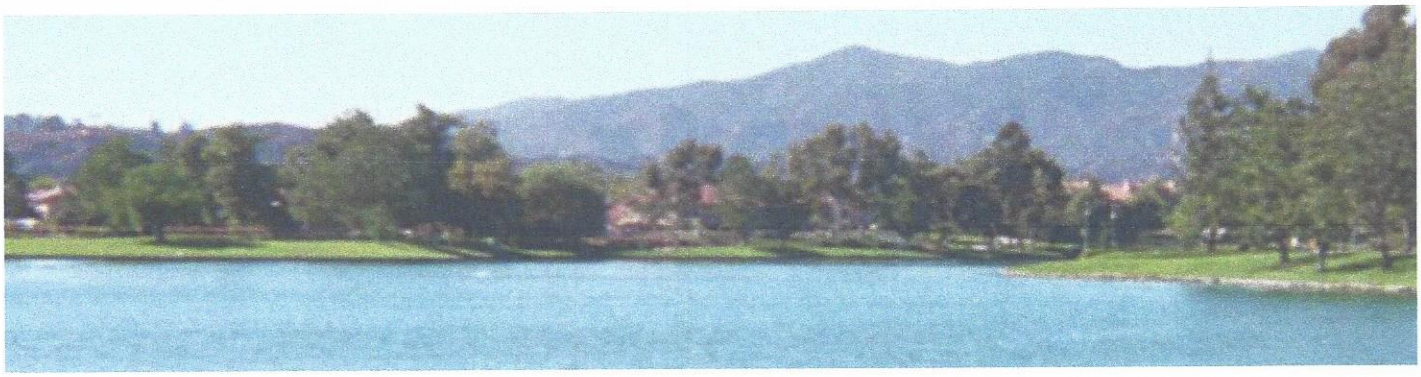

Welcome to Counseling with Julie Olson, PhD! It took courage to come here and I acknowledge your strength and wanting to make a positive change in your own life.

Please fill out the form. Everything is confidential.

Today's Date: _____

Name: _____ How you found us: _____ Date of birth: _____

Home Phone:	OK to call & leave a message Yes No	Best time to call you at home?

Email :	Cell: OK to call during work hours? Yes No	hours

Work Phone:	OK to call and identify/leave message Yes No	

Address:	City:	State:	Zip:	

Symptom Check List --

Please circle/check how you have been feeling for the last 3 weeks or more

Feel down/ Depressed
Not interested in doing fun things anymore
Weight change: ☐ more ☐less
Appetite change: ☐ more ☐less
Sleep change: ☐ more ☐less
Feeling worthless
Fatigue/exhaustion
Feel worthless
Feel guilty
Poor concentration
Indecision
Crying spells
Thoughts of death
Thoughts of suicide
Suicide plan
Suicide attempt before

Anxious
Heart palpitations
Sweating
Trembling
Shortness of breath
Choking
Chest pain
Nausea
Diarrhea
Dizziness
Faintness
Too shy
Too worried
Indecisive
Controlling
Have trouble making friends
Poor eye contact

Can't make friends for long
Preoccupied /obsessed
Don't like change/Inflexible
Like to repeat behaviors
Line up objects

Numbness
Tingling
Chills
Hot flashes
Other fears
Nightmares
Night terrors
Bite nails
Don't like to leave home

Bad nightmares
Feel like I'm "re-experiencing" something scary that happened
Hyper-aware of environment
Jumpy/Easily startled
Fear of dying

History of:
Physical abuse
Sexual abuse
Emotional/Mental abuse
Neglect
CPS or APS involvement

Use drugs
__ Marijuana
__ Speed
__ Opiates / Opioids
__ Prescription drugs
__ drink alcohol
Rarely or Never
1-3 drinks a week
1-3 drinks a night
4+ drinks a night
Have tried to cut down but can't
__ Use tobacco

Pick at self
Pull hair out
Obsessed with calories
Exercise 3 hours or more daily
Don't want to eat
Binge
Throw up
Use laxatives for weight -loss
Feel fat
Feel ugly/ unattractive

Do you have worries, thoughts, images, feelings, or ideas that bother you?

Do you have to check things over and over again?

Do you have to wash your hands a lot, more than most kids?

Do you count to a certain number or do things a certain number of times?

Do you collect things that others might throw away (like hair or fingernail clippings)?

Do things have to be "just so"?

Are there things you have to do before you go to bed?

fear of dirt or germs

fear of contamination

a need for symmetry, order, and precision

religious obsessions

preoccupation with body wastes

lucky and unlucky numbers

sexual or aggressive thoughts

fear of illness or harm coming to oneself or relatives

preoccupation with household items

intrusive sounds or words

Fast ideas/thoughts
Big plans for future
Lots of energy
Feel I can do anything
Agitation/Fidgety
Can't pay attention
Can't listen
Won't finish things
Distractible
Disorganized
Forgetful
Hyperactive
Fidgety
Can't stay in seat
Noisy
Can't sit still
Talk excessively
Impulsive

Interrupts
Lose temper easily

Feel like I'm going crazy
Things don't make sense
See things that other people don't see
Convinced people will hurt me
Confused
Uses strange words
Weird behavior
Show no emotion
Life feels unreal
Feel detached from self
Fear of losing control
Suspicious

Concerned about my health status

Concerned about my work or school

Concerned about my personal relationship

Concerned about my family, especially
My parents
My children
My grandparents
Another relative

Feel grief from losing someone

My greatest fear is:

My greatest failure is:

My greatest success is:

Anything else you want to say:

Consent and Confidentiality

I, Julie Olson, PhD PSY14768, offer psychotherapeutic services in accordance with California State Law.

My promise to you: I will use the most effective and efficient therapeutic methods known for your issues in the shortest amount of time. I am here to serve you and will not do anything to jeopardize your success. I am bound by law to report any mention of child abuse, elder abuse, or suicidal plans or homicidal *plans* to the police. My promise is to help you out of those thoughts before we need to call the authorites, if those thoughts should occur.

Expanded information

California Law requires the therapy relationship to be both professional and confidential. What is revealed in this setting is protected by legal, professional, and ethical standards such that, with a few important exceptions, all material is confidential and not released without your written consent. Ethically and legally, however, if there is a reasonable possibility of harming others or yourself; then as a psychotherapist, I am responsible to inform others, in order to protect them or yourself.

Also, the State of California requires that if there is a reasonable possibility of **child abuse or elder abuse**, this must be reported to the proper protective service immediately. There is no statue of limitations according to California law, so conceivably a report might be required for an instance of abuse that occurred many years ago even if it is no longer occurring. Depending on the exact circumstances, this could result in an investigation of that possibility. Any investigation would determine if the law has been broken and if legal action is warranted.

If you come in as a couple, I do not hold secrets from each party and will not be a court witness in the case of divorce.

General Office Policies

Fees: You can use your credit card, ATM, cash, or check for your appointments. You will be given a superbill which you can submit to your insurance for "out of network" payments once you have met your deductible, if you have insurance with mental health benefits. Please fill out the Electronic Payment Form.

Appointments: Services are provided by appointment only. Your scheduled appointment time is reserved specifically for you. While one hour is typically scheduled for an appointment, you will only be seen for 45-50 minutes. The remainder of the time is used for business and to maintain your clinical records.

Phone calls: I am available to return phone calls Monday through Friday between the hours of 9AM and 7PM. If you leave a message for me and I do not respond within four hours, please call again to ensure that my phone system is working properly. When phone consultations are necessary and they last more than ten minutes, you will be billed for the time if you are needing a call back from me after hours, I will need to charge a dollar a minute for every minute over 10 minutes. Texting is the best way to get a hold of me quickly.

If you need to make more than occasional calls that are other than scheduling related, I may encourage you to increase the amount of time we have together in the office. I have found this to be the best way to address my clients' needs. You will not be billed for routine scheduling or information calls. In the case of a dire emergency, please call your own medical doctor or go to the nearest emergency room.

I cannot talk with a spouse or relative regarding your bill or clinical issues unless you have signed saying it is okay to do so.

I grant permission to Dr. Olson to discuss my bill with the following person(s):

_____phone_____

Cancellations: Normally, appointments cancelled with less than 24 hours notice will be charged at the regular fee we have agreed upon. If an emergency arises and you cannot keep your appointment please call/text me so that we can discuss

the possibility of rescheduling. Except in the case of severe illness or family emergency, if we are unable to reschedule your appointment within the same week, you will be charged our agreed upon fee.

Termination: When it is time for therapy to end, it is important to complete the last sessions. These last sessions are an important part of the therapeutic process. If you decide at any time that you want to terminate, please inform me so we can discuss the process. You can always return in the future if you want to.

Fees: our agreed upon fee is ~~$195~~ 125.00 for a 50 minute session.

Other services: charges for other visits, such as hospital visits, consultations with other therapists or medical professionals, home visits, and court-related services will be based on the time involved in providing the service. I can also do email or skype-type of video counseling.

Commitment: ***I encourage you to make a commitment to yourself that you are willing to work hard and honestly with yourself and me to make the most of your sessions. Please do not hesitate to ask any questions about therapy, the process, my experience and qualifications, risks and benefits of therapy or any other concerns you may have. I look forward to working with you.***

Your signature below indicates that you understand and agree with the confidentiality and limits of confidentiality as well as the general office policies of Julie Olson, PhD, a Psychological Professional Corporation.

I agree to consent to treatment and understand the policies and law.

Adult Client's signature

_____ Date_____

If you bring in someone with you to therapy, they need to fill out their own form.

Emergency Contact Information:

Person to call in case of emergency:_____phone_____

ELECTRONIC PAYMENT AUTHORIZATION

Please indicate the form of payment you wish to use for any services rendered through this practice. The following forms of payment are accepted: **Visa, MasterCard, or ATM**. This information will be securely stored in your clinical file and may be updated upon request at any time. Please be aware that transactions will appear as "Julie Olson, Ph.D." on your insurance, bank or credit card statement.

Client Name: _____ Date of Birth: _____

Payor Name (Self, Spouse, parent, etc): _____

Street Address: _____

City_____ State: _____ Zip: _____

Home Number: _____ Mobile Number: _____

Email: _____Want receipt emailed? Yes_____ No _____

Credit/Debit Card Information:

Card Type (**circle or underline one**): Visa, MasterCard

Name on card: _____

Address of name on card if different than the address above:

_____

Card Number: _____

Expiration Date: _____ /_____ Last three numbers on back: _____