Pat Fogle (NPI 1790752319) ________ Carol Gindratt (NPI 1518018761) ________
Carl McQueen (NPI 1457447823) ________ Cynthia Young (NPI 1326142449) ________
Sarah St. Cyr (NPI 1871852947) ________

CLIENT INTAKE FORM

(Please print clearly)

Client NAME____ Appt Date/Time __________________

Client DOB ________________ SSN_____________________ Email_______________________________

Client Phone: Home_______________________ Work___________________ Cell______________________

Client Address____________________________________City____________________ZIP______________

Parent or Legal Guardian Name_________________________________Phone________________________

PRIMARY INSURANCE COMPANY___________________________ Phone_________________________

Group or Plan #_____________________ Insurance ID#_____________________________________

Insured Name_________________________________DOB_________________ SSN__________________

Relationship to Client___________________ Employer____

Insured Address____

SECONDARY INSURANCE? YES NO If YES, 2nd Ins________________ID#____________________
(CIRCLE ONE)

ASSIGNMENT AND RELEASE

I HEREBY AUTHORIZE MY INSURANCE BENEFITS BE PAID DIRECTLY TO PROVIDER OF SERVICE. I UNDERSTAND I AM FINANCIALLY RESPONSIBLE FOR NON-COVERED SERVICES. I ALSO GIVE MY PERMISSION FOR RELEASE OF MEDICAL RECORDS INFORMATION FOR FILING OF MY INSURANCE.

____

CLIENT SIGNATURE (Parent or Legal Guardian if Minor) DATE

INSURANCE VERIFICATION FOR OFFICE USE ONLY

Date Verified: ________________________ _ By: _____________ Spoke with: ________________________________

Coverage: ____ Co-Pay: __________________________________

Deductible: ____ Amount Met: ______________________________

Pre-Certification # : _______________________________ Visits: **90791**: **90834**: **90837:** No Limitation

Dates Covered: __________________________ TO: ____________________________ **Network Non-Network**
Starting Ending Circle One

Family Therapy (**90847**) Covered: Yes No (Circle One)
Pre-existing Wait: Yes No (If yes, end date: _______________)
Claims Mailing Address (Ask if mental health is handled by another organization):

Cynthia P. Young, M.Ed.

Licensed Professional Counselor
Licensed Chemical Dependency Counselor
Certified EMDR Therapist

INFORMATION, POLICIES & PROCEDURES

WELCOME! Seeking help in dealing with life struggles is difficult for most people, so you are commended for taking on this challenge. Everyone at some point in their lifetime will need to seek help, although some do not. Whatever your situation is, there is hope.

Informed Consent: The following information is provided to make you aware of important aspects of psychotherapy with Mrs. Young, including office policies and procedures.

About Cynthia Young, LPC, LCDC: Cynthia Young has worked in private practice as a psychotherapist since 1993 with children, adolescents and adults of all ages. Her therapeutic approach is primarily cognitive behavioral, client-centered, faith-based and EMDR. Cynthia has been a member of the American Association for Christian Counselors since 1992, the EMDR International Association since 2015 and is a former member of the Association for Play Therapy.

Scheduling: The frequency and length of your sessions will be based on the issues identified and the goals you choose to accomplish. Please be aware that sometimes insurance companies restrict the frequency and length of sessions. Follow-up sessions are scheduled at the conclusion of each session. Appointments are generally scheduled Tuesday – Friday 9am- 5pm; however, that will change from time-to-time. If you have to cancel your session, please give 24hr notice via phone call, text or email. No shows and late cancellations will be charged a “No Show” fee.

Fees for Services:

Intake Evaluation (initial session):		$250
Individual Session:		$230
Family/Couple Session:		$230
No Shows:		$ 75
Therapy Reports/Letters:	30 minutes	$ 50
Legal Proceedings:	1 hour	$300

For court appearances, depositions, court preparation, phone calls and travel time (2 hr minimum).

Full payment is expected at the time of service. If you have health insurance which covers counseling, the billing personnel will file claims directly with your insurance company if you have provided all of the necessary information. Until insurance is verified, you will be responsible for the full amount each time services are rendered. Occasionally benefits

which are quoted by an insurance company over the phone may change once a claim is processed resulting in an adjustment to your co-pay amount.

Notice of Privacy Practices: Clinical records, including information provided in therapy sessions, are confidential. Exceptions to this policy include a legal or ethical responsibility to report incidents of child abuse/neglect, or serious threats to physically harm oneself or another person. In addition, records and testimony by your therapist must be released if subpoenaed and most insurance companies require a limited amount of clinical information before they will pay for services.

Electronic Communication: Please be aware that it is impossible to assure confidentiality regarding use of electronic communication such as email, texting and cell phone conversations. Your therapist will make every effort to protect all of your information; however, due to the nature of the internet and wireless communication, it is recommended that electronic communication be kept to a minimum.

Please understand that you are authorizing Cynthia P. Young, LPC, LCDC to provide counseling services to you and/or your family member(s). Cynthia Young abides by state and national ethics codes, and the ethical standards of the American Association of Christian Counselors. Violations may be reported to the Texas State Board of Examiners of Professional Counselors, Complaints Management and Investigative Section, P.O. Box 141369, Austin, TX 78714-1369.

Your signature below indicates that you fully understand and will comply with the policies and procedures of this practice. If you have any questions, please feel free to discuss them with the therapist.

____
Print client name

____ ______________________
Client signature Date

____ ______________________
Parent/guardian signature if client is a minor Relationship to client

Cynthia P. Young, M.Ed.
Licensed Professional Counselor
Licensed Chemical Dependency Counselor

CONSENT FOR RELEASE OF PROFESSIONAL INFORMATION

CLIENT'S NAME__________________________________DOB:________________

Cynthia P. Young, M.Ed., LPC, LCDC, hereby has authorization to secure and release psychological, medical, social, educational, and other clinical information regarding the client named above.

I may revoke this consent at any time by informing the above noted individual. In consideration of this consent, I hereby release the above party from any and all liability arising therefrom.

This authorization applies only to the institutions/individuals named below:

____

____

____

____

____

____

____

Signature:___________________________________Date:____________________

Name of Signer (print):____
Relationship to client:____

Note: Photocopies of this consent form are acceptable.

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GCS

This questionnaire is designed to measure the degree of contentment that you feel about your life. It is not a test, so there are no right or wrong answers. Answer each item as carefully as you can by putting a number beside each one as follows:

1-Rarely or none of the time
2-A little of the time
3-Some of the time
4-A good part of the time
5-Most or all of the time

_______ 1. I feel powerless to do anything about my life.
_______ 2. I feel blue.
_______ 3. I am restless and can't sleep.
_______ 4. I have crying spells.
_______ 5. It is easy for me to relax.
_______ 6. I have a hard time getting started on things that I need to do.
_______ 7. I do not sleep well at night.
_______ 8. When things get tough, I feel there is always someone I can turn to.
_______ 9. I feel that the future looks bright for me.
_______10. I feel downhearted.
_______11. I feel that I am needed.
_______12. I feel that I am appreciated by others.
_______13. I enjoy being active and busy.
_______14. I feel that others would be better off without me.
_______15. I enjoy being with other people.
_______16. I feel it is easy for me to make decisions.
_______17. I feel downtrodden.
_______18. I am irritable.
_______19. I get upset easily.
_______20. I feel that I don't deserve to have a good time.
_______21. I have a full life.
_______22. I feel that people really care about me.
_______23. I have a great deal of fun.
_______24. I feel great in the morning.
_______25. I feel that my situation is hopeless.

(OVER)

CAS

This questionnaire is designed to measure how much anxiety you are currently feeling. It is not a test so there are no right or wrong answers. Answer each item as carefully and as accurately as you can by placing a number beside each one as follows:

1 - Rarely or none of the time
2 - A little of the time
3 - Some of the time
4 - A good part of the time
5 - Most or all of the time

_____ 1. I feel calm.
_____ 2. I feel tense.
_____ 3. I feel suddenly scared for no reason.
_____ 4. I feel nervous.
_____ 5. I use tranquilizers or antidepressants to cope with anxiety.
_____ 6. I feel confident about the future.
_____ 7. I am free from senseless or unpleasant thoughts.
_____ 8. I feel afraid to go out of my house alone.
_____ 9. I feel relaxed and in control of myself.
_____10. I have spells of terror or panic.
_____11. I feel afraid in open spaces or in the streets.
_____12. I feel afraid I will faint in public.
_____13. I am comfortable traveling on buses, subways or trains.
_____14. I feel nervousness or shakiness inside.
_____15. I feel comfortable in crowds, such as shopping or at a mall.
_____16. I feel comfortable when I am left alone.
_____17. I rarely feel afraid without a good reason.
_____18. Due to my fears, I unreasonably avoid certain animals, objects or situations.
_____19. I get upset easily or feel panicky unexpectedly.
_____20. My hands, arms, or legs shake or tremble.
_____21. Due to my fears, I avoid social situations, whenever possible.
_____22. I experience sudden attacks of panic which catch me by surprise.
_____23. I feel generally anxious.
_____24. I am bothered by dizzy spells.
_____25. Due to my fears, I avoid being alone, whenever possible.