

Catherine Ellis, MA, LLP

Ellis Therapy Associates
2001 Hudson Avenue
Kalamazoo, MI 49008
ce@ellistherapy.com
269-341-9725

Date _____

Dx _____

INTAKE FORM

PERSONAL INFORMATION

Client

Address

_____ **Zip** _____

Cell

Email

May I contact you by phone? _____ **Email?** _____

INSURANCE INFORMATION

PRIMARY INSURANCE

Policy Holder

Address (if different)

Insurance Company

Address

Phone

Policy Holder's Member #

Group #

Employer

Employer's Address

Responsible Party (if different)

Address

_____ **Zip** _____

Cell

Email

May I contact you by phone? _____ **Email?** _____

SECONDARY INSURANCE

Policy Holder

Address (if different)

Insurance Company

Address

Phone

Policy Holder's Member #

Group #

Employer

Employer's Address

FAMILY INFORMATION

NAMES	AGE	Gender	Birth date	Education	Occupation
Client					
Spouse/Partner					
Children/Step Children or Siblings					
1. _____					
2. _____					
3. _____					
4. _____					

MEDICAL INFORMATION

Physician

Describe any health problems you have.

What medications do you take?

What serious illnesses have you had?

List any prior surgeries.

Have you had prior counseling or therapy? _____

When? _____

What was the concern?

Who was your therapist?

Have you ever been hospitalized for psychiatric treatment? No _____ Yes _____

When? _____

Where were you hospitalized? _____

For how long? _____

What brings you to counseling now?

How long have your current problems existed?

Describe your present concerns: (Circle one)

Mild Moderate Moderately Severe Severe A Crisis

Where did you get my name?

Emergency Contact Person

(Name)

(Relationship)

(Phone)

PLEASE MARK ALL THAT APPLY

- | | | |
|---|--|--|
| <input type="checkbox"/> crying spells | <input type="checkbox"/> excessive drug use | <input type="checkbox"/> can't make friends |
| <input type="checkbox"/> fast heartbeat | <input type="checkbox"/> depressed | <input type="checkbox"/> easily excited |
| <input type="checkbox"/> money problems | <input type="checkbox"/> cold feet and hands | <input type="checkbox"/> no one understands me |
| <input type="checkbox"/> unable to have fun | <input type="checkbox"/> problems with children | <input type="checkbox"/> headaches |
| <input type="checkbox"/> always worried | <input type="checkbox"/> trouble sleeping | <input type="checkbox"/> quick tempered |
| <input type="checkbox"/> relationship concerns | <input type="checkbox"/> feeling panicky | <input type="checkbox"/> worried about health |
| <input type="checkbox"/> feelings easily hurt | <input type="checkbox"/> problems with parents | <input type="checkbox"/> fainting spells |
| <input type="checkbox"/> frequent sweating | <input type="checkbox"/> feeling lonely | <input type="checkbox"/> impatient with people |
| <input type="checkbox"/> work difficulties | <input type="checkbox"/> diarrhea | <input type="checkbox"/> can't concentrate |
| <input type="checkbox"/> lacking in confidence | <input type="checkbox"/> poor physical health | <input type="checkbox"/> unable to relax |
| <input type="checkbox"/> dizziness | <input type="checkbox"/> loss of weight | <input type="checkbox"/> binge eating |
| <input type="checkbox"/> sexual problems | <input type="checkbox"/> shy with people | <input type="checkbox"/> can't "get going" |
| <input type="checkbox"/> constipation | <input type="checkbox"/> fighting and quarreling | <input type="checkbox"/> feeling fearful |
| <input type="checkbox"/> shaky hands | <input type="checkbox"/> not enjoying things | <input type="checkbox"/> very restless |
| <input type="checkbox"/> can't hold a job | <input type="checkbox"/> muscle twitching | <input type="checkbox"/> feeling angry |
| <input type="checkbox"/> feeling grouchy | <input type="checkbox"/> dislike my body | <input type="checkbox"/> overly sensitive |
| <input type="checkbox"/> stomach trouble | <input type="checkbox"/> suicidal thoughts | <input type="checkbox"/> feel like hurting someone |
| <input type="checkbox"/> excessive drinking | <input type="checkbox"/> nausea or vomiting | <input type="checkbox"/> don't like being alone |
| <input type="checkbox"/> always tired | <input type="checkbox"/> full of energy | <input type="checkbox"/> anxious inside |
| <input type="checkbox"/> nightmares | <input type="checkbox"/> feeling inferior | <input type="checkbox"/> feel like smashing things |
| <input type="checkbox"/> excessive medication use | <input type="checkbox"/> can't make decisions | <input type="checkbox"/> lack energy |
| <input type="checkbox"/> poor appetite | <input type="checkbox"/> overly ambitious | <input type="checkbox"/> weight gain or loss |
| <input type="checkbox"/> feeling tense | <input type="checkbox"/> loss of sexual interest | <input type="checkbox"/> excessive overeating |

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I welcome you to counseling and look forward to working with you. I believe the following information will be helpful in establishing a good therapeutic relationship between us. Please read this information carefully, and ask any questions that you have. When you have read both pages, please sign the statement below.

Professional Background I am a Limited Licensed Psychologist in Michigan, and a Board Certified Clinical Psychotherapist through the North American Masters in Psychology Organization. I am a Level II EMDR therapist, and a divorce and custody mediator. I am also a divorce coach and child specialist in collaborative divorce cases. My professional training has prepared me to help you deal with personal problems and relationship concerns.

I have been practicing in Kalamazoo since 1990, including fourteen years of experience at Child & Family Psychological Services. I also spent twenty-one years as a Disability Examiner for Social Security Disability. My master's degree is from Western Michigan University in Clinical Psychology.

Initial Appointment Your initial appointment is considered a diagnostic interview. From the information you share on this first visit, we will decide together whether I am the right therapist to help you attain your goals. If we decide to work together, we will discuss the type of therapy needed (individual, group, medication, etc.), the frequency of therapy sessions (weekly, bi-weekly, etc.), and schedule your next appointments.

Appointments Each therapy session lasts approximately 55 minutes. All appointments are scheduled directly with me, in person or by phone or email. If you find that you need to cancel an appointment, please give as much notice as possible. You will be personally charged for appointments not canceled at least 24 hours in advance, except for emergency reasons. Insurance companies do not pay for unattended appointments. The fee for a late cancellation or missed appointment is \$100.

Payments The fee for your initial visit is \$200 and for each session thereafter is \$160. The fee for sessions involving conjoint treatment is \$160. Most insurance companies will pay for a portion of outpatient mental health services. With your approval by signature, I will bill your insurance company, and have the payments sent directly to me. You will be responsible for paying all deductibles and co-pays in full at each visit by cash or check. Please check with your insurance company to determine your deductible and co-pay for each session in advance of your first appointment. Because payment for your services is ultimately your financial responsibility, it is important that you are familiar with the terms of your policy.

Confidentiality All information regarding the specific nature of your therapy is considered confidential, unless specified by you in writing. However, I do reserve the right to use specialty consultation with my supervisor, Candace Ross, PhD, or other therapists as needed in regards to general aspects of therapy.

Therapists are required by law to break confidentiality and warn person(s) when a client behaves in such a way that poses a threat of physical harm to another person or to self. Michigan law also requires professionals to report suspected incidents of child abuse or neglect, or abuse/neglect of a vulnerable adult to the proper protective service agency.

Termination As you reach your goals in therapy, a gradual tapering of sessions will occur. It is helpful for you to discuss your wish to end counseling at least one or two sessions prior to your last session. A final session to process your therapy, settle any unfinished concerns, and say goodbye is beneficial.

Emergencies My confidential voicemail (269-341-9725) is always available for leaving messages when I am in session or out of the office. If an emergency arises when I am not available to speak with you, please call the Gryphon HelpLine (269-381-4357), which provides 24-hour crisis intervention services. The emergency room of the closest hospital is also another resource in time of crisis.

I encourage you to ask any questions you may have concerning the above policies.

Please circle:

YES NO I acknowledge that I have read and understand all of the foregoing statements and that my signature below indicates that I agree to abide by all of the above conditions.

YES NO I have received a copy of this form and privacy practices brochure.

YES NO I authorize the release of any medical information necessary to process my insurance claims.

YES NO I authorize benefits to be paid directly to Ellis Therapy Associates.

YES NO I consent to the exchange of treatment information between Catherine Ellis, MA and my primary care physician.

(Physician's name/office and phone number)

SIGNED _____ DATE _____