



LISA A. RILEY, MA, LMFT
Marriage & Family Therapist
 License #MFC47425

3579 E. Foothill Blvd., #114
 Pasadena, California 91107
 (626)817-2278 theartofmind@gmail.com

Confidential Intake Form

(Your personal information remains completely confidential and will not be submitted to any outside source or database.)

Today's Date _____

Name _____ Date of Birth _____ Age _____

Address _____ City/State _____ Zip Code _____

Telephone #'s Home _____ Work _____ Cell _____

May I leave a message on your home phone? ___No ___Yes Cell Phone? ___No ___Yes

Email Address _____ May I communicate through email if needed? ___No ___Yes

Emergency Contact: Name _____ Phone # _____ Relationship _____

Relationship Status: Single Married Divorced

Spouse/Partner Name _____ Age _____

Children/Step/Grand (names/ages) _____

Siblings (first names/ages) _____

Ethnic Group (Select all that apply)

- American Indian/Alaskan Native Single Caucasian Middle Eastern
- Asian Native Hawaiian/Pacific Islander Hispanic/Latino
- Black/African American Multi-Ethnic/Other _____

Gender: Male Female Transsexual/Transgender

Spiritual Practice:

- Christian Judaism Buddhism Jehovah's Witness Gnosticism
- Catholic Islam Hinduism 7th Day Adventist Mormonism
- Scientology Metaphysical None Other _____

Current Employment Status: Full Time Part time Self-Employed Student

Medical Condition: Any significant medical conditions? _____

Any current medications & what for? _____

Medical Doctor/Psychiatrist _____ Phone _____

Reason for therapy _____

On a scale of one to ten, how motivated are you to resolve this problem? _____

Any prior experience with therapy & reason? _____

For how long and when? _____

Have you ever experienced extreme mood swings? ___ No ___ Yes

If yes, please describe _____

Do you have a history of depression? ___ No ___ Yes Are you Depressed now? ___ No ___ Yes.

Please describe your average amount of sleep per night? _____

Please describe your eating habits? _____

Are you having suicidal thoughts? _____ If yes, do you have a plan about how you would commit suicide _____

If yes, what is your plan? _____

Do you have the means to carry out your plan? ___ No ___ Yes

Have you ever made a suicide attempt or been hospitalized for suicidal ideation? ___ No ___ Yes

If yes, please describe the circumstances, how and when _____

Is there any drug or alcohol abuse in your history? ___ No ___ Yes Are you currently still using? ___ No ___ Yes

If yes, please explain _____

How much alcohol do you consume per day? _____ per week? _____

Is this contributing to your reasons for entering therapy? _____

Are you currently attending any 12 meetings? _____ Which ones? _____

Do you have any pending legal issues or charges? Any legal issues at all? ___ No ___ Yes

If yes, please describe _____

Do you have any questions or is there anything else you would like me to know? _____

Thank you for taking the time to provide the above information.



LISA A. RILEY, MA, LMFT
Marriage & Family Therapist
 License #MFC47425

3579 E. Foothill Blvd., #114
 Pasadena, California 91107
(626)817-2278 **theartofmind@gmail.com**

INFORMED CONSENT FOR TREATMENT

Dear Client:

I am honored to be part of your personal journey. Below are some of my policies, and some legal and ethical issues that I would like you to understand before we begin. Please feel free to ask me any questions about these policies, or about my theoretical orientation.

Confidentiality

- Your confidentiality is very important to me. I do not acknowledge you as my client, or share any information with anyone about you without your prior consent. I will ask for written consent to speak to doctors, former therapists, teachers, or anyone outside the therapy room.
- Everything we discuss in therapy is confidential except information relating to **child abuse, elder abuse, dependent adult abuse, or intent to harm self or other. Legally, I am a mandated reporter of abuse or intent to harm another. If you are suicidal, I would take all reasonable steps to prevent harm to yourself.**

Sessions

- Each therapy session is 50 minutes long and begins on time.
- Should you need to contact me in between sessions, you may call me at **(626)817-2278**. I check my messages often, and return calls as soon as I am able. Please always leave your phone # and good times to reach you. Let me know if it is urgent. **Please be advised if it is a life and death emergency, please call 911.** All messages left on my voice mail are confidential. It is important to understand that any email sent or received over the internet may be intercepted by outside sources, therefore may not be completely confidential.
- You agree to be free of drugs or alcohol at the time of your sessions.
- Therapy sessions are weekly, unless otherwise agreed upon. When it is time to discontinue therapy, I ask that we have a closure session to integrate the work we have done, and what you have learned, etc.

Financial Understanding:

- Session fee is due at the time of each session. If you need special arrangements for paying your fee, please attend to this business at the beginning of the session. Payment can be made via cash or personal check made out to Lisa Riley.

- While trying to be understanding of financial concerns of all who seek help, if the previous 2 consultations have not been paid, I will require that we discuss fee and payment schedules if you feel you are unable to meet these requirements before scheduling new appointments.
 - You will be charged your session fee for missed appointments, unless you cancel 24 hours in advance. I understand that true emergencies and sudden illness can occur; however, if there was any way you could have foreseen your need to cancel in advance, I ask that you honor this policy and pay for the missed session.
 - If we have a therapy session on the phone, you will be charged a session fee. Phone sessions are based on ½ session, and full session rates, and are, preferably, by prior arrangement. 15 minute calls are free of charge.
 - Additional fees:** \$10.00 service charge for bounced checks will apply. Also, there is \$5.00 per page fee for letters or reports to any person or agency regarding your treatment (with your written consent).
 - Other services include letters, coordination of care with other professionals you have authorized, preparation of records or treatment summaries, and the time spent performing any other service you may request of us. These along with telephone calls and emails are considered case management and are charged at a minimum of \$15 per 15 minute increment.
- Court Appearance:** If a court appearance is required of me the fee is \$120 per hour for each hour of preparation time, related phone calls, travel from office to the court and back, deposition time, testimony time, and any unforeseen related expenses or uses of my time. Copying fees will be based on cost of copies and amount of time needed to complete and/or mail them.
- Fees are periodically reviewed.

I have read and understood the above clinical and financial policies. I agree to pay, or co-pay a fee of \$_____ per session.

Client Signature _____ Date _____ Print Name _____

Spouse or Partner/Signature _____ Date _____ Print Name _____

Therapist Signature _____ Print Name _____