

New Client – Individual Counseling Intake
Mt. Olivet Counseling Service
1804 West 50th St. Minneapolis, MN 55419
5000 Logan Ave. So., Minneapolis, MN 55419
7150 Rolling Acres Road, Victoria, MN 55386 - 612-927-7335

Welcome! Please provide the following information as completely as you can. The information provided here is protected as confidential information.

Name: _____		Date of Birth _____	Age: _____	Today's Date: _____
Address: _____		City _____	State/Zip _____	
Phone: (home) _____	May we leave a message? <input type="checkbox"/> yes <input type="checkbox"/> no			
(cell) _____	May we leave a message? <input type="checkbox"/> yes <input type="checkbox"/> no			
Email: _____	May we leave a message? <input type="checkbox"/> yes <input type="checkbox"/> no			
Emergency Contact Person _____	Phone _____	Relationship? _____		
Permission to contact? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Your Occupation: _____		Your Employer: _____		
If currently a student, please list school, field of study, and degree toward which you are working: _____				
Are you a Member of Mt. Olivet Church? Yes [<input type="checkbox"/>] No [<input type="checkbox"/>] How did you hear about Mt Olivet Counseling Service? _____				
Have you previously seen a counselor at Mt. Olivet Counseling Service? [<input type="checkbox"/>] Yes [<input type="checkbox"/>] No If so, when? _____				

Your Relationship Status:

- () Single
- () Long term relationship for _____ years
- () Married for _____ years
- () Separated after a marriage of _____ years
- () Divorced for _____ years after a marriage of _____ years
- () Remarried for _____ years
- () Widowed after a marriage of _____ years

Your Spouse/Partner's name: _____ **Age:** _____ **Occupation:** _____

Your Family Information

First name, date of birth, and age of any children or step-children or other dependents you have:

- 1) _____ d.o.b. _____ age: __ 2) _____ d.ob. _____ age: __ 3) _____
d.o.b. _____ age: __ 4) _____ d.o.b. _____ 5) _____ d.ob. _____ age: _____
6) _____ d.o.b. _____ 7) _____ d.o.b. _____ age _____

Are there any co-parents or step-parents involved in your children's care? () Yes () No

If yes, their names: _____

With whom do you live?: _____

Your Family of Origin Information:

Father's name _____ Alive? Age: _____ Occupation: _____

Mother's name _____ Alive? Age: _____ Occupation: _____

What is/was your parent's marital status? () married () divorced () separated
() father remarried () mother remarried () parents never married

First name, age, and gender of any siblings and stepsiblings you have: _____

New Client – Individual Counseling Intake
Mt. Olivet Counseling Service
1804 West 50th St. Minneapolis, MN 55419
5000 Logan Ave. So., Minneapolis, MN 55419
27150 Rolling Acres Road, Victoria, MN 55386 - 612-927-7335

DSM-5 Self-Rated Level 1 Cross-Cutting Symptom Measure – Adult

Name: _____ **Age:** _____ **Date:** _____

Gender: [] Female [] Male [] Transgender [] Non-binary [] Other.

Preferred Pronouns [] She/her/hers [] He, him, his [] They/them/their

Instructions: The questions below ask about things that might have bothered you. For each question, circle the number that best describes how much (or how often) you have been bothered by each problem **during the past TWO (2) WEEKS.**

	During the past TWO (2) WEEKS how much (or how often) have you been bothered by the following problems?	<u>None</u> Not at all	<u>Slight</u> Rare, less than a day or two	<u>Mild</u> Several days	<u>Moderate</u> More than half the days	<u>Severe</u> Nearly every day.
I	1. Little interest or pleasure in doing things?	0	1	2	3	4
	2. Feeling down, depressed, or hopeless?	0	1	2	3	4
II	3. Feeling more irritated, grouchy, or angry than usual?	0	1	2	3	4
III	4. Sleeping less than usual, but still have a lot of energy?	0	1	2	3	4
	5. Starting lots more projects than usual or doing more risky things than usual?	0	1	2	3	4
IV	6. Feeling nervous, anxious, frightened, worried or on edge?	0	1	2	3	4
	7. Feeling panic or being frightened?	0	1	2	3	4
	8. Avoiding situations that make you anxious?	0	1	2	3	4
V	9. Unexplained aches and pains (e.g. head, back, joints, abdomen, legs?)	0	1	2	3	4
	10. Feeling that your illnesses are not being taken seriously enough?	0	1	2	3	4
VI	11. Thoughts of actually hurting yourself?	0	1	2	3	4
VII	12. Hearing things other people couldn't hear, such as voice even when on one was around?	0	1	2	3	4
	13. Feeling that someone could hear your thoughts, or that you could what another person was thinking?	0	1	2	3	4
VIII	14. Problems with sleep that affected your sleep quality over all?	0	1	2	3	4
IX	15. Problems with memory (e.g. learning new information) or with location (e.g. finding your way home)?	0	1	2	3	4
X	16. Unpleasant thoughts, urges or images that repeatedly enter your mind?	0	1	2	3	4
	17. Feeling driven to perform certain behaviors or mental acts over and over again?	0	1	2	3	4
XI	18. Feeling detached or distant from yourself, your body, your physical surroundings, or your memories?	0	1	2	3	4
XII	19. Not knowing who you really are or what you want out of life?	0	1	2	3	4
	20. Not feeling close to other people or enjoying your relationships with them?	0	1	2	3	4
XIII	21. Drinking at least 4 drinks of any kind of alcohol in a single day?	0	1	2	3	4
	22. Smoking any cigarettes, a cigar, or pipe, or using snuff or chewing tobacco?	0	1	2	3	4
	23. Using any of the following medicines ON YOUR OWN, that is, without a doctor's prescription, in greater amounts or longer than prescribed (e.g. painkillers (like Vicodin), stimulants (like Ritalin or Adderall), sedatives or tranquilizers (like sleeping pills or Valium), or drugs like marijuana, cocaine or crack, club drugs (like Ecstasy), hallucinogens (like LSD), heroin, inhalants or solvents (like glue) or methamphetamine (like speed)?	0	1	2	3	4

New Client – Individual Counseling Intake
Mt. Olivet Counseling Service
1804 West 50th St. Minneapolis, MN 55419
5000 Logan Ave. So., Minneapolis, MN 55419
7150 Rolling Acres Road, Victoria, MN 55386 - 612-927-7335

Mental Health History:

Have you previously seen a counselor/therapist/psychologist? () yes () no

If yes, please fill in the following information:

Name of professional	Dates of service	Reason for service
_____	_____	_____
_____	_____	_____
_____	_____	_____

What did you find most helpful in therapy?

What did you find least helpful in therapy?

Please list any current or chronic mental health issues/diagnoses for yourself:

Issue: _____ Medications? _____ For how long? _____

Issue: _____ Medications? _____ For how long? _____

Most recent evaluation of your mental health medication prescriptions? Date: _____

Have you ever been hospitalized for psychiatric reasons? () yes () no

Is there a history of mental illness in your family? () yes () no

If yes, please elaborate _____

Have you ever had thoughts about harming yourself? () Yes () No

Have you ever engaged in self-harm behaviors? () Yes () No

If so, explain _____

Have you ever had thoughts of harming others? () Yes () No

Do you have any history of aggression toward others? () Yes () No

If yes, please explain _____

What is your **faith/spirituality history**? _____

Medical Problems & Medication: Please list any current medical issues you are facing and medication (and dosage) you are taking: _____

Hospitalizations? _____

Most Recent Physician's Physical? _____

Substance Use: Please check substances you use on a daily, weekly OR monthly basis:

() Alcohol How many drinks per day ____, week or __ month ____?

() Marijuana Use per day __ week __ or month ____?

() Caffeine How many drinks per day __ week __ or month ____?

() Tobacco, type: Use per day __ week __ or month ____?

() Cocaine Use per day __ week __ or month ____?

() Opioids Use per day __ week __ or month ____?

() Amphetamine/speed Use per day __ week __ or month ____?

() Other & amount used: _____

New Client – Individual Counseling Intake
Mt. Olivet Counseling Service
1804 West 50th St. Minneapolis, MN 55419
5000 Logan Ave. So., Minneapolis, MN 55419
7150 Rolling Acres Road, Victoria, MN 55386 - 612-927-7335

Do you believe your use may be a problem? yes () no () Please describe: _____

CAGE ASSESSMENT:

- Have you ever felt you needed to **C**ut down on your chemical use? yes () no ()
Have people **A**nnoyed you by criticizing your drinking? yes () no ()
Have you ever felt **G**uilty about drinking? yes () no ()
Have you ever felt you needed a drink first thing in the morning
(Eye-opener) to steady your nerves or get rid of a hangover? yes () no ()
Have you ever been assessed/treated for chemical related problems? yes () no ()
Any chemical-use related legal problems? yes () no ()
Family history (__grandparents, __parents, __siblings) of substance abuse? yes () no ()

Significant Cultural History or issues you feel are important for your therapist to know: _____

Education: Please indicate your highest education level: () Less than high school () High school equivalent/GED () High school diploma () Vocational () Some college () Bachelor's degree () Master's degree () Doctoral degree () Other: _____ Major/minor/area of concentration _____

Did you experience any learning problems in school? yes () no () If yes, please describe: _____

What do you feel are your Personal Strengths? I.e., what do you do well and what activities do you enjoy, or what personal qualities would others say you have?

What kinds of support systems (connections) do you have in your life?

Current Issues: What are your areas of greatest challenge, or the areas you would like to grow or change in?

What would you like to **accomplish** while in therapy?

Financial Issues: (Please check any concerns you are currently having)

- () Credit card debt () Gambling debts () mortgage foreclosure () insufficient income
() Unemployment () Student loan debt () collections/unpaid bills () underemployment

Legal Issues: Please list any legal issues that are affecting you or your family right now, or which have had a significant impact on you in the past? _____

Concern about food/eating: _____

Describe: _____ Binge eating? __ Purging? __ Restricting intake? __

Concerns related to Sexuality: _____

Concerns related to gender identity: _____

New Client – Individual Counseling Intake
Mt. Olivet Counseling Service
1804 West 50th St. Minneapolis, MN 55419
5000 Logan Ave. So., Minneapolis, MN 55419
7150 Rolling Acres Road, Victoria, MN 55386 - 612-927-7335

Family or Relationship Concerns: (Please check any concerns you currently have)

- | | |
|---|---|
| <input type="checkbox"/> Fighting | <input type="checkbox"/> Disagreeing about relatives and/or friends |
| <input type="checkbox"/> Feeling distant | <input type="checkbox"/> Conflict with relatives and/or friends |
| <input type="checkbox"/> Loss of fun | <input type="checkbox"/> Alcohol use of partner or relative |
| <input type="checkbox"/> Lack of honesty | <input type="checkbox"/> Drug use |
| <input type="checkbox"/> Physical fights/abuse | <input type="checkbox"/> Other Addictions: _____ |
| <input type="checkbox"/> Educational problems | <input type="checkbox"/> Infidelity |
| <input type="checkbox"/> Disagreement about parenting | <input type="checkbox"/> Money |
| <input type="checkbox"/> Disagreement about sexuality | <input type="checkbox"/> Disagreement about role of social media |
| <input type="checkbox"/> Emotional Abuse | <input type="checkbox"/> Other: _____ |

Is there anything else you think would be helpful for your therapist to know?

New Client – Individual Counseling Intake
Mt. Olivet Counseling Service
1804 West 50th St. Minneapolis, MN 55419
5000 Logan Ave. So., Minneapolis, MN 55419
7150 Rolling Acres Road, Victoria, MN 55386 - 612-927-7335

**INFORMATION FOR CLIENTS &
INFORMED CONSENT FOR INDIVIDUAL THERAPY**

APPOINTMENTS AND SCHEDULING:

Appointments may be made by calling 612-927-7335 and speaking with Anne, the Office Manager at extension 10. She can also be reached via email at annel@mtolivetcounseling.org. It is your responsibility to schedule your appointments and keep them. If you wish to leave a message for your therapist regarding other matters, you may do so at their extension directly. We are not a crisis center. Although therapists retrieve and respond to messages regularly, they do not consistently do so on weekends. If you are in crisis or believe a crisis may arise please call 911.

Sessions are 50 minutes long. If a client is late for their appointment, the appointment time will not be adjusted.

FEES

Fees for members of Mount Olivet are \$40.00 per session for counseling services, psychiatric and prescriptive medications sessions. Groups are \$10.00 per session.

Fees for non-members are \$80.00 per session and \$20 for groups.

We do not work with third party payers/insurance companies.

Please contact Anne 24 hours in advance of the scheduled appointment time, if you need to cancel. **A no-show, or a cancellation later than 24 hours prior to the scheduled appointment will be charged the session fee.** We reserve the right to decline scheduling of future appointments if there is a pattern of cancellations or no-shows.

We do not send out monthly bills or keep record of payments. You are asked to pay for each session as it occurs unless you make other arrangements, and to ask for a receipt if you believe you will need one. If you are unable to pay the full fee please ask Anne for an Application for Financial Assistance on which you can indicate the amount you are able to pay, with a minimum payment of \$10.00 per session.

E-MAIL & SOCIAL NETWORKING POLICIES

Please call our Office Manager (Anne Lied) or voice mail to schedule or re-schedule appointments. Please do not email your therapist information related to your therapy sessions, since email is not completely secure or confidential. If you send an email, we will only respond for purposes of scheduling or appointment reminders. Be aware that all e-mails are retained in the logs of your and Mt. Olivet Counseling Service's Internet service providers. While it may be unlikely that someone reads these, they are available to be read by the system administrator of the Internet service provider. You should also know that any e-mails we receive from you become a part of your legal and therapy records. **Please do not use SMS (texting), Twitter, Facebook, or LinkedIn to contact your therapist. These sites are not secure.** We do not accept friend requests or contact requests from current or former clients on any social networking site, since adding clients as friends or contacts can compromise your confidentiality and privacy. It may also blur the boundaries of our therapeutic relationship. If you have any questions about this, please ask your therapist when you meet.

- **Please note: We do not send out monthly bills or offer a billing service.** You are asked to pay for each session as it occurs. *If you are unable to pay the full fee, we ask that you pay something, (a minimum fee is \$10.00).* Please ask Anne Lied, Office Manager, for an Application for Financial Assistance on which you can indicate what a amount you are able to pay.
- Receipts are available at the time of payment. **We cannot send out statements or receipts after**

New Client – Individual Counseling Intake
Mt. Olivet Counseling Service
1804 West 50th St. Minneapolis, MN 55419
5000 Logan Ave. So., Minneapolis, MN 55419
7150 Rolling Acres Road, Victoria, MN 55386 - 612-927-7335

the fact, and do not work with third party payers/insurance companies.

CONFIDENTIALITY:

The fact that you are a client ensures that all information about you, as well as the content of your sessions and phone conversations, will be held in strict confidence with the following possible exceptions:

- If you sign a Consent for Release of Information form, you authorize us to communicate specified information about you with one or more specified professionals or agencies outside of this office;
- In order to ensure the best possible care, the interns and professional staff meet regularly to consult and collaborate regarding client care;
- If your records are subpoenaed by signature of a judge, we are required to release them to the court; the therapist will not agree to testify in legal matters related or unrelated to therapy.
- If you are using, mood-altering drugs including alcohol, while pregnant, we are required to report this information;
- If you are a minor (under age 18), your parents have access to your records, unless:
 - You are emancipated, (living away from home and paying your own way)
 - You are pregnant, or
 - You are in danger of harm from one or both of your parents;
- If you have previously had inappropriate sexual contact from any health care provider, and if you reveal the name of such provider, we are mandated to report this information to the appropriate licensing board;
- In the course of your session, if we have reason to suspect the abuse of a child or of a vulnerable adult, we are required by law to file a report of the alleged abuse to the appropriate county or state agencies. This report is required whether the alleged abuse occurs within your family or outside of it;
- In the course of your sessions, if, after careful and thoughtful consideration, we come to believe that there is a clear and imminent danger of your physically harming yourself or another person, we will take steps to prevent such potential harm, steps which will violate your confidentiality.

PHILOSOPHY: In most situations, the therapist's role is that of a consultant. The therapist's job is to help you think about what your problems are and explore possible solutions to your problems. The therapist will listen to you and give feedback about what he/she hears and what the therapist thinks your options are. Although the therapist will explore options with you, rarely will the therapist tell you what to do, because the decision and the responsibility to make changes in your life needs to be yours. Your job is to be more open and honest about yourself than you are in social relationships and to be committed to the process of counseling. You are responsible for deciding what to talk about in each session and deciding what your goals are. During the course of therapy, the therapist is likely to draw on various psychological approaches, which stem from the nature of the problem and the assessment of what will best benefit you. These approaches include behavioral, cognitive-behavioral, dynamic, existential, system/family, developmental, or psycho-educational. If you are not getting what you want, you have the right to ask for other treatments or for a referral to other professionals. If the therapist believes he/she is not being helpful to you, the therapist also has an obligation to help you find someone who might be more helpful. You may terminate treatment at any time. If there is ever a time when you believe that you have been treated unfairly or disrespectfully, please talk with your therapist about it. It is never the therapist's intention to hurt or offend clients, but sometimes misunderstandings can inadvertently result in hurt feelings. The therapist will want to address any issues that might get in the way of the therapy as soon as possible. This includes administrative or financial issues as well.

Referrals: We reserve the right to refer a client to a more appropriate type of therapy with other therapists if we assess that your needs are not likely to be best served by our staff.

Referrals to our Psychiatrist or Internist at Mt. Olivet Counseling Service: Clients are referred to our psychiatrist or internist only internally while maintaining a counseling relationship with one of our therapists.

New Client – Individual Counseling Intake
Mt. Olivet Counseling Service
1804 West 50th St. Minneapolis, MN 55419
5000 Logan Ave. So., Minneapolis, MN 55419
7150 Rolling Acres Road, Victoria, MN 55386 - 612-927-7335

CLIENT BILL OF RIGHTS

As a consumer of psychological services offered by psychologists licensed by the state of Minnesota, you have the right:

- To expect that a therapist has met the minimal qualifications of training and experience required by the state law;
- To examine public records maintained by the Board of Psychology, which contain the credentials of a psychologist;
- To obtain a copy of the Rules of Conduct from the State Register and Public Documents Division, Department of Administration, 117 University Avenue, Saint Paul, MN 55155;
- To report complaints to the Board of Psychology, 2700 University Avenue West, Suite 101, Saint Paul, MN 55114; To report complaints to the Board of Marriage and Family Therapist, 2829 University Avenue S.E., #330, Minneapolis, MN 55414 (612)-617-2220;
- To be informed of the psychologist's or therapist's areas of clinical competence;
- To be informed of the cost of professional services before receiving the services;
- To be provided with a non-technical explanation about the nature and purpose of the psychological procedures to be used in your treatment, upon request;
- To be free from being the object of discrimination on the basis of race, religion, gender or other unlawful category while receiving psychological services;
- To be free from exploitation for the benefit or advantage of the psychologist or therapist;
- To privacy as defined by rule and law;
- To have access to your records as provided in subpart 1a and Minnesota Statutes section 144.335 subdivision 2;
- To be informed about disclosures of your private records that may be made without your written consent. Your information shared with the psychologist will be kept confidential unless you are in *imminent risk of hurting yourself*, you are in *imminent risk of hurting another person*, you know of *minors or vulnerable adults who are being hurt or neglected*, or you are a woman who is *pregnant and using certain classes of illicit drugs*. In those situations, appropriate emergency or health care personnel will be contacted in order to address those safety issues. If you have been exploited or abused by a previous psychological treatment provider, that provider's licensing board will be contacted. Additionally, if a subpoena is issued and requires that a copy of your counseling records be turned over, the psychologist or therapist will be required to provide a copy of your records to comply with the court order;
- To refuse treatment at any time.

If you have concerns about the services you have been provided, you may also choose to file a complaint to your counselor's supervisor. Concerns can be directed to Shannon Himango, MA, LMFT, Director, Mt Olivet Counseling Service, 1804 West 50th Street, Minneapolis, MN 55419, 612-927-7335.

PLEASE SIGN NEXT PAGE AS ACKNOWLEDGEMENT THAT YOU HAVE READ AND UNDERSTAND THE ABOVE INFORMED CONSENT INFORMATION.

New Client – Individual Counseling Intake
Mt. Olivet Counseling Service
1804 West 50th St. Minneapolis, MN 55419
5000 Logan Ave. So., Minneapolis, MN 55419
7150 Rolling Acres Road, Victoria, MN 55386 - 612-927-7335

PLEASE SIGN AS ACKNOWLEDGEMENT THAT YOU HAVE READ AND UNDERSTAND THE ABOVE INFORMED CONSENT INFORMATION.

INFORMED CONSENT FOR EVALUATION AND TREATMENT:

- I acknowledge that I have received and read the policy of INFORMATION FOR CLIENTS AND INFORMED CONSENT FOR INDIVIDUAL THERAPY, and the CLIENT BILL OF RIGHTS.

- I enter into individual therapy in agreement with these policies, and I agree to abide by their terms during our professional relationship.

Name of Client (Printed) _____

Signature of Client _____ Date _____

This form is valid for one year from date indicated.

Payment Agreement

I agree to pay for each session at the time of session. I will provide notification to the Counseling office prior to 24 hours before the scheduled appointment time if I need to cancel my appointment.

I understand that a **no-show, or a cancellation later than 24 hours prior to the scheduled appointment will result in my being charged the session fee.**

Signed _____

Date _____

Signed _____

Date _____

New Client – Individual Counseling Intake

Mt. Olivet Counseling Service

1804 West 50th St. Minneapolis, MN 55419

5000 Logan Ave. So., Minneapolis, MN 55419

7150 Rolling Acres Road, Victoria, MN 55386 - 612-927-7335