Client Intake Questionnaire

Please fill in the information below and bring it with you to your first session.
Please note: information provided on this form is protected as confidential information.

Personal Information

Name:_____ Date:_____
Parent/Legal Guardian (if under 18): _____
Address: ""_____
Home Phone: ___ _____ May we leave a message? □ Yes □ No
Cell/Work/Other Phone: _____ May we leave a message? □ Yes □ No
Email: _____ May we leave a message? □ Yes □ No
**Please note: Email correspondence is not considered to be a confidential medium of communication.*
DOB: _____ Age: _____ Gender: _____
Martial Status:

□ Never Married □ Domestic Partnership □ Married
□ Separated □ Divorced □ Widowed

Referred By (if any): _____

Consent for Treatment
and Limits of Liability

Limits of Services and Assumption of Risks:

Therapy sessions carry both benefits and risks. Therapy sessions can significantly reduce the amount of distress someone is feeling, improve relationships, and/or resolve other specific issues. However, these improvements and any "cures" cannot be guaranteed for any condition due to the many variables that affect these therapy sessions. Experiencing uncomfortable feelings, discussing unpleasant situations and/or aspects of your life are considered risks of therapy sessions.

Limits of Confidentiality:

What you discuss during your therapy session is kept confidential. No contents of the therapy sessions, whether verbal or written may be shared with another party without your written consent or the written consent of your legal guardian. The following is a list of exceptions:

Duty to Warn and Protect
If you disclose a plan or threat to harm yourself, the therapist must attempt to notify your family and notify legal authorities. In addition, if you disclose a plan to threat or harm another person, the therapist is required to warn the possible victim and notify legal authorities.

Abuse of Children and Vulnerable Adults
If you disclose, or it is suspected, that there is abuse or harmful neglect of children or vulnerable adults (i.e. the elderly, disabled/incompetent), the therapist must report this information to the appropriate state agency and/or legal authorities.

Prenatal Exposure to Controlled Substances
Therapists must report any admitted prenatal exposure to controlled substances that could be harmful to the mother or the child.

Minors/Guardianship
Parents or legal guardians of non-emancipated minor clients have the right to access the clients' records.

Insurance Providers
Insurance companies and other third-party payers are given information that they request regarding services to the clients.

The type of information that may be requested includes: types of service, dates/times of service, diagnosis, treatment plan, description of impairment, progress of therapy, case notes, summaries, etc.

By signing below, I agree to the above assumption of risk and limits of confidentiality and understand their meanings and ramifications.

_____ _____

Client Signature (Client's Parent/Guardian if under 18) Date

Cancellation Policy

If you are unable to attend an appointment, we request that you provide at least 24 hours advanced notice to our office. Since we are unable to use this time for another client, please note that you will be billed for the entire cost of your scheduled appointment if it is not timely cancelled, unless such cancellation is due to illness or an emergency.

For cancellations made with less than 24 hour notice (unless due to illness or an emergency) or a scheduled appointment that is completely missed, you will be mailed a bill directly for the full session fee.

We appreciate your help in keeping the office schedule running timely and efficiently.

_____ _____

Client Signature (Client's Parent/Guardian if under 18) Date

Emergency & Other Contacts

Please provide an emergency contact and, if helpful, other professionals involved in your care.

Client Information

Full name

Preferred name

Date of birth (MM/DD/YYYY)

Emergency Contact

Contact name

Relationship

Primary phone

Alternate phone

Email

Notes or Contact Preferences (Optional)

Please describe what may or may not be discussed with this person and any other contact preferences.

I authorize Robert Romano, LCSW, LLC to contact this person in an emergency or when reasonably necessary to support my safety. This authorization does not permit routine disclosure of my psychotherapy records.

I authorize contact with this person as described above.

Emergency & Other Contacts

continued

Additional Emergency Contact (Optional)

Contact name

Relationship

Primary phone

Alternate phone

Email

Notes or Contact Preferences (Optional)

Please describe what may or may not be discussed with this person and any other contact preferences.

I authorize Robert Romano, LCSW, LLC to contact this person in an emergency or when reasonably necessary to support my safety. This authorization does not permit routine disclosure of my psychotherapy records.

I authorize contact with this person as described above.

Other Professional Involved in Your Care (Optional)

Name

Role / specialty

Organization

Phone

Email

Listing a professional here does not authorize the release of records or ongoing communication. A separate written authorization may be required before information is shared.

Client name (printed)

Date

Client signature

Cooper – Norcross Inventory of Preferences (C-NIP)

On each of the items below, please indicate your preferences for how a psychotherapist or counsellor should work with you by circling a number. A 3 indicates a *strong* preference in that direction, 2 indicates a *moderate* preference in that direction, 1 indicates a *slight* preference in that direction, 0 indicates no preference in either direction/an equally strong preference in both directions.

'I would like the therapist to…'

1. Focus on specific goals — No or equal preference — Not focus on specific goals

3 ☐ 2 ☐ 1 ☐ 0 ☐ -1 ☐ -2 ☐ -3 ☐

2. Give structure to the therapy — No or equal preference — Allow the therapy to be unstructured

3 ☐ 2 ☐ 1 ☐ 0 ☐ -1 ☐ -2 ☐ -3 ☐

3. Teach me skills to deal with my problems — No or equal preference — Not teach me skills to deal with my problems

3 ☐ 2 ☐ 1 ☐ 0 ☐ -1 ☐ -2 ☐ -3 ☐

4. Give me 'homework' to do — No or equal preference — Not give me 'homework' to do

3 ☐ 2 ☐ 1 ☐ 0 ☐ -1 ☐ -2 ☐ -3 ☐

5. Allow me to take a lead in therapy — No or equal preference — Take a lead in therapy

-3 ☐ -2 ☐ -1 ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐

Scale 1. If score is 8 to 15 then strong preference for therapist directiveness. If score is -2 to 7 then no strong preference. If score is -3 to -15 then strong preference for client directiveness.

6. Encourage me to go into difficult emotions — No or equal preference — Not encourage me to go into difficult emotions

3 ☐ 2 ☐ 1 ☐ 0 ☐ -1 ☐ -2 ☐ -3 ☐

7. Talk with me about the therapy relationship — No or equal preference — Not talk with me about the therapy relationship

3 ☐ 2 ☐ 1 ☐ 0 ☐ -1 ☐ -2 ☐ -3 ☐

8. Focus on the relationship between us — No or equal preference — Not focus on the relationship between us

3 ☐ 2 ☐ 1 ☐ 0 ☐ -1 ☐ -2 ☐ -3 ☐

9. Encourage me to express strong feelings — No or equal preference — Not encourage me to express strong feelings

3 ☐ 2 ☐ 1 ☐ 0 ☐ -1 ☐ -2 ☐ -3 ☐

10. Focus mainly on my thoughts — No or equal preference — Focus mainly on my feelings

-3 ☐ -2 ☐ -1 ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐

Scale 2. If score is 7 to 15 then strong preference for emotional intensity. If score is 0 to 6 then no strong preference. If score is -15 to -1 then strong preference for emotional reserve

11. Focus on my life in the past — No or equal preference — Focus on my life in the present

3 ☐ 2 ☐ 1 ☐ 0 ☐ -1 ☐ -2 ☐ -3 ☐

12. Help me reflect on my childhood — No or equal preference — Help me reflect on my adulthood

3 ☐ 2 ☐ 1 ☐ 0 ☐ -1 ☐ -2 ☐ -3 ☐

13. Focus on my future — No or equal preference — Focus on my past

-3 ☐ -2 ☐ -1 ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐

Scale 3. If score is 3 to 9 then strong preference for past orientation. If score is -2 to 2 then no strong preference. If score is -3 to -9 then strong preference for present orientation.

14. Be challenging — No or equal preference — Be gentle

-3 ☐ -2 ☐ -1 ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐

15. Be supportive — No or equal preference — Be confrontational

3 ☐ 2 ☐ 1 ☐ 0 ☐ -1 ☐ -2 ☐ -3 ☐

16. Not interrupt me — No or equal preference — Interrupt me and keep me focused

3 ☐ 2 ☐ 1 ☐ 0 ☐ -1 ☐ -2 ☐ -3 ☐

17. Be challenging of my own beliefs and views — No or equal preference — Not be challenging of my own beliefs and views

-3 ☐ -2 ☐ -1 ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐

18. Support my behaviour unconditionally — No or equal preference — Challenge my behaviour if they think it's wrong

3 ☐ 2 ☐ 1 ☐ 0 ☐ -1 ☐ -2 ☐ -3 ☐

Scale 4. If score is 4 to 15 then strong preference for warm support, If score is -3 to 3 then no strong preference. If score is -4 to -15 then strong preference for focused challenge.

Additional client preferences for exploration and consideration (as appropriate to service provision)

Do you have a *strong* preference for:

- A therapist of a particular **gender**, **race/ethnicity**, **sexual orientation**, **religion**, or **other personal characteristic**?
- A therapist/counsellor who speaks a **specific language** that is most comfortable for you?
- **Modality** of therapy: such as individual, couple, family, or group therapy?
- **Orientation** of therapy: such as psychodynamic, cognitive, person-centred, or other?
- **Number** of therapy sessions: such as four, dependent on review, open-ended, or other?
- **Length** of therapy sessions: such as 50 mins, 60 mins, 90 mins or other?
- **Frequency** of therapy: such as twice weekly, weekly, monthly, ad hoc or other?
- **Medication**, psychotherapy, or both in combination?
- Use of **self-help** books, self-help groups, or computer programs in addition to therapy?
- **Any other** strong preferences that come to mind? (and do raise them at any point in therapy)
- What would you most **dislike** or **despise** happening in your therapy or counselling?