclusively for you.

I have read, understood, and agreed to the conditions stated above:

Signature

Date



Instructions: The questions below ask about things that might have been bothering you recently. For each question, enter the number (1-10) that best describes how much (or how often) you have been bothered by each problem during the past TWO (2) WEEKS. During the past TWO (2) WEEKS, how much (or how often) have you been bothered by the following problems?

	During the past TWO (2) WEEKS, how much (or how often) have you been bothered by the following problems?	Indicate # of days per week you experience these symptoms (1-7)
I	1. Little interest or pleasure in doing things?	
	2. Feeling down, depressed, or hopeless?	
II	3. Feeling more irritated, grouchy, or angry than usual?	
III	4. Sleeping less than usual, but still have a lot of energy?	
	5. Starting lots more projects than usual or doing more risky things than usual?	
IV	6. Feeling nervous, anxious, frightened, worried, or on edge?	
	7. Feeling panic or being frightened?	
	8. Avoiding situations that make you anxious?	
V	9. Unexplained aches and pains (e.g., head, back, joints, abdomen, legs)?	
	10. Feeling that your illnesses are not being taken seriously enough?	
VI	11. Thoughts of actually hurting yourself?	
VII	12. Hearing things other people couldn't hear, such as voices even when no one was around?	
	13. Feeling that someone could hear your thoughts, or that you could hear what another person was thinking?	
VIII	14. Problems with sleep that affected your sleep quality over all?	
IX	15. Problems with memory (e.g., learning new information) or with location (e.g., finding your way home)?	
X	16. Unpleasant thoughts, urges, or images that repeatedly enter your mind?	
	17. Feeling driven to perform certain behaviors or mental acts over and over again?	
XI	18. Feeling detached or distant from yourself, your body, your physical	

	surroundings, or your memories?	
XII	19. Not knowing who you really are or what you want out of life?	
	20. Not feeling close to other people or enjoying your relationships with them?	
XIII	21. Drinking at least 4 drinks of any kind of alcohol in a single day?	
	22. Smoking any cigarettes, a cigar, or pipe, or using snuff or chewing tobacco?	
	23. Using any of the following medicines ON YOUR OWN, that is, without a doctor's prescription, in greater amounts or longer than prescribed [e.g., painkillers (like Vicodin), stimulants (like Ritalin or Adderall), sedatives or tranquilizers (like sleeping pills or Valium), or drugs like marijuana, cocaine or crack, club drugs (like ecstasy), hallucinogens (like LSD), heroin, inhalants or solvents (like glue), or methamphetamine (like speed)]?	

	PART II	
	During the past TWO (2) WEEKS, how much (or how often) have you been bothered by the following problems?	Indicate # of days per week you experience these symptoms (1-7)
I	Difficulty paying attention?	
II	Difficulty learning?	
III	Unable to compartmentalize strong emotions at work or school?	
IV	Disconnected to the point that you are unable to reflect on how others see you?	
V	Lose or sacrifice your sense of yourself in close relationships?	
VI	Unable to recognize and/or identify your strengths?	
VII	Unable to control impulses?	
VIII	Unable to bounce back from difficult situations (e.g. unable to be resilient)?	



BIOGRAPHICAL INFORMATION FORM

Please fill out this form as fully and openly as possible. This information is confidential and will not be released without your consent. If certain items do not apply to you, please leave them blank.

PERSONAL HISTORY

1) Name: _____ 2) Age: _____ 3) Sex: _____ M _____ F

4) Address: _____

5) Today's Date: _____ 6) Date of Birth: _____

7) Phone: _____ (Cell/Home) May I leave a message on this line? _____

8) Email: _____ May I email you regarding therapy matters? _____

9) Job title/description : _____

10) Highest level of education completed: _____

11) Present Relationship Status and Length:

12) Do you have children? If so, please list their respective genders and ages:

13) Who lives in your household?

THERAPY/COUNSELING HISTORY

1) Have you received counseling in the past? _____

If yes, what was most helpful about the previous therapist? What was unhelpful?

2) What is your main reason for coming to counseling now?



3) How long has this/these problem/s persisted?

4) How did you hear about my practice?

MEDICAL HISTORY

1) Name & location of your physician(s):

2) Have you ever been hospitalized for a *physical* reason? If so, please briefly explain:

3) Have you ever been hospitalized for a *mental health* issue or spent time as a patient at a mental health clinic? _____ If yes, please explain:

4) Have you ever had suicidal *thoughts*? _____ Have you ever *attempted* suicide? _____

If yes, please elaborate:

5) List any major illnesses and/or operations you have had:

6) List any physical concerns you are *currently* experiencing: (e.g. high blood pressure, headaches, etc.):

7) List any physical concerns you have experienced *in the past*:



14) Have you ever (past or present) been dependent upon or addicted to any substance/drug/alcohol for any period of time? _____ If yes, please explain:

15) Have you ever (past or present) had disordered eating of any kind (over-eating; anorexia; bulimia; purging; dependence on laxatives, etc.)? _____ If yes, please explain:

16) Have you ever (past or present) suffered with body image issues? If so, please describe:

17) Is anyone in your family or close friend circle struggling with addictions or an eating disorder or violence, etc. that may be having an effect on your mental health?

RELIGION/SPIRITUALITY

1) Briefly describe your present religious affiliation/spiritual practice:

2) Do you believe in an afterlife? _____

3) On a scale of 1-10, how important is religious commitment to you (1=Unimportant; 10=Extremely Important)? _____

FAMILY HISTORY

1) Mother's age: _____ If deceased, how old were you when she died? _____

2) Father's age: _____ If deceased, how old were you when he died? _____

3) Any other significant parent(s)'s/caretaker's age(s): _____ If deceased, how old were you when this person(s) died? _____

4) If your parents became separated or divorced, how old were you then? _____



5) Number of brother(s): _____ Their ages: _____

6) Number of sister(s): _____ Their ages: _____

7) I was child number _____ in a family of _____ children.

8) Were you adopted or raised with parents other than your biological parents? _____

9) Briefly describe your relationship with your brothers and/or sisters:

10) Describe **the family** in which you grew up. Was it warm and accepting, hostile with lots of fighting, or somewhere in between?

11) Did your family allow you to be independent, act controlling, or somewhere in between?

YOUR MOTHER (OR SUBSTITUTE MOTHER)

12) Briefly describe your mother:

13) How did she discipline you?

14) How did she reward you?

15) How much time did she spend with you when you were a child? (A little, average, a lot?)

16) Your mother's employment when you were a child?



17) How did you get along with your mother when you were a child?

18) How do you get along with your mother now?

19) Did your mother have any problems (e.g. alcoholism, violence, etc.) which may have affected your childhood development? _____ If yes, please describe:

20) Is there anything unusual about your relationship with your mother? _____ If yes, please describe:

YOUR FATHER (OR OTHER PRIMARY PARENT)

21) Briefly describe your father/other primary parent:

22) How did he discipline you?

23) How did he reward you?

24) How much time did he spend with you when you were a child? (A little, average, a lot?)

25) Your father's employment when you were a child?

26) How did you get along with your father when you were a child?



27) How do you get along with your father now?

28) Did your father have any problems (e.g. alcoholism, violence, etc.) which may have affected your childhood development? _____ If yes, please describe:

29) Is there anything unusual about your relationship with your father? _____ If yes, please describe:



PERSONAL

1) List your five greatest **strengths**:

1. _____
2. _____
3. _____
4. _____
5. _____

2) List your five greatest **weaknesses**:

1. _____
2. _____
3. _____
4. _____
5. _____

3) List your main social difficulties:

4) List your main love and sex difficulties:

5) List your main difficulties at school or work:

6) List your main difficulties at home:

7) List your behaviors that you would like to change:

8) Additional information you believe would be helpful:



EMERGENCY CONTACT INFORMATION

(REQUIRED IF ANY HEALTH CURRENT CONDITIONS, HISTORY OF SEIZURES,
RECENT SUICIDAL THOUGHTS, BEHAVIORS, OR HISTORY OF ATTEMPTS)

Client Name: _____ Client D.O.B.: _____

Client Address: _____

Emergency Contact Person #1: _____

Relationship to you: _____

Location of emergency contact (City and State): _____

Phone # for emergency contact: _____

Emergency Contact Person #2: _____

Relationship to you: _____

Location of emergency contact (City and State): _____

Phone # for emergency contact: _____

Current Doctor: _____

Local Hospital: _____

Medical Insurance Provider: _____

Current medications, both psychiatric and medical: _____
