

CONFIDENTIAL QUESTIONNAIRE
Patricia Ashby, LISW
Licensed Independent Social Worker

PERSONAL INFORMATION

Date: _____

Name: _____ Home Phone: _____ Cell _____

Address: _____

City, State, ZIP: _____

Birth Date: _____ Age: _____ Education (last year completed): _____

Occupation: _____ Business Phone: _____

May we leave a message at your home? ____yes ____no Business? ____yes ____no

Circle One: Single Married Separated Divorced Widowed

If married, how long? _____

Spouse's name and occupation: _____

Names and ages of children: _____

In case of emergency, please contact the following: _____

Relationship: _____ Phone: _____

Referred to Family Legacy by: _____

HEALTH INFORMATION

Health Insurance Company _____

Rate your overall health (check one)

____Very Good ____Good ____Average ____Poor

Are you sleeping through the night? ____yes ____no

Have you had a change in weight recently? ____yes ____no

If yes, about how much? _____loss _____gain

Are you experiencing fatigue or lack of energy? ____yes ____no

Present medications and purpose: _____

(Please turn over and complete the other side)

OTHER INFORMATION

Have you recently suffered loss from a significant social, business, or family relationship? _____Yes _____No If yes, please explain:_____

Have you had previous counseling? _____Yes _____No
If yes, please list the dates, name of therapist and reason for counseling:_____

What religious organization do you attend, if any?

Briefly describe your belief about God and if/how you see your faith being part of the change process in your counseling:

What has brought you here today and what would you like the counseling process to accomplish?

Please circle the areas you may wish to discuss during the counseling process:

abortion	childhood hurts	marital issues	sexual issues
abuse	communication	occupation	spirituality
anger	depression	parenting	stress
anxiety	finances	parents/in-laws	substance abuse
appearance	grief/loss	relational conflicts	suicidal thoughts

PATRICIA ASHBY, LISW
Clinical Social Worker

OFFICE POLICIES

At Family Legacy we believe counseling is a process whereby a client seeks resolution of emotional, relational, and/or spiritual difficulties with the assistance of another caring individual. Your counselor, Pat Ashby, will bring to the session her professional knowledge and expertise, but the ultimate responsibility for growth and change rests with you, the client. You are invited at any time to ask questions of Pat regarding your counseling and your progress.

OFFICE HOURS: Pat's office hours are on Monday, Tuesday and Thursday. Appointments can be made or messages left by calling the Family Legacy office at (515) 727-1338. Family Legacy's receptionist office hours are Monday through Friday 8:00 AM until 5:00 PM. Voice mail is available after office hours and is confidential, so please feel free to leave a message.

AFTER HOURS EMERGENCY: For emergencies, instructions on how to reach Pat on her cell phone are given at the end of the voice mail message. Should you be unable to reach her, please call one of the other emergency names/numbers, or pursue 24-hour assistance from a local hospital emergency room, shelter, or police department.

INSURANCE: Pat is covered under the UHC, Wellmark BCBS, Coventry and Midlands Choice. We do not submit claims for any other insurance, but we can provide you with a receipt. You authorize the release of any information necessary to process claims and you authorize the payment of benefits to Family Legacy. Please initial _____

CHARGES: Sessions may last 45-55 minutes depending on the service provided. Pat's fee is \$155.00 for the first session and \$115.00-\$145.00 (depending on the service provided) for each session thereafter. Payments due are expected upon arrival. If your account ever reaches a balance of \$200.00, services will be suspended until the balance is brought up to date. **Please initial** _____. Pat has reserved your appointment time expressly for you. Since there is a waiting list, if you need to cancel, we require twenty-four hours notice prior to your scheduled appointment for cancellations. If you do not show up for your appointment or fail to give 24 hours notice, you will be charged half the session fee, or \$57.50, for the missed session. We understand that emergencies do arise. When you realize you must cancel, please call the office as soon as possible. **Please initial** _____

CONFIDENTIALITY: All counseling is confidential, according to the Code of Ethics adhered to by your counselor. The counselors at Family Legacy are required by State Law, Code Section 232 and 235, to report suspected incidences of child, or dependent, or elder abuse.

NOTICE OF PRIVACY PRACTICES: I have read Family Legacy's Notice of Privacy Practices (HIPPA).

WEAPONS POLICY: No weapons of any kind are allowed on Family Legacy premises.

Your signature below signifies your understanding and willingness to comply with these policies.

Client(s)

Date