

Today's date: _____

CLIENT INFORMATION FORM

Name: _____ Pronoun: _____ Gender: _____

Date of Birth: _____ Phone(s): _____

Address: _____ E-mail: _____

_____ Emergency Contact/Relationship: _____

How did you learn of me: _____ Emergency Contact Phone: _____

Occupation: _____

Current concerns/Reasons for seeking therapy at this time: _____

Origin/history/background of this issue/Have you experienced similar thing in the past: _____

Outcome you hope for from psychotherapy: _____

Married/Partnered status: _____ Children/Ages: _____

Who lives with you: _____

Your relationship to your current family members (spouse, children, etc.): _____

Career and/or Education history: _____

Satisfaction with your current employment or education: _____

Current or on-going physical health issue: _____

Medicines you take regularly/purpose: _____

Prior Psychotherapy experience: _____

How/why/when did prior therapy ended: _____

Anything else regarding your physical/mental health that I should know (prior mental health diagnosis, family history, concerns, etc.): _____

Who was in your family while you're growing up: _____
Anything that you want me to know about your family of origin: _____

Are you in a romantic relationship? Y/ N If Yes, is the relationship fulfilling? If not, how does this impact you?: _____

Any concerns about your relationship: _____

We all need support. Whom/What do you usually turn to when you need support?: _____

Do you feel adequately supported in your life? Y/N If not, what do you think is lacking?: _____

What activities do you feel nourished by: _____

What inner strengths/qualities you use in difficult times: _____

Please feel free to add any information that you think I should be aware of (spirituality, cultural background, gender identity, addiction, suicidal ideation or attempts, depression, anxiety, trauma, major life events, self-harm, hobbies, which substance or activities you engage in to feel better, etc):

Lastly, how would you know if you've been successful in therapy and ready to graduate?:

Thank you for filling these out!

Video Recording Consent

Overview: It is up to you to choose whether or not we record our sessions. I prefer to video-record sessions because it allows me to offer you the best possible outcome from our work together. Reviewing the recordings helps me to track our progress session to session, as well as to track change over time. On occasion, I also ask my trusted colleagues to view portions of video-recorded sessions during consultation and/or trainings for my own learning and development and/or to provide additional insight and education to other therapists. You also have the option to review a recording or portions of it, either with me during a session or on your own. Some clients have found this to be very helpful in their process.

I, _____, consent to the video recording of my psychotherapy sessions with Kaori Stram, LMHC. I understand that the recordings will be used as an integral part of my treatment and may also be shown to colleagues in supervision, training and consultation related to the practice of psychotherapy.

I authorize Kaori Stram, LMHC to video record my psychotherapy sessions and to use the recordings for the purpose(s) I have agreed to below.

Initial the option(s) agreeable to you:

(Initials)

- a) To be viewed by my therapist to improve my treatment _____
- b) To be viewed in consultation with professional colleagues _____
- c) For teaching other therapists in professional trainings _____
- d) For transcription, publication without any identifying information _____

I understand that the use of these video recordings will be strictly for clinical and educational purposes and all necessary steps are taken to ensure my confidentiality. Local laws and professional codes of ethics regarding patients' privacy bind all professionals and students who view these tapes. Because video recording offers a detailed and accurate record, recording sessions allow the opportunity for high-quality self-supervision and consultation and supervision with others. Consequently, these tapes can be an integral part of treatment and improve the services offered.

I understand that my status as a patient of Kaori Stram, LMHC will not be affected in any way whatsoever by my consent or lack of consent, nor am I under any duress, to give my consent.

I understand that Kaori Stram, LMHC will take reasonable and customary steps to change or remove data, which in her opinion may be likely to identify me and that in no event will my surname or address be disclosed. I further understand and agree that the potential for identification exists as my image and first name will be shown in the video(s).

I release Kaori Stram, LMHC from any liability or claim in connection with these video recordings for the above stated purposes. I understand that I will receive no financial compensation for the use of these videotaped session recordings. I further understand that upon my mailed written request, the recordings in question will be destroyed and no further use by Kaori Stram, LMHC will occur.

This Video Recording Consent and the Client Information & Consent comprise the totality of our agreement.

Client Signature

Date

Kaori Stram, LMHC

Date

Client Information & Consent

Welcome! I look forward to our work together as you seek to make changes in your life and/or gain new understandings. Taking this first step can be very difficult and like any new situation, you may not know what to expect. In an effort to answer many of your questions and provide you with important information, I would like to start by having you read this document before our first meeting. I will be happy to answer any questions you may have at our next meeting.

What to expect from therapy: Psychotherapy is a process of opening up about yourself in order to live your life fully. My approach to therapy is relational, somatic & emotion-focused and experiential. This means that I focus on helping you have a new affective & relational experience. The therapy may involve temporary periods of discomfort as you begin to work through past traumas or feelings that you have previously been avoiding.

Fees/Insurance: A session fee is \$250 for a 45-50 mins session and \$300 for a 60-mins session. Unless we agree otherwise, sessions are 45-50 minutes and on a weekly basis. If you are more than 10 minutes late and have not called to let me know, I will assume that you are not coming to that session. If you are using insurance, I will provide you a statement, which you can submit directly to your insurance company for reimbursement. Fees are reviewed and raised yearly. I encourage you to discuss any financial concerns or hardships as soon as they arise so we can adjust our arrangement accordingly.

Cancellation: A client is expected to attend each scheduled session on time. Since your appointments involve the reservation of time specifically for you, which also affect my time and other clients, a minimum of 24 hours' notice is required for cancelling and rescheduling an appointment. I appreciate more than 24-hour notice when possible as I can make use of that time. Therefore, if you should know in advance that you will not be able to attend our session, PLEASE let me know ASAP so that I have time to fill your slot and can put another client in your space that may need it.

I understand that life happens and everyone is juggling various tasks and responsibilities. So I will make every effort to reschedule appointments when enough time is given. However, *less than 24 hours notice or no-show results in a charge for the FULL SESSION FEE.* This means you are responsible for the fee which is normally paid by your insurance company.

Upon rescheduling a session, there will be 2 sessions in one week (original weekly session plus rescheduled session).

Lastly, frequent cancellations (3 or more in 6 months or 2 consecutive) and/or missed appointments (no show) will result in the termination of treatment.

Confidentiality: Any and all information shared between you and me is confidential and will only be shared under the following conditions:

1. If you sign a release of information for exchange of information with a third party.
2. Therapists are required by law to report to the appropriate agency if there is suspicion of child or elder abuse.
3. Therapists are required to intervene appropriately with threats of serious harm to yourself or others. This could require reporting to police or appropriate agency.
4. A court of law subpoenas information for a legal proceeding.

The scope of my services: I am qualified to work with a wide variety of clients and problems, but sometimes I may not have the training needed to address a particular concern. If this is the case I will discuss it with you and make sure that you receive a referral to another professional who is better qualified to serve you. If you are looking for a very specialized treatment for an eating disorder, obsessive compulsive disorder, attention deficit/ hyperactivity disorder or substance use disorder, or a very specific treatment method such as exposure and response prevention, and if you do not want to explore how personality dynamics, personal history, and somatic/emotional state may contribute to the above problems, I may not be the best therapist for you. Also, if you are having current hallucinations/ delusions, severe thoughts of suicide or self-harm, or extreme Bipolar mood swings you may need more support than I can offer you through weekly psychotherapy, and I reserve the right to refer you to a different or more intensive treatment if I believe you exceed the level of care I can offer.

Availability: If you would like to speak with me outside of session for reasons concerning scheduling, fees, or urgent issues, please call my voice mail number, leave a message describing what is happening and requesting a call back, and I will return your call within 24 hours. I encourage you to contact me if you are in a serious emotional crisis. A brief check-in of 10 minutes or less is no charge, longer phone sessions will be charged on a prorated basis. If you are having a psychological emergency, please leave a message on my voicemail and then call 911.

Termination: Ultimately the decision to end therapy is yours, but it is something that we should discuss together before any conclusions are reached. In some instances when people feel that they want to terminate therapy, they are about to face something that is uncomfortable, yet potentially fruitful. For this reason, I request at least one session for termination under all circumstances. Termination is an important phase of psychotherapy, and usually at least four sessions are needed to fully explore this phase.

I have read the foregoing, understand the above policies, and agree to all of the above. This and the Video Recording Consent comprise the totality of our agreement.

Client Signature

Date

Kaori Stram, LMHC

Date