

**Mary E. Rixford M.A. LPC, LMFT**  
**6750 Hillcrest Drive , Suite 304**  
**Dallas, Texas, 75230**  
**972-788-0110**

**CONSENT FOR TREATMENT OF A MINOR CHILD**

(The following statements provide your legal consent to and financial responsibility for counseling services to a minor child. These statements are important to protect the child, the parent/guardian/conservator, and the therapist. Please carefully review this information and sign where indicated. You are requested to discuss any question you may have with the therapist.)

**STATEMENT OF RESPONSIBILITY AND GRANT OF PERMISSION FOR THERAPY**

I am the :                      Natural Parent: [    ]      Legal Guardian: [    ]                      Managing Conservator of [    ]

---

(Name of minor child)

I am legally responsible for the child named above and grant permission to Mary E. Rixford M.A. LPC, LMFT to conduct therapy with this child.

I accept responsibility for the timely payment of all fees due to Mary E. Rixford M.A. LPC, LMFT for services provided to this child.

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

**DUTY TO WARN NOTICE**

Mary E. Rixford, M.A. LPC, LMFT, is committed to the confidentiality and privileged communication with all clients. There are, however, several exceptions. According to Texas law, any evidence of child abuse must be reported to the authorities. If any individual intends to take harmful, dangerous, or criminal action against another individual, or against himself/herself, it may be the therapist's duty to report such action or intent.

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

## INTAKE FORM

**Therapist:** \_\_\_\_\_ **Today 's Date** \_\_\_\_\_ **File #** \_\_\_\_\_

### PERSONAL IDENTIFICATION

First Name: \_\_\_\_\_ ML: \_\_\_\_\_ Phone #: (h) \_\_\_\_\_ (w) \_\_\_\_\_

Last Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_ Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

City, St, Zip: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

### RESPONSIBLE PARTY (if other than above)

First Name: \_\_\_\_\_ Phone #: (h) \_\_\_\_\_ (w) \_\_\_\_\_

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, St, Zip: \_\_\_\_\_

If more than one responsible party, please write name, address & phone number on back of this page and check here \_\_\_\_\_

### BILLING INFORMATION

Which of the following will contribute to paying the bill.

1) Primary Insurance Company will pay: \_\_\_\_\_ \$ \_\_\_\_\_ of each session. OR \_\_\_\_\_ % of each session

2) Secondary Insurance Company will pay: \_\_\_\_\_ \$ \_\_\_\_\_ of each session. OR \_\_\_\_\_ % of each session

3) The first responsible party will pay: \_\_\_\_\_ \$ \_\_\_\_\_ of each session. OR \_\_\_\_\_ % of each session

4) The second responsible party will pay: \_\_\_\_\_ \$ \_\_\_\_\_ of each session. OR \_\_\_\_\_ % of each session

5) The client will pay: \_\_\_\_\_ \$ \_\_\_\_\_

### INSURANCE COMPANY INFORMATION (Complete only if we have permission to file your insurance)

Ins. Co. Name: \_\_\_\_\_ Ins. Co. Authorization Phone: \_\_\_\_\_

Address: \_\_\_\_\_ No. of authorized sessions: \_\_\_\_\_

City, St, Zip: \_\_\_\_\_ to be reauthorized by the \_\_\_\_\_

session, or by (date): \_\_\_\_\_

### Policy Holder

First Name: \_\_\_\_\_ ID Number: \_\_\_\_\_

Last Name: \_\_\_\_\_ Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

Address: \_\_\_\_\_ Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

City, St, Zip: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Status (Champus Claims): \_\_\_\_\_ Active Duty \_\_\_\_\_ Retired \_\_\_\_\_ Deceased \_\_\_\_\_ Other \_\_\_\_\_

What is your relationship to the insured? \_\_\_\_\_ Spouse \_\_\_\_\_ Child \_\_\_\_\_ Self \_\_\_\_\_ Other \_\_\_\_\_

Are you under your employer's Health Plan? Yes \_\_\_\_\_ No \_\_\_\_\_

Employer's Name: \_\_\_\_\_ Deductible Amount: \_\_\_\_\_

Insurance Plan Name: \_\_\_\_\_ Deductible Met? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

# CHILD INTAKE FORM

Child's Given Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Client # \_\_\_\_\_

## DEVELOPMENTAL HISTORY:

Was the pregnancy planned? Yes [ ] No [ ] Or Is child adopted? Yes [ ] No [ ] Age at adoption \_\_\_\_\_

Describe any complications experienced during pregnancy \_\_\_\_\_

Describe any complications during birth & delivery \_\_\_\_\_

Any problems feeding? Yes [ ] No [ ] Age \_\_\_\_\_ Duration \_\_\_\_\_

Any problems eating? Yes [ ] No [ ] Describe \_\_\_\_\_

Any problems sleeping? Yes [ ] No [ ] Describe \_\_\_\_\_

Have there been any physical or emotional separations (i.e. death, hospitalizations) between child and care taking adult during the first 26 months of life?

Yes [ ] No [ ] If yes, explain: \_\_\_\_\_

Is there any history that could be considered abusive?

Yes [ ] No [ ] If yes, was it physical ? \_\_\_\_\_ emotional \_\_\_\_\_ sexual \_\_\_\_\_

Age he/she:

Held head up \_\_\_\_\_ Turned over \_\_\_\_\_ Sat \_\_\_\_\_ Pulled up \_\_\_\_\_

Smiled at parents \_\_\_\_\_ Crawled \_\_\_\_\_ Walked with help \_\_\_\_\_ Was weaned \_\_\_\_\_

Used sentences \_\_\_\_\_ Fed self \_\_\_\_\_ Helped dress self \_\_\_\_\_ Dressed alone \_\_\_\_\_

Dry during day \_\_\_\_\_ Dry during night \_\_\_\_\_

Is he/she:

Impulsive \_\_\_\_\_ Timid or shy \_\_\_\_\_ Right/left handed \_\_\_\_\_

Stubborn \_\_\_\_\_ Well coordinated \_\_\_\_\_ Clumsy \_\_\_\_\_ Affectionate \_\_\_\_\_

Any previous testing or therapy?

Yes [ ] No [ ]

Dates \_\_\_\_\_ Place \_\_\_\_\_

Findings \_\_\_\_\_

List any special problems that might have caused stress for your child \_\_\_\_\_

How did you choose this time to seek counseling? \_\_\_\_\_

## School INFORMATION:

(please fill in where appropriate)

Teacher: \_\_\_\_\_ School: \_\_\_\_\_

Grade: \_\_\_\_\_ Year Enrolled: \_\_\_\_\_ School Phone: \_\_\_\_\_

Has child been: Tutored \_\_\_\_\_ In special class: \_\_\_\_\_ Expelled: \_\_\_\_\_ Suspended: \_\_\_\_\_

Repeated a grade: \_\_\_\_\_ Cut classes: \_\_\_\_\_

The school has said my child: Is hyperactive \_\_\_\_\_ Is bored \_\_\_\_\_ Procrastinates \_\_\_\_\_

Gets along well with adults. \_\_\_\_\_

Gets along well with students. \_\_\_\_\_

Has few friends. \_\_\_\_\_

IQ is above/below average \_\_\_\_\_

## FAMILY INFORMATION:

Who wanted help?

Five adjectives describing mother:

Five adjectives describing father:

Five adjectives describing parental relationship:

## PERSONAL INFORMATION:

Pediatrician: \_\_\_\_\_ Pediatrician's phone: \_\_\_\_\_

Address: \_\_\_\_\_ City, State Zip: \_\_\_\_\_

List any present medical problems and current medications: \_\_\_\_\_

Has child had counseling and/or psychiatric care? \_\_\_\_ Yes \_\_\_\_ No

If yes, when: \_\_\_\_\_

Doctor or counselor: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City, State Zip: \_\_\_\_\_

**Please answer all questions by a check mark indicating the degree of the problem.**

|     |  | <i>Not at All</i> | <i>Just a little</i> | <i>Pretty much</i> | <i>Very much</i> |
|-----|--|-------------------|----------------------|--------------------|------------------|
| 1.  | Picks at things (nails, fingers, hair, clothing)   | [ ]               | [ ]                  | [ ]                | [ ]              |
| 2.  | Sassy to grownups  | [ ]               | [ ]                  | [ ]                | [ ]              |
| 3.  | Excitable. impulsive   | [ ]               | [ ]                  | [ ]                | [ ]              |
| 4.  | Problems with making or keeping friends  | [ ]               | [ ]                  | [ ]                | [ ]              |
| 5.  | Wants to run things  | [ ]               | [ ]                  | [ ]                | [ ]              |
| 6.  | Sucks or chews (thumbs, clothing, blankets)  | [ ]               | [ ]                  | [ ]                | [ ]              |
| 7.  | Cries easily or often  | [ ]               | [ ]                  | [ ]                | [ ]              |
| 8.  | Carries a chip on his shoulder   | [ ]               | [ ]                  | [ ]                | [ ]              |
| 9.  | Daydreams  | [ ]               | [ ]                  | [ ]                | [ ]              |
| 10. | Difficulty in learning   | [ ]               | [ ]                  | [ ]                | [ ]              |
| 11. | Restless in the “squirmy” sense  | [ ]               | [ ]                  | [ ]                | [ ]              |
| 12. | Fearful (of new situations, new people or places)  | [ ]               | [ ]                  | [ ]                | [ ]              |
| 13. | Restless, always up and on the go  | [ ]               | [ ]                  | [ ]                | [ ]              |
| 14. | Distinctive  | [ ]               | [ ]                  | [ ]                | [ ]              |
| 15. | Tells lies or stories that aren’t true   | [ ]               | [ ]                  | [ ]                | [ ]              |
| 16. | Shy  | [ ]               | [ ]                  | [ ]                | [ ]              |
| 17. | Gets into more trouble than others same age  | [ ]               | [ ]                  | [ ]                | [ ]              |
| 18. | Speaks differently than others same age<br>(baby talk, stuttering, hard to understand)     | [ ]               | [ ]                  | [ ]                | [ ]              |
| 19. | Denies mistakes or blames others   | [ ]               | [ ]                  | [ ]                | [ ]              |
| 20. | Quarrelsome  | [ ]               | [ ]                  | [ ]                | [ ]              |
| 21. | Pouts and sulks  | [ ]               | [ ]                  | [ ]                | [ ]              |
| 22. | Steals   | [ ]               | [ ]                  | [ ]                | [ ]              |
| 23. | Disobedient or obeys resentfully   | [ ]               | [ ]                  | [ ]                | [ ]              |
| 24. | Worries more than others (about being alone,<br>illness, death)                            | [ ]               | [ ]                  | [ ]                | [ ]              |
| 25. | Fails to finish things   | [ ]               | [ ]                  | [ ]                | [ ]              |
| 26. | Feelings easily hurt   | [ ]               | [ ]                  | [ ]                | [ ]              |
| 27. | Bullies others   | [ ]               | [ ]                  | [ ]                | [ ]              |
| 28. | Unable to stop a repetitive activity   | [ ]               | [ ]                  | [ ]                | [ ]              |
| 29. | Cruel  | [ ]               | [ ]                  | [ ]                | [ ]              |
| 30. | Childish or immature (wants help he shouldn’t need,<br>clings, needs constant reassurance) | [ ]               | [ ]                  | [ ]                | [ ]              |
| 31. | Distractibility or attention span a problem  | [ ]               | [ ]                  | [ ]                | [ ]              |
| 32. | Headaches  | [ ]               | [ ]                  | [ ]                | [ ]              |
| 33. | Mood changes quickly and drastically   | [ ]               | [ ]                  | [ ]                | [ ]              |
| 34. | Doesn’t like or doesn’t follow rules or restrictions                                       | [ ]               | [ ]                  | [ ]                | [ ]              |
| 35. | Fights constantly  | [ ]               | [ ]                  | [ ]                | [ ]              |
| 36. | Doesn’t get along well with brothers or sisters  | [ ]               | [ ]                  | [ ]                | [ ]              |
| 37. | Easily frustrated in efforts   | [ ]               | [ ]                  | [ ]                | [ ]              |
| 38. | Disturbs other children  | [ ]               | [ ]                  | [ ]                | [ ]              |
| 39. | Basically an unhappy child   | [ ]               | [ ]                  | [ ]                | [ ]              |
| 40. | Problems with eating (poor appetite)   | [ ]               | [ ]                  | [ ]                | [ ]              |
| 41. | Stomach aches and pains  | [ ]               | [ ]                  | [ ]                | [ ]              |
| 42. | Problems sleeping (can’t fall asleep, up during night)~ /                                  | [ ]               | [ ]                  | [ ]                | [ ]              |
| 43. | Other aches and pains  | [ ]               | [ ]                  | [ ]                | [ ]              |
| 44. | Vomiting or nausea   | [ ]               | [ ]                  | [ ]                | [ ]              |
| 45. | Feels cheated in family circle   | [ ]               | [ ]                  | [ ]                | [ ]              |
| 46. | Boasts and brags   | [ ]               | [ ]                  | [ ]                | [ ]              |
| 47. | Lets self be pushed around   | [ ]               | [ ]                  | [ ]                | [ ]              |
| 48. | Bowel problems (frequently loose, irregular habits)  | [ ]               | [ ]                  | [ ]                | [ ]              |