



Welcome!

The following form is intended to help you become acquainted with myself and my practice, as well as to provide me with some preliminary information which will help me serve you better. Please take time to read it carefully. I will gladly discuss any (or all) of these items with you in more detail, if needed.

DEMOGRAPHICS:		
Name:	DOB:	Age:
Address:		
Phone:		
Email:		
Marital Status:	Gender	
Who referred you to this office:		

SYMPTOM CHECKLIST - Please check any of the following that apply:					
<input type="checkbox"/>	Headaches	<input type="checkbox"/>	Inferiority feelings	<input type="checkbox"/>	Marked mood changes
<input type="checkbox"/>	Fainting	<input type="checkbox"/>	Homicidal Ideas	<input type="checkbox"/>	Loneliness
<input type="checkbox"/>	Dizziness	<input type="checkbox"/>	Suicidal ideas	<input type="checkbox"/>	Legal difficulties
<input type="checkbox"/>	Memory problems	<input type="checkbox"/>	Past suicidal attempts	<input type="checkbox"/>	Past court involvement
<input type="checkbox"/>	Irritability	<input type="checkbox"/>	Guilt	<input type="checkbox"/>	Employment problems
<input type="checkbox"/>	Restlessness	<input type="checkbox"/>	Panic attacks	<input type="checkbox"/>	Depression
<input type="checkbox"/>	Difficulty making decisions	<input type="checkbox"/>	Brooding	<input type="checkbox"/>	Compulsions
<input type="checkbox"/>	Inadequate income	<input type="checkbox"/>	School problems	<input type="checkbox"/>	Domestic abuse
<input type="checkbox"/>	Anxiety	<input type="checkbox"/>	Thought racing	<input type="checkbox"/>	Fatigue
<input type="checkbox"/>	Unwanted thoughts	<input type="checkbox"/>	Preoccupations	<input type="checkbox"/>	Heart palpitations
<input type="checkbox"/>	Eating disorder	<input type="checkbox"/>	Problems with anger	<input type="checkbox"/>	Drinking too much
<input type="checkbox"/>	Frequent worries	<input type="checkbox"/>	Overeating	<input type="checkbox"/>	Insomnia
<input type="checkbox"/>	Problems concentrating	<input type="checkbox"/>	Family problems	<input type="checkbox"/>	Hallucinations
<input type="checkbox"/>	Past drug/alcohol abuse	<input type="checkbox"/>	Vomiting	<input type="checkbox"/>	Difficulty making friends
<input type="checkbox"/>	Poor appetite	<input type="checkbox"/>	Weight change	<input type="checkbox"/>	Excessive sleep
<input type="checkbox"/>	Difficulty relaxing	<input type="checkbox"/>	Loss of relationship	<input type="checkbox"/>	Difficulty trusting people
<input type="checkbox"/>	Nightmares	<input type="checkbox"/>	Paranoid thoughts/feelings	<input type="checkbox"/>	Difficulty keeping friends
LEVEL OF DISTRESS :					
Are you experiencing suicidal thoughts?					
Do you have a plan to commit suicide?					
Are you thinking about harming yourself in any way?					
Do you have a plan to harm yourself?					
Have any of your friends or family ever committed or attempted suicide?					
Are you experiencing thoughts of hurting others?					
Do you have a plan to hurt others?					



FEE SCHEDULE:

Individual / Family Therapy (55 min)	\$90/session
Group Therapy (90 min)	
1 – 3 people	\$60/person
4 – 7 people	\$50/person
8 or more people	\$40/person
Informed Supervision Training (2-3 hours)	
1 – 3 people	\$100/person
4 – 7 people	\$75/person
8 or more people	\$50/person
Supervision / Case Consultation	\$65/session

I reserve the right to raise fees at any time. Prior to doing so, I will give you notice of the change and an opportunity to consult about any difficulties the changes may cause you or your family.

It is customary to pay for services when rendered. You agree to accept full responsibility for payment of any balance incurred for services. Appointment cancellations must be made within 24 hours of the scheduled appointment, or they will be subject to the cost of a usual session. If you should encounter financial difficulties while in counseling, please discuss your situation with me as soon as possible.

If your account or your family's account has not been paid for more than 30 days and arrangements for payments have not been agreed upon, I have the option of using legal means to secure payment. This may involve hiring a collection agency or going through small claims court. The costs of such legal actions will be included in the final claim.

Phone consultations lasting more than 15 minutes will be charged based upon the hourly rate. Additionally, any written documentation that you might require will be billed based upon the hourly rate.

SERVICES

Psychotherapy differs depending on the personalities of the client and therapist and the goals of the client. I use a combination of methods to provide the best services to each individual client and will tailor your treatment plan to best suit your needs. Most clients start therapy by meeting one time per week, but the frequency of services will be decided on an individual basis.

Psychotherapy has benefits and risks. Confronting difficult situations in your life may lead to unpleasant feelings and possible disruption to your life. However, psychotherapy has proven to be beneficial to those who have internalized the treatment and learned to work through their struggles. Therapy promotes better relationships, strengthens healthy family dynamics, opens family communication, and reduces feelings of distress. You should evaluate your comfort with me and with the therapeutic process. At any time, you may decide that this is not the right choice for you and your family. If therapy has already begun and you decide to discontinue, please discuss this with me first so proper arrangements can be made.

TELETHERAPY

In the event that the client and/or therapist are unable to meet in-person, teletherapy services will be offered. These services can be conducted via telephone, Zoom, or other HIPAA-compliant platform.



Teletherapy is the delivery of psychological treatment and consultation provided through interactive internet technologies where the patient and the clinician are not in the same physical space. A lack of access to the information that might be achieved in a face-to-face visit, but not in a teletherapy session, may result in errors in psychological judgment. There might be a risk of deficiencies, delays, or failures during the transfer of services due to electronic circumstances. All information provided will be held confidential and will not be disclosed without permission, except where disclosure is required by law. The electronic systems that are used throughout the service incorporate network and software security protocols (encryption) in order to protect the confidentiality of the patient information and data. By engaging in teletherapy services, you acknowledge that some insurance companies may not cover services provided in this manner.

Teletherapy does not provide emergency services.

APPOINTMENTS AND CANCELLATIONS

Appointments are scheduled by contacting me directly or by scheduling online at <https://calendly.com/gmtambone/aldovina-counseling-services>. Sessions are approximately fifty minutes in length unless other arrangements have been made. If you need to cancel or reschedule your appointment, please do so at least 24 hours in advance by calling my cell phone at (719) 598-8560.

CONFIDENTIALITY

The confidentiality of your records is protected by Colorado State law. If you wish me to discuss your case with another party, you must complete an Authorization to Release Information. In some cases (suspected child abuse, potential harm to self or others, plans to commit a crime) the law requires me to release confidential information without your prior consent.

CONSULTATION WITH COLLEAGUES

I may occasionally find it helpful to consult other professionals about a case. During a consultation, I make every effort to avoid revealing the identity of my clients. The consultant is also legally bound to keep the information confidential. Unless you object, I will not tell you about these consultations unless I feel that it is important to our work together. I will note all consultations in your clinical record.

PHONE CALLS, EMAILS, EMERGENCIES, ETC.

You may e-mail me to make, cancel, or reschedule an appointment, to make brief reports about your progress, or to ask simple questions that can be answered in a few words. But deep therapy issues, questions, or crises will not be addressed by e-mail.

You may also call me to make, cancel, reschedule appointments, or to ask simple questions. Please be mindful of time and make every effort to make your calls between the hours of 9:00am and 7:00pm.

I will make my best efforts to return all calls and emails within 24 hours. If you are experiencing a mental health crisis, please do not wait for me to get back to you. Call 911 or go directly to your nearest emergency room.

SOCIAL NETWORKING



As a policy, I will not “friend” clients (past or current) on social networking sites. Know that if you try to add me to your network, I will decline or ignore the invitation. I believe that this crosses a professional boundary and can adversely impact the therapeutic process.

ENDING TREATMENT

In most cases, the time comes when the circumstances that indicated psychological treatment are fully understood and resolved. A natural ending point or termination becomes evident to both of us. Either of us may terminate our work together if we believe it is in your best interest. Termination should not be done causally, as it can be a most valuable part of our work together. Typically the decision is made jointly between you and me, allowing sufficient time to review our work together including accomplishments and any outstanding issues that remain. If referrals are warranted, they will be made at this time. Sometimes, circumstances arise that result in an arbitrary ending date for treatment. In those situations, I ask for at least two sessions after the decision to end treatment has been made to conclude our work together.

I, _____, give permission to Gina Tambone, LPC to provide psychotherapeutic treatment. I understand that services will be rendered in a professional manner, consistent with accepted ethical standards. By my signature I am affirming that the contents of this document have been satisfactorily explained to me.

Signature

Date

I truly appreciate the opportunity you have given me to be of professional service to you. I am eager to receive your questions, comments, suggestions or concerns at any time. I look forward to our work together and a relationship that I believe you will find productive and beneficial.

Thank you!


Gina Tambone, LPC