



Demographic Information and Personal History

Today's date: _____

Your name: _____ Date of birth: _____ Age: _____

Nicknames or aliases: _____ Gender: _____

Home street address: _____ Apt.: _____

City: _____ State: _____ Zip: _____

Home/evening phone: _____ e-mail: _____

Calls or e-mail will be discreet, but please indicate any restrictions: _____

Current religious denomination/affiliation:

None Protestant Catholic Jewish Muslim Buddhist Hindu Other (specify): _____

Involvement: None Some/irregular Active Importance of spiritual concerns in your life? _____

Ethnicity/national origin: _____

Any other way you identify yourself?: _____

Sexual Orientation:

Lesbian Gay Bisexual Heterosexual Queer Questioning Other (specify): _____

Your medical care: From whom or where do you get your medical care?

Clinic/doctor's name: _____ Phone: _____

Address: _____

Date of your last physical examination: _____

Emergency information

If some kind of emergency arises and we cannot reach you directly, or we need to reach someone close to you, whom should we call?

Name: _____ Phone: _____ Relationship: _____

How did you hear about Re-New Psychological? Please provide a name in the blank provided below

Friend (no name needed) Medical Doctor/PCP _____ Psychiatrist _____

University Counseling Center _____ Other (specify): _____

Psychological and Treatment History

Treatment

1. Have you ever received psychological, psychiatric, drug or alcohol treatment (including psychiatric hospitalization), or counseling services before? No Yes If yes, please indicate:

| Dates of Service | From whom? | Where? (city/state) | Presenting Concerns | Outcome? |
|------------------|------------|---------------------|---------------------|----------|
| | | | | |
| | | | | |
| | | | | |

2. Have you ever taken medications for psychiatric or emotional problems? No Yes If yes, please indicate:

| When? | Prescribing Physician | Which Medications? | For What? | With what results? |
|-------|-----------------------|--------------------|-----------|--------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

3. Have you ever taken medication for health conditions? No Yes If yes, please indicate:

| When? | Prescribing Physician | Which Medications? | For What? | With what results? |
|-------|-----------------------|--------------------|-----------|--------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

4. Do you have any allergies? No Yes If yes, please indicate:

| Allergy | Medication used to treat? | Date of Last Allergic Reaction |
|---------|---------------------------|--------------------------------|
| | | |
| | | |
| | | |

5. Please list any health conditions for which you have received or are currently receiving treatment (including surgeries): _____

Abuse history:

I was not abused in any way

I was abused

If you were abused, please indicate the type of abuse:

P = Physical, such as beatings.

S = Sexual, such as touching/molesting, fondling, or intercourse.

N = Neglect, such as failure to feed, shelter, or protect.

E = Emotional, such as humiliation, etc.

| Age | Type | By whom? | Duration of Abuse | Reported? Y/N | Outcome of report |
|-----|------|----------|-------------------|---------------|-------------------|
| | | | | | |
| | | | | | |
| | | | | | |

Chemical use

How much of each do you consume each week, on average?

Beer _____

Wine _____

Hard Liquor _____

Have you ever felt the need to cut down on your drinking? No Yes

Have you ever felt annoyed by criticism of your drinking? No Yes

Have you ever felt guilty about your drinking? No Yes

Have you ever experienced "black outs" (e.g., unconsciousness; forgetting the events of the night) as a result of drinking? No Yes

If yes, please explain: _____

Which drugs (not medications prescribed for you) have you used in the last 10 years?

- | | |
|--|---|
| <input type="checkbox"/> Marijuana | <input type="checkbox"/> Ketamine |
| <input type="checkbox"/> Cocaine | <input type="checkbox"/> PCP |
| <input type="checkbox"/> Heroin | <input type="checkbox"/> Mushrooms |
| <input type="checkbox"/> Opium | <input type="checkbox"/> LSD |
| <input type="checkbox"/> Amphetamines | <input type="checkbox"/> Anabolic Steroids |
| <input type="checkbox"/> Methamphetamines | <input type="checkbox"/> Prescription Drugs (Please list below) |
| <input type="checkbox"/> MDMA (e.g. ecstasy) | |

Please provide details about your use of these drugs or other chemicals (e.g., amount, frequency, effect, last use etc.)

Checklist of Concerns

Please mark all of the items below that apply:

- Abuse—physical, sexual, emotional, neglect (of children or elderly persons), cruelty to animals
- Aggression, violence
- Alcohol use
- Anger, hostility, arguing, irritability
- Anxiety, nervousness
- Attention, concentration, distractibility
- Career concerns, goals, and choices
- Childhood issues (your own childhood)
- Codependence
- Confusion
- Compulsions
- Custody of children
- Decision making, indecision, mixed feelings, putting off decisions
- Delusions (false ideas)
- Dependence
- Depression, low mood, sadness, crying
- Divorce, separation
- Drug use—prescription medications, over-the-counter medications, street drugs
- Eating problems—overeating, undereating, appetite, vomiting (see also “Weight and diet issues”)
- Emptiness
- Failure
- Fatigue, tiredness, low energy
- Fears, phobias
- Financial or money troubles, debt, impulsive spending, low income
- Friendships
- Gambling
- Grieving, mourning, deaths, losses, divorce
- Guilt
- Headaches, other kinds of pains
- Health, illness, medical concerns, physical problems
- Housework/chores—quality, schedules, sharing duties
- Inferiority feelings
- Interpersonal conflicts
- Impulsiveness, loss of control, outbursts
- Irresponsibility
- Judgment problems, risk taking
- Legal matters, charges, suits
- Loneliness
- Marital conflict, distance/coldness, infidelity/affairs, remarriage, different expectations, disappointments
- Memory problems
- Menstrual problems, PMS, menopause
- Mood swings
- Motivation, laziness
- Nervousness, tension
- Obsessions, compulsions (thoughts or actions that repeat themselves)
- Oversensitivity to rejection
- Pain, chronic
- Panic or anxiety attacks
- Parenting, child management, single parenthood
- Perfectionism
- Pessimism
- Procrastination, work inhibitions, laziness
- Relationship problems (with friends, with relatives, or at work)
- School problems (see also “Career concerns ...”)
- Self-centeredness
- Self-esteem
- Self-neglect, poor self-care
- Sexual issues, dysfunctions, conflicts, desire differences, other (see also “Abuse”)
- Shyness, oversensitivity to criticism
- Sleep problems—too much, too little, insomnia, nightmares
- Smoking and tobacco use
- Spiritual, religious, moral, ethical issues
- Stress, relaxation, stress management, stress disorders, tension
- Suspiciousness, distrust
- Suicidal thoughts
- Temper problems, self-control, low frustration tolerance
- Thought disorganization and confusion
- Threats, violence
- Weight and diet issues
- Withdrawal, isolating
- Work problems, employment, workaholism/overworking, can’t keep a job, dissatisfaction, ambition

Re-New Psychological Services, LLC Policies

Privacy and Confidentiality

Confidentiality- Limitations

In general, the information that you share in therapy is kept confidential. This means that no one has access to your identifying information and what you share in therapy. There are, however, a few exceptions to this as outlined in the District of Columbia Laws for Psychologists, Social Workers, and Professional Counselors:

1. **If you are at risk of harming yourself.** If you seriously threaten to harm yourself or act in a way that demonstrates that you are likely to harm yourself, your therapist may contact a hospital and arrange for you to have a psychiatric evaluation. If your therapist believes that this is necessary it will be discussed with you first, unless your therapist believes that there is a very good reason not to.
2. **If you are at risk of harming another person.** If you seriously threaten to harm another person or act in a way that demonstrates that you are likely to harm someone, your therapist is required to try to protect that person. The police and/or that person may be contacted to inform them of the risk. This may also involve contacting a hospital to arrange for you to have a psychiatric evaluation.
3. **In an emergency situation.** In an emergency where your life or health is in danger, you are unable to give consent, another professional may be given some information to protect your life. Every effort will be made to get your permission first, and further discussion of the incident will occur with you as soon as possible afterwards.
4. **Suspected Abuse.** If it is believed or suspected that you are abusing a child, an elderly person, or a disabled person, your therapist must file a report with a state agency. "Abuse" means to neglect, hurt, or sexually molest another person.

In any of these situations, only the information that is needed to protect you or the other person will be given.

Confidentiality- Insurance

If you use your health insurance or another organization (government, public, or private) to pay for your sessions, we provide that party with the following information about your treatment in order to collect payment:

- The dates of service
- Your diagnosis
- The performed procedure (Therapy Intake- 90791, Regular Session- 90834/90837, Group Therapy- 90853)
- Payment information (what you paid for the sessions and what we charge)

This information is collectively called your "Protected Health Information" (PHI). At times the insurance company may ask for additional information about you or your care. If this happens, you will be notified that additional information has been requested prior to our office releasing the additional information.

Confidentiality- General

A few additional points regarding confidentiality:

1. The administrative staff of Re-New Psychological Services, LLC maintains client records and completes billing and thus has access to your PHI. All staff (including therapists) complete HIPAA training and are bound by all laws regarding confidentiality and privacy of PHI.
2. If you would like your therapist to share information about your treatment with a third party outside of Re-New Psychological Services, LLC (this does not include the above Limits to Confidentiality or Insurance), you will be

asked to sign a Release of Information. You and your therapist will discuss and agree on what you would and would not like to be shared.

3. Your therapist regularly consults (talks) with other professionals about treatment of clients. Any professionals involved in the consultation are also required by professional laws and ethics to keep your information confidential. In these meetings any personally identifying information about you that would readily identify you to another person is concealed. Additionally, if your therapist is out of town or otherwise unavailable, and you are in need of emergency services, another therapist at Re-New will be available to help you. Your therapist will provide the covering therapist with treatment information about you.
4. Your therapist is required by law to keep records of your treatment in the form of progress notes for each session you have- this is also a part of your PHI. You have a right to review these records with your therapist. If something in the record might seriously upset you, your therapist will discuss it with you prior to the review of the record.

Additional Information

The Benefits and Risks of Therapy

As with any powerful treatment, there are some risks as well as many benefits with therapy. You should think about both the benefits and risks when making any treatment decisions. For example, in therapy, there is a risk that clients will, for a time, have uncomfortable levels of sadness, guilt, anxiety, anger, frustration, loneliness, helplessness, or other negative feelings. Clients may recall unpleasant memories. These feelings or memories may bother a client at work or in school. Also, clients in therapy may have problems with people important to them. Therapy may disrupt a romantic relationship and sometimes may even lead to a divorce. Sometimes, too, a client's problems may temporarily worsen after the beginning of treatment. Most of these risks are to be expected when people are making important changes in their lives. Finally, even with our best efforts, there is a risk that therapy may not work out well for you.

While you consider these risks, you should know also that the benefits of therapy have been shown by scientists in hundreds of well-designed research studies. People who are depressed may find their mood lifting. Others may no longer feel afraid, angry, or anxious. In therapy, people have a chance to talk things out fully until their feelings are relieved or the problems are solved. Clients' relationships and coping skills may improve greatly. They may get more satisfaction out of social and family relationships. Their personal goals and values may become clearer. They may grow in many directions—as persons, in their close relationships, in their work or schooling, and in the ability to enjoy their lives. We do not take on clients we do not think we can help. Therefore, your therapist will enter your relationship with optimism about your progress.

Consultations

If you could benefit from a treatment we cannot provide, we will help you to get it. You have a right to ask your therapist about such other treatments, their risks, and their benefits. Based on what your therapist learns about your problems, he/she may recommend a medical exam or use of medication. If your therapist does this, he/she will fully discuss his/her reasons with you, so that you can decide what is best. If you are treated by another professional, we will coordinate our services with them and with your own medical doctor.

If for some reason treatment is not going well, your therapist might suggest you see another therapist or another professional for an evaluation. As a responsible agency and ethical therapists, we cannot continue to treat you if the treatment is not working for you. If you wish for another professional's opinion at any time, or wish to talk with another therapist, your therapist will help you find a qualified person and will provide him or her with the information needed.

What to Expect of Your Relationship with Your Therapist

In your best interests, professional organizations put limits on the relationship between a therapist and a client, and your therapist will abide by these. Below is an explanation of these limits, so you will not think they are personal responses to you.

Your therapist can only be your therapist and cannot have any other role in your life. A therapist cannot, now or ever, be a close friend to or socialize with any of his/her clients. A therapist cannot be a therapist to someone who is already a friend. A therapist can never have a sexual or romantic relationship with any client during, or after, the course of therapy. A therapist cannot have a business relationship with any client, other than the therapy relationship. Even though you might invite your therapist, he/she will not attend your family gatherings, such as parties or weddings.

If you ever become involved in a divorce or custody dispute, we want you to understand and agree that your therapist will not provide evaluations or expert testimony in court. You should hire a different mental health professional for any evaluations or testimony you require. This position is based on two reasons: (1) Your therapist's statements will be seen as biased in your favor because of the therapy relationship; and (2) the testimony might affect your relationship with your therapist, and we must put this relationship first.

About Your Appointments

Therapy sessions at Re-New Psychological are 53-minutes in duration. Meetings are scheduled for both your convenience and that of your therapist. Your therapist will tell you well in advance of vacations or any other times you will not be able to meet.

An appointment is a commitment to your work. You and your therapist agree to meet here and to be on time. If your therapist is ever unable to start on time, be assured that you will receive the full time agreed to. If you are late, your therapist will probably be unable to meet for the full time, because it is likely that your therapist will have another appointment after yours. A cancelled appointment delays our work. Please try not to miss sessions if you can possibly help it. When you must cancel, please give your therapist at least 24 hours notice. ***Except for unpredictable emergencies (or because of a situation that would be seen by both you and your therapist as an unpredictable emergency), you will be charged \$50 for sessions cancelled with less than 24 hours' notice or if you do not show for a scheduled session.***

Fees, Payments, and Billing

Payment for services is an important part of any professional relationship. This is especially true in therapy; one treatment goal is to make relationships and the duties and obligations they involve clear. You are responsible for seeing that your sessions are paid for. Meeting this responsibility shows your commitment and maturity.

Our current regular, non-insurance fees are:

- Regular therapy services: \$150 - \$170 for a 53-minute session.
- Group therapy: \$60 per session

Re-New Psychological Services, LLC participates in a variety of insurance plans: Please keep two things in mind:

1. We had no role in deciding what your insurance covers. Your employer decided which, if any, services will be covered and how much you have to pay. You are responsible for checking your insurance coverage, deductibles, payment rates, copayments, and so forth.
2. You—not your insurance company or any other person or company—are responsible for paying the fees we agree upon. ***If you ask us to bill a third party or an insurance company, and we do not receive payment, we will then expect this payment from you.***

If there is any problem with charges, billing, your insurance, or any other money-related point, please bring it to your therapist's attention. We will do the same with you.

If You Need to Contact Your Therapist

Your therapist will likely not be available at all times. Your therapist does not take phone calls when he/she is with a client. You may contact your therapist via email for scheduling questions and arrangements only. You can always leave a message on the office voicemail and your therapist will return your call within 24 hours.

If you have an emergency or crisis, or a behavioral or emotional crisis and cannot reach your therapist immediately by telephone, you or your family members should call 911 or go to the nearest Hospital emergency room.

Statement of Principles and Complaint Procedures

It is our intention as an agency and as individual therapists to fully abide by all the rules of the professional organizations (e.g., American Psychological Association, American Counseling Association, and/or National Association of Social Workers) and by those of the District of Columbia professional licensing boards.

Problems can arise in the therapeutic relationship, just as in any other relationship. If you are not satisfied with any area of your work with your therapist, please raise your concerns with him/her at once. We will make every effort to hear any complaints you have and to seek solutions to them. If you feel that any therapist has treated you unfairly or has even broken a professional rule, please contact the owner of Re-New Psychological: Dr. Krystal Stanley at 202-341-0500. You can also contact the state or local professional associations and speak to the chairperson of the ethics committee. He or she can help clarify your concerns or tell you how to file a complaint.

Re-New Psychological Services, LLC and its therapists do not discriminate against clients because of any of these factors: age, sex, gender identity or expression, marital/family status, race/ethnicity, color, religious beliefs, ethnic origin, place of residence, veteran status, physical disability, health status, sexual orientation, or criminal record unrelated to present dangerousness. Each therapist in our organization is personally committed to this, and is also required by federal, state, and local laws and regulations. We as an organization and individual therapists will always take steps to advance and support the values of equal opportunity, human dignity, and racial/ethnic/ cultural diversity. If you believe you have been discriminated against, please bring this matter to your therapist's attention, or to the attention of **Dr. Stanley**.

Statement of Agreement and Understanding

I, the client, understand I have the right not to sign this form. My signature below indicates that I have read the policies of Re-New Psychological Services, LLC; it does not indicate that I am waiving any of my rights. I have discussed any points I did not understand, and have had my questions, if any, fully answered. I agree to act according to the points covered and policies outlined. I understand that any of the points and policies mentioned above can be discussed and may be open to change. If at any time during the treatment I have questions about any of the subjects outlined, I can talk with my therapist or a Re-New Psychological Services, LLC administrative staff member about them.

I consent to the release of my PHI as outlined in the policies above.

I hereby agree to enter into therapy with this therapist, and to cooperate fully and to the best of my ability, as shown by my signature here. I understand that after therapy begins I have the right to withdraw my consent to therapy at any time, for any reason. However, I will make every effort to discuss my concerns about my progress with my therapist before ending therapy.

I understand that no specific promises have been made to me by this therapist or Re-New Psychological Services, LLC about the results of treatment, the effectiveness of the procedures used by this therapist, or the number of sessions necessary for therapy to be effective.

Signature of client

Date

Printed name

I, the therapist, have met with this client for a suitable period of time, and have informed him or her of the policies and points outlined. I have responded to all of his or her questions. I believe this person fully understands the issues, and I find no reason to believe this person is not fully competent to give informed consent to treatment. I agree to enter into therapy with the client, as shown by my signature here.

Signature of therapist

Date

Re-New Psychological Services, LLC truly appreciate the chance you have given us to be of professional service to you, and look forward to a successful relationship with you. If you are satisfied with our services as we proceed, we would appreciate your referring to us other people who might also be able to make use of our services.