

FIRST APPOINTMENT CLIENT PACKET

Welcome!

Thank you for choosing me to help you and act as your facilitator in health.

I am committed to making your first session as comfortable and productive as possible. To achieve this, I want to walk you through required paperwork, pre-session information gathering and what to expect at your first appointment.

Pre-session paperwork

By frontloading me with as much information as possible including a short autobiography and completion of a few forms, this will free up your first session for education and learning new techniques. On completion please email me back all completed pages.

The paperwork below will take approximately 20-30 minutes.

- Confidential Client Information Sheet
- Informed Consent
- Limits of Confidentiality
- Mind Body Spirit Inventory

In addition to this paperwork, please type a 1-2 page autobiography. Do not worry about punctuation or writing style. Some clients use bullet points, others write one paragraph per decade and sometimes it's too painful to do.

Office

My office is located inside OC Whole Family Wellness with a friendly office staff. Please help yourself to tea or water near the front door. The restrooms are located outside next to the elevator and the keys are at the front desk.

The practice also offers an IV Nutrition Lounge, pharmaceutical grade supplements and organic skin care products. Please feel free look around and ask questions of the highly trained team, and most importantly, make yourself comfortable.

Sincerely,

Wendy

Confidential Client Information-Adult

Date:

Name:

DOB:

Address:

Drivers License:

City, State:

Zip Code:

Employer:

Occupation:

Phone: Home:

OK to leave message Y or N

Cell:

OK to leave message Y or N

E-mail:

OK to leave email Y or N

Marital Status: () Single () Married () Separated () Living together () Divorced Spouse/Partner

Name:

Phone:

Employer:

Occupation:

Children / Others living with you:

Name: _____

Name: _____

Name: _____

Emergency Contact: _____ Relationship: _____

Contacts's Phone _____ Cell: _____

Referred by: _____ OK to send Thank You letter? Y or N

Informed Consent

Wendy Purcell is a California Board Licensed Marriage and Family Therapist since 2001 and Certified Hypnotherapist. All communications and sessions are confidential with the exceptions listed by California law on the Limits of Confidentiality Contract following this page.

Therapy appointments are made in advance and this reserves my time for you. If you need to cancel a scheduled appointment please do so with ***a minimum of 24 hours notice so I may schedule another client.*** ***All cancellations must be made via my voice mail or text at (949) 244-7246*** I do not accept cancellations through e-mail. If you do not give 24-hour notice you ***may*** be charged for your session.

Initials

To schedule an appointment or contact me between sessions, please call or text me at (949) 244-7246. In most cases your call or text will be returned the same day Monday through Friday. If you are having a life-threatening emergency please call 911.

Phone sessions are available when pre-arranged or in some emergency situations. Phone sessions are charged at a rate of \$90.00 per half hour.

If you wish to use your insurance to pay for therapy, I require payment at the time of service and will provide you with a monthly super bill to submit to your insurance carrier. In accordance with your policy, your carrier will determine coverage and make any reimbursements directly to you.

Treatment Agreements:

1. I agree to enter therapy with Wendy Purcell M.A., MFT
2. I agree to pay \$270.00 at the start of each 90-minute session or \$180 per 60-minute session payable by cash, check, Visa, MasterCard, Discover or American Express.
3. I understand that my therapist, Wendy Purcell, is a sole-proprietor and works in her own private practice. Although she shares space with other health professionals at OC Whole Family Wellness, I understand that none of these professionals are legally connected to or responsible for the professional services she provides.
4. I have read and understand my rights, the office policies, the limits of confidentiality and these conditions of our work together. _____

Initials

Name of Client or Guardian

Signature of Client or Guardian

Date

Wendy Purcell M.A, LMFT, CHt

Date

Limits of Confidentiality Contract

Information discussed in the therapy setting is held confidential and not shared without your written permission except under the following circumstances:

1. If the client threatens suicide*
2. If the client threatens to harm another person*
3. If I have reason to suspect that a minor is being abused: including but not limited to physical abuse, sexual abuse, emotional abuse, neglect, unjustifiable cruelty or unreasonable punishment*
4. If I have reason to suspect that an elderly person over 65 years of age or a dependent adult is being abused*
5. If I am ordered by the courts to break confidentiality to comply with legal requirements.
6. If I consult with other marriage & family therapists, social workers or psychologists in order to provide you with the best care and service. In this instance your name and identifying information will be kept confidential.
7. If I have a written release from you, authorizing me to speak with a party you designate such as an insurance company representative, doctor, healthcare provider, attorney, school or family member.

*I am a mandated reporter! State law mandates that mental health professionals are required to report the above situations to the appropriate agency designated to receive such a report.

All other communications between therapist and client will be deemed confidential under the laws of the State of California.

Having read and understood the above, I agree to these limits of confidentiality.

Name of client

Signature of client or guardian

Date

Name of client

Signature of client or guardian

Date

Signature of Clinician

Date

Mind Body Spirit Inventory

Mind

Please list all the tools you use to cope with stress and maintain balance in your life (e.g. Church, yoga, exercise, positive self-talk, support groups, etc.)

Are you aware of any limiting beliefs that are holding you back? Limiting beliefs are one-sentence statements we believe on some level as true e.g. "I'm not worthy" or "I'm stupid"

Please list your greatest fears.

Mind Body Spirit Inventory

Body

Please describe your childhood medical history: illnesses, surgeries, medications, learning disabilities or any thing you know about your birth.

Please describe your adult medical history: illnesses, diseases or syndromes surgeries, broken bones, recurring physical complaints, (e.g. migraines, asthma, back pain, allergies, etc.)

Please list all medications that you are currently taking

Please list the ways you stimulate yourself or create excitement in your life (e.g. shopping, reading, sex, sugar, caffeine, partying, etc.)

Please list any addictions you have now or have struggled with in the past (e.g. alcohol, drugs, work, gambling, shopping, sex, exercise)

Spirit

Briefly describe your religious or spiritual upbringing.

Please describe your current religious/spiritual beliefs *or* describe how you connect with the that which is *more than* you. Your definition of God, Spirit, Universe etc...

Are there any events in your life you feel separated you from your beliefs?

Relationships

What was each parent like when you were a child?

What was your parent's relationship with each other when you lived with them?

What was your relationship with each parent growing up?

What is your relationship now?

Please describe any other significant relationships with other family members or friends from childhood:

Please list events in your life that you coded as traumatic.

Goals

Please list of your most significant accomplishments in your life:

- 1.
- 2.
- 3.
- 4.
- 5.

Please list goals you have for yourself for which you are seeking support at this time:

- 1.
- 2.
- 3.
- 4.
- 5.

Please list strengths or tools that help you reach your goals:

- 1.
- 2.
- 3.
- 4.
- 5.

Please list ways you sabotage yourself and your goals:

- 1.
- 2.
- 3.
- 4.
- 5.