



# The Halverstadt Group

647 W. Shaw, Suite B  
Fresno, CA 93704  
Phone: (559) 977-4999  
www.addjohn.com

## INITIAL INFORMATION QUESTIONNAIRE CONFIDENTIAL

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: ( ) \_\_\_\_\_ Driver's License: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Soc Sec #: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Significant Other's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: ( ) \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Children Name and Ages: \_\_\_\_\_

Referred By: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_

Psychiatrist: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_

Reason for Counseling: \_\_\_\_\_

In Case Of Emergency Call: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_

Previous Mental Health Services? Yes  No

If yes, with whom: \_\_\_\_\_

List all medications you are presently taking: \_\_\_\_\_

The above information is correct to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Payments and Insurance Reimbursements:** Clients are expected to pay the standard fee at the beginning of their session unless other arrangements have been made in advance. Telephone conversations, site visits, report writing and reading, consultation with other professionals, release of information, reading records, longer sessions, travel time, etc.... will be charged at the same rate, unless indicated and agreed otherwise. Please notify Mr. Halverstadt if any problem arises during the course of therapy regarding your ability to make timely payments. Clients who carry insurance should remember that professional services are rendered and charged to the clients and not to the insurance company. Unless agreed upon differently, Mr. Halverstadt will provide you with a copy of your receipt upon payment for your session which you can then submit to your insurance company for reimbursement if you so choose. Not all issues/conditions/problems which are the focus of psychotherapy are reimbursed by insurance companies. It is your responsibility to verify the specifics of your coverage.

**Mediation and Arbitration:** All disputes arising out of or in relation to this agreement to provide psychotherapy services shall first be referred to mediation, before, and as a precondition of, the initiation of arbitration. The mediator shall be a neutral third party chosen by agreement of Mr. Halverstadt and client(s). The cost of such mediation, if any, shall be split equally, unless otherwise agreed. In the event that mediation is unsuccessful, any unresolved controversy related to this agreement shall be submitted to and settled by binding arbitration in Fresno County, California in accordance with the rule of the American Arbitration Association which are in effect at the time the demand for arbitration is filed. Notwithstanding the foregoing, in the event that your account is overdue (unpaid) and there is no agreement on a payment plan, Mr. Halverstadt can use legal means (court, collection agency, etc....) to obtain payment. The prevailing party in arbitration or collection proceeding shall be entitled to recover a reasonable sum as and for attorney's fees. In the case of arbitration, that sum will be determined by the arbitrator.

**The Process of Therapy/Evaluation:** Participation in therapy can result in a number of benefits to you, including improving interpersonal relationships and resolution of the specific concerns that led you to seek therapy. Working toward these benefits; however, requires effort on your part. Psychotherapy requires your very active involvement, honesty, and openness in order to change your thoughts, feelings and/or behavior. Mr. Halverstadt will ask for your feed back and views on your therapy, its progress and other aspects of the therapy and will expect you to respond openly and honestly. During evaluation or therapy, remembering or talking about unpleasant events, feelings, or thoughts can result in your experiencing considerable discomfort or strong feelings of anger, sadness, worry, fear, etc. or experiencing anxiety, depression, insomnia etc... Mr. Halverstadt may challenge some of your assumptions or perceptions or propose different ways of looking at, thinking about, or handling situations which can cause you to feel very upset, angry, depressed, challenged or disappointed. Attempting to resolve issues that brought you to therapy in the first place, such as personal or interpersonal relationships may result in changes that were not originally intended. Psychotherapy may result in decisions about changing behaviors, employment, substance use, schooling, housing, or relationships. Sometimes a decision that is positive for one family member is viewed quite negatively by another family member. Change will sometimes be easy and swift, but more often it will be slow and even uncomfortable. There is no guarantee that psychotherapy will yield positive or intended results. During the course of therapy, Mr. Halverstadt is likely to draw on various psychological approaches according, in part, to the problem that is being treated and his assessment of what will best benefit you. Theses approaches include behavioral, cognitive-behavioral, psychodynamic, existential, system/family, developmental (adult, child, family), Eye Movement Desensitization Reprocessing or psycho-educational.

Discussion of Treatment Plan: Within a reasonable period of time after the initiation of treatment, Mr. Halverstadt will discuss with you (client) his working understanding of the problem, treatment plan, therapeutic objectives and his view of the possible outcomes of treatment. If you have any unanswered questions about any of the procedures used in the course of your therapy, their possible risks, Mr. Halverstadt's expertise in employing them, or about the treatment plan, please ask and you will be answered fully. You also have the right to ask about other treatments for your condition and their risks and benefits. If you could benefit from any treatment that Mr. Halverstadt does not provide, he has an ethical obligation to assist you in obtaining those treatments.

Termination: As set forth above, after the first couple of meetings Mr. Halverstadt will assess if he can be of benefit to you. Mr. Halverstadt does not accept clients who, in his opinion, he cannot help. In such a case, he will give you a number of referrals whom you can contact. If at any point during psychotherapy Mr. Halverstadt assesses that he is not effective in helping you reach the therapeutic goals he is obligated to discuss it with you and if appropriate to terminate treatment. In such a case, he would give you a number of referrals which may be of help to you. If you request it and authorize it in writing, Mr. Halverstadt will talk to the psychotherapist of your choice in order to help with the transition. If at anytime you want another professional's opinion or wish to consult with another therapist, Mr. Halverstadt will assist you in finding someone qualified, and if he has your written consent, he will provide her or him with the essential information needed. You have the right to terminate therapy at any time. If you choose to do so Mr. Halverstadt will offer to provide you with names of other qualified professionals whose services you might prefer.

Dual Relationships: Therapy never involves sexual or business relationships or any other dual relationship that impairs Mr. Halverstadt's objectivity, clinical judgment, therapeutic effectiveness or can be exploitative in nature.

Cancellation: Since scheduling of an appointment involves the reservation of time specifically for you, a minimum of 24 hours (1 day) advance notice (AND during regular office hours Monday through Friday 8:30am to 5:00pm) is required for rescheduling or canceling an appointment. Unless we reach a different agreement, the full session fee will be charged for sessions missed without such notification. Most insurance companies do not reimburse for missed session.

I have read the above Agreement and Office Policies and General Information carefully, I understand them and agree to comply with them:

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Client Name (print)	Date	Signature
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Jonathan Scott Halverstadt	Date	Signature
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- \_\_\_ 46. Frequent feelings of sadness
- \_\_\_ 47. Moodiness
- \_\_\_ 48. Negativity
- \_\_\_ 49. Low energy
- \_\_\_ 50. Irritability
- \_\_\_ 51. Decreased interest in others
- \_\_\_ 52. Decreased interest in things that are usually fun or pleasurable
- \_\_\_ 53. Feelings of hopelessness about the future
- \_\_\_ 54. Feelings of helplessness or powerlessness
- \_\_\_ 55. Feeling dissatisfied or bored
- \_\_\_ 56. Excessive guilt
- \_\_\_ 57. Suicidal feelings
- \_\_\_ 58. Crying spells
- \_\_\_ 59. Lowered interest in things usually considered fun
- \_\_\_ 60. Sleep changes (too much or too little)
- \_\_\_ 61. Appetite changes (too much or too little)
- \_\_\_ 62. Chronic low self-esteem
- \_\_\_ 63. Negative sensitivity to smells/odors
- \_\_\_ 64. Frequent feelings of nervousness or anxiety
- \_\_\_ 65. Panic attacks
- \_\_\_ 66. Symptoms of heightened muscle tension (headaches, sore muscles, hand tremor)
- \_\_\_ 67. Periods of heart pounding, rapid heart rate or chest pain
- \_\_\_ 68. Periods of trouble breathing or feeling smothered
- \_\_\_ 69. Periods of feeling dizzy, faint or unsteady on your feet
- \_\_\_ 70. Periods of nausea or abdominal upset
- \_\_\_ 71. Periods of sweating, hot or cold flashes
- \_\_\_ 72. Tendency to predict the worst
- \_\_\_ 73. Fear of dying or doing something crazy
- \_\_\_ 74. Avoid places for fear of having an anxiety attack
- \_\_\_ 75. Conflict avoidance
- \_\_\_ 76. Excessive fear of being judged or scrutinized by others
- \_\_\_ 77. Persistent phobias
- \_\_\_ 78. Low motivation
- \_\_\_ 79. Excessive motivation
- \_\_\_ 80. Tics (motor or vocal)
- \_\_\_ 81. Poor handwriting
- \_\_\_ 82. Quick startle
- \_\_\_ 83. Tendency to freeze in anxiety provoking situations
- \_\_\_ 84. Lacks confidence in their abilities
- \_\_\_ 85. Seems shy or timid
- \_\_\_ 86. Easily embarrassed
- \_\_\_ 87. Sensitive to criticism
- \_\_\_ 88. Bites fingernails or picks skin
- \_\_\_ 89. Short fuse or periods of extreme irritability
- \_\_\_ 90. Periods of rage with little provocation
- \_\_\_ 91. Often misinterprets comments as negative when they are not
- \_\_\_ 92. Irritability tends to build, then explodes, then recedes, often tired after a rage
- \_\_\_ 93. Periods of spaciness or confusion
- \_\_\_ 94. Periods of panic and/or fear for no specific reason
- \_\_\_ 95. Visual or auditory changes, such as seeing shadows or hearing muffled sounds
- \_\_\_ 96. Frequent periods of deja vu (feelings of being somewhere you have never been)
- \_\_\_ 97. Sensitivity or mild paranoia
- \_\_\_ 98. Headaches or abdominal pain of uncertain origin
- \_\_\_ 99. History of a head injury or family history of violence or explosiveness
- \_\_\_ 100. Dark thoughts, may involve suicidal or homicidal thoughts
- \_\_\_ 101. Periods of forgetfulness or memory problems

PLEASE DO NOT USE ANY MORE SPACE THAN PROVIDED TO ANSWER THE FOLLOWING QUESTIONS. THANK YOU

Name: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Married how long? \_\_\_\_\_ Separated? \_\_\_\_\_ (if yes, how long) \_\_\_\_\_ How many children? \_\_\_\_\_

What is your main goal in seeking therapy at this time? \_\_\_\_\_

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Do you want this relationship to work? \_\_\_\_\_ Why? \_\_\_\_\_

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What I love most about my partner is: \_\_\_\_\_

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Things I need to change about MYSELF to make this relationship work: \_\_\_\_\_

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Needs I have that are not presently being met in this relationship: \_\_\_\_\_

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Changes I want my partner to make: \_\_\_\_\_

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I am committed at \_\_\_\_\_ % to make this relationship work. Why?: \_\_\_\_\_

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