

J ERIN EDMONDSON LPC, LADCMH  
SCREENING & ASSESSMENT

SCREENING/REQUEST FOR SERVICES

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

What would you like to be called? \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: OK Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Best way to contact: ☐ phone ☐ e-mail ☐ text

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

PERSON RESPONSIBLE FOR CARE/Emergency Contact

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Relationship to client: \_\_\_\_\_ Willing(want)to participate in services? ☐ Yes ☐ No

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Best way to contact: ☐ phone ☐ e-mail ☐ text

Is it ok to leave a voicemail? ☐ Yes ☐ No

REASON FOR REQUEST

Reason for seeking services: \_\_\_\_\_

Goals for treatment: \_\_\_\_\_

Do you have current thoughts of harming yourself or others or engage in risk-taking behavior? ☐ Yes ☐ No

Yes?: \_\_\_\_\_

What type of service do you prefer (Check all that apply): ☐ Individual ☐ Family ☐ Group

Have you previously been diagnosed with a mental health or substance use disorder? ☐ Yes ☐ No

TREATMENT HISTORY

Have you been in counseling before? ? ☐ Yes ☐ No \_\_\_\_\_

Substance use/abuse history: \_\_\_\_\_

Is there a family history of addiction/abuse? ☐ Yes ☐ No Details: \_\_\_\_\_

Do other people in your family struggle with mental health issues? ☐ Yes ☐ No Details: \_\_\_\_\_

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## MENTAL HEALTH SCREENING

Within the past 90 days (3 months) have you had a significant period in which you have experienced?

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| Hallucinations (seen, heard, or felt things others did not)?                | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Serious depression (sadness, hopelessness, change in appetite/sleep)        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Serious anxiety or tension (felt uptight, worried, and/or unable to relax)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Trouble controlling violent behavior?                                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Thought of harming yourself?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Attempted suicide?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Being prescribed medication for psychological or emotional problems?        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Difficulty getting along with parents, teachers, peers, or co-workers?      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Feeling alone or concerned about your body or appearance?                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

## SUBSTANCE ABUSE SCREENING

During the past 12 months have you:

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| Been pre-occupied with drinking alcohol and/or using other drugs?             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Tried to stop drinking alcohol and/or using other drugs, but couldn't?        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Had problems related to your alcohol or drug use but continued to use?        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Needed to use more alcohol or drugs to get the same effect you used to?       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Used alcohol or other drugs more than you intended?                           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Used alcohol or other drugs to alter how you feel?                            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Given up, interests, activities, and/or friends due to drug or substance use? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are you misusing any prescription or over-the-counter medication?             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you now or have you ever injected drugs using needles?                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

## TRAUMA EXPERIENCES

During the past year (12 months) have you:

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| Experienced a traumatic event, natural disaster, war, accident, loss of loved one? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Been afraid of your partner and/or a family member?                                | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Been hit, slapped, kicked, threatened by a family member or other adult?           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Been seriously emotionally hurt by another person?                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Been touched sexually or forced to have sex when you did not want to?              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Witnessed domestic violence (adults in the home physically or verbally fighting)?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you feel that you were neglected as a child or are being neglected now?         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

## HISTORY OF TRAUMA

Has the person seeking services experienced any of the following (check all that apply):

Trauma	Yes	No	Victim	Perpetrator
Domestic violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neglect	<input type="checkbox"/>	<input type="checkbox"/>	N/A	N/A
Loss of family member or close friend	<input type="checkbox"/>	<input type="checkbox"/>	N/A	N/A
Witness to violent act or crime	<input type="checkbox"/>	<input type="checkbox"/>	N/A	N/A

Please describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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FAMILY HISTORY

Present living arrangement: ☐ Alone ☐ Single Parent ☐ Two Parent ☐ Step-Parent & Parent ☐ Spouse/Partner  
Parents:

Relationship Status

Biological Mother: \_\_\_\_\_ Age: \_\_\_\_\_ ☐ Very Good ☐ Good ☐ Fair ☐ Poor  
Biological Father: \_\_\_\_\_ Age: \_\_\_\_\_ ☐ Very Good ☐ Good ☐ Fair ☐ Poor  
Step-mother: \_\_\_\_\_ Age: \_\_\_\_\_ ☐ Very Good ☐ Good ☐ Fair ☐ Poor  
Step-father: \_\_\_\_\_ Age: \_\_\_\_\_ ☐ Very Good ☐ Good ☐ Fair ☐ Poor

Brothers & Sisters: ☐ N/A

Name: \_\_\_\_\_ Age: \_\_\_\_\_ ☐ Biological ☐ Step ☐ Half ☐ Adopted  
Name: \_\_\_\_\_ Age: \_\_\_\_\_ ☐ Biological ☐ Step ☐ Half ☐ Adopted  
Name: \_\_\_\_\_ Age: \_\_\_\_\_ ☐ Biological ☐ Step ☐ Half ☐ Adopted  
Name: \_\_\_\_\_ Age: \_\_\_\_\_ ☐ Biological ☐ Step ☐ Half ☐ Adopted

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed ☐ Other: \_\_\_\_\_

How would you describe your cultural background (cultural orientation): \_\_\_\_\_

Spiritual beliefs: (optional) \_\_\_\_\_

How would you like spirituality addressed during treatment? \_\_\_\_\_

HEALTH HISTORY

Are you currently under physician care? ☐ Yes ☐ No For: \_\_\_\_\_

Do you have any medication or food allergies or adverse reactions? ☐ Yes ☐ No Yes: Please describe: \_\_\_\_\_

Past/Current medical problems, disabilities, disorders: \_\_\_\_\_

Primary care physician: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Current/Past Medications

Medication	Dosage	Effectiveness/Side effects	Prescribed for	Duration
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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Is there anything specific you'd like me to know? \_\_\_\_\_

[illegible]

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CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION

I UNDERSTAND THAT RECORDS ARE PROTECTED UNDER Federal and State Confidentially Law and Regulations and cannot be disclosed without my written consent unless otherwise provided for in the laws and regulations. I/we hereby authorize J. ERIN EDMONDSON, M.A., LPC, LADCmh ( ) to release to ( ) to receive from \_\_\_\_\_ the following information/records regarding: (Name of Client) \_\_\_\_\_ DOB: \_\_\_\_\_.

- \_\_\_\_\_ Social and Social Services Information (history & current)
- \_\_\_\_\_ Psychosocial/Psychological/ Diagnostic Evaluation Information (history & current)
- \_\_\_\_\_ Health & Drug Information, Including Immunizations (history & current)
- \_\_\_\_\_ Educational Evaluation/Planning, Including Related to Special Needs (history & current)
- \_\_\_\_\_ Mental Health Treatment, Planning and Treatment Progress Information (history & current)
- \_\_\_\_\_ Drug/Alcohol Abuse and Related Treatment Information (history & current)
- \_\_\_\_\_ Other: \_\_\_\_\_
- \_\_\_\_\_ All Records and Information

Period of time covered: ONE YEAR Purpose: Continuity of Care

The information authorized for release may include information which may indicate the presence of a communicable or venereal disease which may include, but is not limited to, diseases such as Hepatitis, Syphilis, Gonorrhea, and the Human Immunodeficiency Virus, also known as Acquired Immune Deficiency Syndrome (AIDS).

Re: Psychiatric Records-Oklahoma State Law (76 O.D. Supp. 1986, Section 19) provides that psychological or psychiatric records may be provided to a Client if the treating physician or practitioner consents to the release or upon receipt of a court order, issued by a court of competent jurisdiction. Therefore, psychological or psychiatric records will not be released to Clients, their guardians or agents (including attorneys) except with the consent of the treating physician or upon receipt of a court order, issued by a court of competent jurisdiction.

Re: Drug/Alcohol Abuse Records-Confidentially of drug/alcohol abuse records is protected by Federal Law. Federal regulations (4 CRF Part 2) prohibits making any further disclosure of this information unless further disclosure is expressly permitted by written consent of the person to whom it pertains or as otherwise permitted by 42 CRF Part 2. A GENERAL AUTHORIZATION FOR THE RELEASE OF MEDICAL OR OTHER INFORMATION IS NOT SUFFICIENT FOR THIS PURPOSE. The federal rules restrict any use of the information to criminally investigate or prosecute any alcohol/drug abuse Clients.

I/we understand that I/we may revoke this consent at any time except to the extent those actions have been taken in reliance on it. This consent shall expire one (1) year from the date of my signature(s) or upon the following date: \_\_\_\_\_.

I/we do not authorize further release to any other party. I/we understand that the individual entities involved in providing services-and their employees, offices, and directors-cannot be responsible for confidentiality of information disclosed after information has been released pursuant to this authorization, and I/we thereby release them from any liability arising from such disclosure.

This consent is being given freely and voluntarily; I understand that treatment services are not contingent upon or influenced by my decision to permit the release of information.

\_\_\_\_\_  
CLIENT (OVER 14)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT/GUARDIAN

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PROVIDER

\_\_\_\_\_  
DATE

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SCREENING & ASSESSMENT

**OFFICE POLICY**

As a participant of services with J. ERIN EDMONDSON, M.A., LPC, LADCmh, by my signature below, I agree to the following:

- I agree to pay a fee of \$110 per 50/55-minute session (self pay clients) and I understand that payment is due at the time service is provided.
- I agree to pay a 24-hour late/cancellation fee or no show fee of no less than \$50 but up to the full session rate. I understand that subsequent late cancellations or no shows may result in termination of services
- I understand that missing three consecutive scheduled appointments will result in discharge.
- Payments are expected to be current. If you are more than three sessions behind, services will be suspended until an acceptable resolution is reached.
- My office will follow the Edmond Public School District's policy on inclement weather and holidays. If the district closes schools, my office will be closed as well. \*I may or may not always contact you to confirm cancellation, so please be aware of this policy.
- I will notify my clinicians of any changes to my address or phone number.
- I do not make recommendations to courts in domestic matters. If you are involved in litigation or in a custody battle, you agree you will not call me to testify. It is my policy not to testify in such cases because experience has shown that it threatens the professional relationship I have with my client.

**RATES**

First Session, 60-90 minutes \$150

The first meeting is about information gathering. It is an opportunity to discuss responsibilities and goals and complete initial paperwork.

Individual and Family Sessions \$110-\$150

Individual sessions are usually scheduled for 55 minutes but can be scheduled for 85 minutes if needed or requested. Family sessions are usually scheduled for 85 minutes.

55 minute home based counseling session- \$175

Within the Edmond area, in home sessions may be available for clients who are unable to come in to the office due to more extreme issues.

Cancellation Fees

I understand that your time is valuable and hope you understand that of mine. I also understand that life happens! In the event that you are unable to keep your scheduled appointment, please give me at least 24 hours notice. I purposefully maintain a moderate client list and modified schedule in order to provide the most positive and beneficial environment for our working relationship.

Because of this, cancellations are handled as follows:

- Cancels with more than 24 hours notice are not charged for the session.
- Same day cancels and missed appointments are charged the full rate.

**PAYMENT**

Payment is expected at the time of services unless other arrangements have been made. I accept cash, check and all major credit cards (via Square and Apple Pay).

My signature below indicates my understanding of the office policies provided.

\_\_\_\_\_  
CLIENT (RESPONSIBLE FOR PAYMENT)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PROVIDER

\_\_\_\_\_  
DATE

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SCREENING & ASSESSMENT

CLIENT ACKNOWLEDGEMENT OF RECEIPT

SIGNATURE PAGE

I have received copies of applicable documents at intake session which include all signature pages and licensure disclosure.

\_\_\_\_\_  
CLIENT (14 OVER)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PROVIDER SIGNATURE

\_\_\_\_\_  
DATE

## SOCIAL MEDIA POLICY

### FRIENDING

I do not accept friend or contact requests from current or former clients on any social networking site such as Facebook or LinkedIn. I believe that adding clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship. If you have questions about this, please bring them up when we meet and we can talk more about it.

### FACEBOOK

As of 2017, I deleted my Facebook Page after concluding that the potential risks of maintaining such a Page outweigh any potential gains.

### FOLLOWING

I intend to keep my website updated with current articles in the future and I post psychology news on Twitter. I have no expectation that you, as a client will want to follow either of these. However, if you use an easily recognizable name on Twitter and I happen to notice that you've followed me there, we may briefly discuss it and its potential impact on our working relationship. My primary concern is your privacy. If you share this concern, there are more private ways to follow me on Twitter (such as using an RSS feed or a locked Twitter list), which would eliminate your having a public link to my content. You are welcome to use your own discretion in choosing whether to follow me. Note that I will not follow you back. I only follow other health professionals on Twitter and I do not follow current or former clients on blogs or Twitter. My reasoning is that I believe casual viewing of clients' online content outside of the therapy hour can create confusion in regard to whether it's being done as a part of your treatment or to satisfy my personal curiosity. In addition, viewing your online activities without your consent and without our explicit arrangement towards a specific purpose could potentially have a negative influence on our working relationship. If there are things from your online life that you wish to share with me, please bring them into our sessions where we can view and explore them together, during the therapy hour.

### TEXTING

Clients have asked me about texting and emailing as a way to communicate. It is important for you to know that electronic communication is not HIPPA compliant, messages could be recorded/stored by the cellular company mail service and anyone who has access to your electronics could potentially have access to the message. It should also be known that anyone who has access could send me a message and I will assume it is you. By signing this waiver, you are acknowledging that I will only respond to a message that you initiate unless it is an appointment reminder or informational in nature.

I utilize my work cell phone actively in my practice both for calls and texting. As such, I will save client numbers for convenience. HIPAA guidelines require that I inform you of this and, as noted above, that I also inform you it may not be as secure as other forms of communication. If you are uncomfortable with this, please let me know and I will not save your number. Although I allow for texting and calling outside of session, please do not rely on this method of communication in an emergency situation, as I am not on call and do not have an on-call service. If you are experiencing a mental health emergency, please contact 911 or go to the nearest emergency room.

### INTERACTING

Please do not use messaging on Social Networking sites such as Twitter, Facebook, or LinkedIn to contact me. These sites are not secure and I may not read these messages in a timely fashion. Do not use Wall postings, @replies, or other means of engaging with me in public online if we have an already established client/therapist relationship. Engaging with me this way could compromise your confidentiality. It may also create the possibility that these exchanges become a part of your legal medical record and will need to be documented and archived in your chart. The best way to contact me is email, phone or text (if you have agreed to policy) for any administrative issues such as changing appointment times. See the email section below for more information regarding email interactions.

### SEARCH ENGINES

It is NOT a regular part of my practice to search for clients on Google or Facebook or other search engines. Extremely rare exceptions may be made during times of crisis. If I have a reason to suspect that you are in danger and you have not been in touch with me via our usual means (coming to appointments, phone, or email) there might be an instance in which using a search engine (to find you, find someone close to you, or to check on your recent status updates) becomes necessary as part of ensuring your welfare. These are unusual situations and if I ever resort to such means, I will fully document it and discuss it with you when we next meet.

## J ERIN EDMONDSON LPC, LADCMH SCREENING & ASSESSMENT

### GOOGLE READER

I do not follow current or former clients on Google Reader and I do not use Google Reader to share articles. If there are things you want to share with me that you feel are relevant to your treatment whether they are news items or things you have created, I encourage you to bring these items of interest into our sessions.

### BUSINESS REVIEWS

You may find my psychology practice on sites such as Yelp, Healthgrades, Yahoo Local, Bing, or other places which list businesses. Some of these sites include forums in which users rate their providers and add reviews. Many of these sites comb search engines for business listings and automatically add listings regardless of whether the business has added itself to the site. If you should find my listing on any of these sites, please know that my listing is NOT a request for a testimonial, rating, or endorsement from you as my client.

The American Psychological Association's Ethics Code states under Principle 5.05 that it is unethical to solicit testimonials: "do not solicit testimonials from current therapy clients/patients or other persons who because of their particular circumstances are vulnerable to undue influence." Of course, you have a right to express yourself on any site you wish. But due to confidentiality, I cannot respond to any review on any of these sites whether it is positive or negative. I urge you to take your own privacy as seriously as I take my commitment of confidentiality to you. You should also be aware that if you are using these sites to communicate indirectly with me about your feelings about our work, there is a good possibility that I may never see it. If we are working together, I hope that you will bring your feelings and reactions to our work directly into the therapy process. This can be an important part of therapy, even if you decide we are not a good fit. None of this is meant to keep you from sharing that you are in therapy with me wherever and with whomever you like. Confidentiality means that I cannot tell people that you are my client and my Ethics Code prohibits me from requesting testimonials. You are more than welcome to tell anyone you wish that I'm your therapist or how you feel about the treatment I provided to you, in any forum of your choosing. If you do choose to write something on a business review site, I hope you will keep in mind that you may be sharing personally revealing information in a public forum. I urge you to create a pseudonym that is not linked to your regular email address or friend networks for your own privacy and protection. If you feel I have done something harmful or unethical and you do not feel comfortable discussing it with me, you can always contact the Board of Psychology, which oversees licensing, and they will review the services I have provided.

### LOCATION-BASED SERVICES

If you used location-based services on your mobile phone, you may wish to be aware of the privacy issues related to using these services. I do not place my practice as a check-in location on various sites such as Foursquare, Gowalla, Loopt, etc. However, if you have GPS tracking enabled on your device, it is possible that others may surmise that you are a therapy client due to regular check-ins at my office on a weekly basis. Please be aware of this risk if you are intentionally "checking in," from my office or if you have a passive LBS app enabled on your phone.

### EMAIL

I prefer using email only to arrange or modify appointments. Please do not email me content related to your therapy sessions, as email is not completely secure or confidential. If you choose to communicate with me by email, be aware that all emails are retained in the logs of your and my Internet service providers. While it is unlikely that someone will be looking at these logs, they are, in theory, available to be read by the system administrator(s) of the Internet service provider. You should also know that any emails I receive from you and any responses that I send to you become a part of your legal record.

### CONCLUSION

While this document outlines my policies related to the use of social media, it is logical to assume it will adapt as technology does. Should something change, I will notify you in writing and by updating the policy on my website. If you have any questions about this policy, I encourage you to bring them up when we meet.

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Please initial the option you choose:

\_\_\_\_\_ Please do not save my contact information to your phone.

\_\_\_\_\_ It is okay to save my contact information to your phone.

*Please indicate below the methods by which you would like to communicate with me. You may request another form and change these preferences at any time.*

The best number to use is: \_\_\_\_\_

The best email to use is: \_\_\_\_\_

Please read and initial your understanding:

\_\_\_\_\_ *In an emergency situation, I will call 911 or go to my nearest emergency room*

\_\_\_\_\_ I understand that I should not use texting as a means of contact in a crisis.

My signature below indicates my understanding of the policies provided for interaction via digital and social media.

\_\_\_\_\_  
CLIENT (14 OVER)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PROVIDER SIGNATURE

\_\_\_\_\_  
DATE