



The Halverstadt Group

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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:

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: _____

Date: _____

Medications presently being taken: _____

Do you think they are helping? _____

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

What do you believe is keeping you from accomplishing this goal? _____

What small successes have you had recently towards accomplishing this goal? _____

Specific ways your life will be better when you accomplish this goal: _____

Ways that therapy has helped me towards accomplishing my goal: _____

Ways that therapy did not help me towards accomplishing my goal: _____

I am committed at _____% to accomplish my goal: _____
