

Office _____

Date of initial visit _____

Client Information

Please print clearly!!

Patient name _____

Street _____ City _____ State _____ Zip _____

Age _____ DOB _____ Email (For newsletter) _____

Phone Day _____ Phone Eve _____ Cell _____

May we leave a general message with individuals who may answer the phone? Ex “call back Dr. Schwarz” or “I need to cancel and re schedule you” or “your appointment is at...”

Yes _____ No _____ (If no you must leave another number we can leave a message on)

Best number for messages _____

Marital Status _____ #of children _____ ages: _____

If Married for how long have you been married _____

Is this your 1st Marriage Yes No

Highest grade or degree completed _____

Type of employment _____

[if patient is a Child Parents names} _____

Insurance Information

Type _____

Primary insured _____ DOB _____

ID # _____ Group # _____

Mailing address of insurance company

Street _____

City _____, State _____ Zip _____

I give my authorization and permission for Dr. Schwarz to release information to my insurance company for reimbursement purposes.

Signature _____ Date _____

I authorize payments to be sent to Dr. Schwarz for services.

Signature _____ Date _____

Payment Policy

I understand that I am responsible for payment in full to Dr Robert Schwarz at time of service. They will provide me with a form to submit to my insurance company for reimbursement purposes. If my insurance carrier does not reimburse me I am still responsible for payment at the time of visit for services rendered.

Signature _____ Date _____

Contacts for emergencies or consultations

When was the last time you had a physical or saw a physician? _____

Name of Primary physician _____

Address _____ Phone number _____

May we contact him/her for continuity of care?

YES _____ NO _____

	Name	Relationship	Phone
Emergency contact			

Referral Source

Referred by _____

May we contact them or send a thank you for referral note?

YES _____ NO _____

Phone _____

address _____ City _____ Zip _____

Yellow pages _____ Delaware County _____ Main Line _____

Section Psychologist _____ Marriage & family _____ Hypnosis _____

Superpages.com _____ Internet _____, Psychology today _____

Yoga Life _____, New Visions _____

800 # in Back of Men are From Mars Women are From Venus Book _____

Other _____

Substance use

How much alcohol do you drink? _____

How much Coffee, tea or caffened drinks do you drink? _____

Do you use street drugs? (Pot, Acid, cocaine etc.?) _____ How often? _____

Do you use inhalants? (Whipits, glue, aerosols, etc?) _____ How often? _____

Medications

Current Non-Psychiatric Medications or supplements

Medicine	Dose	How long on this drug	Purpose	How effective is it?	Describe any side effects
1.					
2.					
3.					
4.					

Current Psychiatric Medications

Medicine	Dose	How long on this drug	Purpose	How effective is it?	Describe any side effects
1.					
2.					
3.					

Past Psychiatric Medications

List each drug chronologically, starting with the first medication prescribed.

Medicine	Dose	How long on this drug	Purpose	How effective was it?	Describe any side effects
1.					
2.					
3.					
4.					

INFORMED CONSENT

Please Read and Initial each page and Sign

COUNSELING SERVICES OFFERED/THEROETICAL APPROACHES

People can make better decision if they have enough information and understand how something works. Here are some aspects of counseling and therapy as I see and practice it.

With over 23 year of practice and thousands of hours of training beyond graduate school, I have come to use a number of approaches in an integrative manner. The approach I use with a given person (couple) is based partly on the nature of the presenting complaint(s) as well as the preferences of the client. The approaches I use include coaching techniques, NLP, Solution Oriented Therapy, structural family therapy, Ericksonian Hypnosis, Cognitive – Behavioral Therapy, John Gray’s Mars and Venus Gender Communication Therapy, kinesiology, and meridian based energetic approaches that look at imbalances within the person’s energy system as well as the energetic influence of thoughts beliefs and emotions on the body.

OUTCOME EXPECTATIONS

Please note that it is impossible to guarantee any specific results regarding your counseling goals. However, we will work together to achieve the best possible results for you.

Counseling & therapy require your active involvement, willingness to be truthful, as well as efforts to acknowledge and/or change your thoughts, feelings and behaviors. You will have to work both in and out of the counseling sessions. There are no instant, painless, or passive cures, no “magic pills.” Instead there will be homework assignments, exercises, writing and journals and perhaps other projects. Most likely you will have to work on relationships and make long term efforts. Sometimes change will be easy and swift, but more often it will be slow and deliberate: effort may need to be repeated.

As with any intervention, there are benefits and risks associated with counseling and therapy. Risks might include experiencing uncomfortable levels of feelings like sadness, guilt, anxiety, anger frustration, or having difficulties with other people. Being confronted with your difficulties can be very challenging. Some changes may lead to what seems to be worsening circumstances or even losses (for example, counseling can not necessarily keep a marriage intact.)

If we are to work together we will need to specify methods, risks and benefits of treatments, the approximate time commitment involved, costs and other aspects of your particular situation. We will discuss a plan that seems most appropriate to help you reach your goals. Periodically, we will evaluate your progress and if necessary redesign our treatment plan and your goals and the methods used.

Client(s) Initials _____

CONFIDENTIALITY

I regard the information you share with me with the greatest respect, so I want us to be clear as possible about how it will be handled. There are two circumstances in which I cannot guarantee confidentiality, legally and or ethically. 1) When I believe you intend to harm yourself or another person, and 2) when I believe a child or elder person has been or will be abused or neglected. Otherwise, I will not tell anyone anything about your treatment, diagnosis, history, or even that you are a client without your full knowledge and usually a signed Release of Information Form.

The only other exception to the above is that your diagnosis and billing information will be released to your insurance company if you seek reimbursement. I cannot guarantee the further confidentiality of this information once it is sent to the insurance company. If your therapy is being paid for by a third party such as an insurance company from an automobile accident they may require specific information about your symptoms and progress to continue paying for your treatment. If this happens you will be informed of this event ahead of time and we can discuss your options at that point.

CONFIDENTIALITY WITH COUPLES WORK

If I am working with you in the context of couples or relationship work, I will not share details of our private sessions with your partner. This is information that is also protected by confidentiality. If there is something I believe your partner should know, I will ask permission to share it and encourage you to share it yourself. If you are actively having an affair or withholding information from your partner that I believe is important I will encourage you to share it. If you are not able to share it I will excuse myself as your therapist as I will not be part of keeping a detrimental secret from your partner. Even in this case your confidentiality will be protected.

LENGTH OF SESSIONS AND CANCELLATIONS

I assure you that my services will be rendered in a professional manner consistent with accepted ethical standards. There are several session length options. Sessions are either 50 minutes, 80 minutes or 100 minutes. We will schedule our sessions for our mutual agreement. If you are unable to keep an appointment please call to cancel or reschedule at least 24 hours in advance. This time is set aside just for you. If unable to give such advance notice you will be billed in full for the session missed. In instances of extreme emergency such as car accident while driving there, an extreme accident by a family member that day, last minute cancellation by baby sitter, or major accident on the road you are traveling on to get to my office which significantly delays traffic, the fee will be waived. (If you are coming for couples work and your sitter cancels I

Client(s) Initials _____

prefer that one of you still make the session as opposed to last minute canceling.) I am not able to wave to fee for late cancellations due to inconvenience, error in scheduling on your part, last minute meetings at work etc. I would love to have that flexibility but unfortunately late cancellations do not allow me enough time to fill your slot.

FEES / METHODS OF PAYMENT/ GAURANTEE

My standard fee for a stop smoking program with Hypnosis is \$495. Methods of payment include Cash, Check, Credit Card. We take a \$100 non-refundable deposit over the phone at the time of the visit. Most clients are successful in 1 or 2 sessions. Included in this price is a life time guarantee. If you need booster sessions again it will be free of charge.

BILLING/INSURANCE REIMBURSEMENT

If you wish to seek reimbursement for my services from your health insurance company, I will be happy to complete any forms related to your reimbursement provided by you or the insurance company. Payment in full is expected at time of visit. Except in certain circumstances, I do not receive third party payment. I will not file insurance claims for you but will provide the necessary documentations.

Some insurance companies will reimburse clients for my counseling services and some will not. Generally companies that allow you to see an out of network practitioner for mental health services will provide reimbursement. Those that do, usually require that you meet your out of network deductible before reimbursement is allowed and then they will reimburse you a portion of the fee. *However, please remember that you are responsible and not your insurance company for paying the fees agreed upon*

Health insurance companies often require that I provide a diagnosis of your mental health condition and indicate that you have an “illness” before they will agree to reimburse you. I will inform you of the diagnosis I plan to render before I document it on the forms you will submit to your insurance carrier. Any diagnosis made will become a part of your permanent insurance records.

Client(s) Initials _____

EXPLANATION OF DUAL RELATIONSHIPS

Although our sessions may be very intimate psychologically, it is important for you to know that we have a professional relationship rather than a social one. Our contact will be limited to sessions you will arrange with me. In the rare occasion we may bump into each other out of the office I will of course maintain your confidentiality. If you wish to extend a brief hello that is fine. Or, if you wish not to acknowledge the encounter that is fine as well. There have even been times when clients wish to introduce me to friends as their therapist so they can give a call later to set up an appointment. That is fine too. You will learn a great deal about me as we work together during your counseling experience. However, it is important for you to remember that you are experiencing me in my professional role. Ethical principles do not allow for dual relationships. This means that we cannot have a role as therapist/client and have another role such as you being my plumber or lawyer. It is unethical for therapists to have intimate personal relationships with clients. Sometimes patients/clients develop strong feelings about their therapist. There is nothing wrong with these feelings. In that event, they should be discussed as part of treatment. Under no circumstances is it ethical or helpful for them to be acted upon.

COMPLAINT PROCEDURES

If you are dissatisfied with any aspect of our work, please inform me immediately. This will make our work together more efficient and effective. If you think that you have been treated unfairly or unethically, by me or any other counselor, and cannot resolve this problem with me, you can contact the Pennsylvania Psychological Association at (717) 232-3817 for clarification of clients' rights as I've explained them or even to lodge a complaint. If you have any questions, please feel free to ask. Please sign and date both copies of this form. A copy for your records will be returned to you. I will retain a copy for my confidential records.

Client's signature _____ Date _____

Therapist's signature _____ Date _____

Stop Smoking Questionnaire

Name _____

This form will provide valuable information in helping you succeed at stopping smoking and becoming a non-smoker. Please take your time and fill out this form in as much detail as possible. Feel free to use the back of the paper.

How Long Have you been smoking? _____

What Brand(s) do you smoke _____

What do you like about the act of smoking?

What does smoking help you with? (e.g. dealing with anxiety, a reward)

Have you tried to quit before? Yes No

If yes,
When _____ For How long did you stop? _____ What happened that you restarted?

When _____ For How long did you stop? _____ What happened that you restarted?

What reasons/motivations do you have for quitting?

What hurdles/blocks to success are you most concerned about?

On a scale of 0-10 (Where 0= no motivation and 10= so motivated that nothing in the world would stop you) How motivated are you to stop smoking at this time? _____

On a scale of 0-10 (Where 0= no chance of success and 10= 100% chance of success) At this point without the help of Hypnosis, what do you think your chances of success of quitting are? _____

What are the specific situations/temptations that are linked with smoking (e.g. drinking, AM coffee)

At this point, can you imagine yourself as a non-smoker? Yes No

What other habits or difficult situations have you overcome? How did you do this?

Have you ever been hypnotized before? _____ If so, was it a good experience?____ Please describe:

What are some experiences that you find totally peaceful and relaxing? What do you like about those experiences?

If you have to motivate yourself to do something that is difficult, what do you do?

These next two questions are very important. After all you know you better than any one else. I suggest that you allow yourself to think about them, even sleep on the questions. Feel free to use another sheet of paper. Also feel free to write down half ideas, we can finish them in the session.

If you could implant powerful suggestions (thoughts, words, feelings or pictures) in your brain that would automatically motivate you to not smoke in tempting situations, what would they be?

If you could implant powerful suggestions (thoughts, words, feelings or pictures) in your brain that would automatically motivate you to be a non smoker what would they be?