

Essentials of Life

Counseling – Licensed Therapist
Temperament - Consultations
Reiki - Energy Healing
Mediation Services

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Bella Professional Center
1100 32nd Avenue South, Suite C
Moorhead, MN 56560

APPLICATION FOR SERVICES

(Complete one application for each person over age 14)

Your Name _____ Birth date _____
Address _____ SSN or Drivers Lic # _____
City _____ State _____ Zip Code _____
Ph Numbers: H _____ o.k. to call? Y ___ N ___ W _____ o.k. to call? Y ___ N ___
Cell _____ o.k. to call? Y ___ N ___ Email: _____ O.K to use? _____
Type of Employment: _____ Company _____ Location _____

Family members, or people you live with, their relationship to you, and age:

Emergency Contact Name _____ Ph Number: _____
What are your strengths / or positives? _____

Please explain your concerns: _____

What are your goals for our work together? _____

Are you concerned about your own, or another's, alcohol, chemical use, or other addictive, abusive, or dangerous behaviors? (Circle one or more) _____

Any type of abuse, violence, or neglect in your past life: (Circle) Physical, verbal, emotional, sexual, or spiritual?

Any type of abuse, violence, or neglect in your present life: (Circle) Physical, verbal, emotional, sexual, or spiritual?

Have you received counseling in the past? _____ Year _____ Was it helpful? _____

Why or why not? _____

What, if any, medications / prescriptions are you using? _____

How did you first learn of my services? _____ By referral from who? _____

By Internet? Yes/No By Phone book? Yes/No Which book? _____

*I understand that entering the counseling relationship *may produce insights and or changes in my life.*

*I will make my own decisions and am responsible for those decisions.

*I have arranged for appropriate payment: insurance, EAP coverage, cash or credit card. If I use insurance, I agree to pay the co-pay amount for each counseling session at the time of the appointment, or it will be billed to me.

*If I am self-pay, I agree to pay for each counseling session at the time of the appointment.

Signature

Date

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Temperament Consults

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INFORMED CONSENT / HIPPA

 1. Confidentiality: Information given during each session is confidential with the following legal exceptions: if you or others in the session reveal child abuse or neglect, elder abuse or neglect, vulnerable adult abuse or neglect (MN statute 626, ND statute, chapter 50-25.2), a threat of violence or danger to yourself or others, or if I am court-ordered to submit your records or to testify, I am obligated by law to report this to the appropriate authority. In addition, I will not acknowledge you in a public setting, unless you do so first.

 2. Written records of each session are kept in a locked and private file cabinet. No information is released without your written consent, called a Release of Information (with above exceptions listed in #1). If you are using insurance / EAP coverage, they have a right to know dates of service / diagnosis.

 3. Policy regarding payment: *Most insurances and EAP's (employee assistance programs) are accepted. *You are responsible for knowing your benefits / co-pay amounts/deductibles of your policy because the number of sessions may be restricted, or your deductible may be high.

*You are responsible for co-pay amounts which are payable at the time of the appointment. In most cases, I will file a claim on your behalf; however, **you are ultimately responsible for your account, and are responsible for the fees if your insurance company / other payer source refuses payment.**

*If using cash, check, or credit card, full payment for each session is expected at the time of the session. If a third-party Payer is used, and the time allowed is exceeded (usually 50 minutes), you are responsible for the additional payment.

*A Sliding Fee Scale (dependent upon your income) ranges from \$250 down to \$75/session; a "session" is 55 minutes. There are pro-rates for time over the normal 55 minute session.

*Other activities, i.e. letters and similar requests, are charged at same fee.

*I do not get involved in legal/court work. If I am "required by subpoena" my fee is \$250/ hr.

Your method of payment (cash, insurance, EAP, credit card (add 5%) or FEE is : _____.

 4. Change of appointment: if you wish to change an appointment, a 24 hour notice is required. I send out "courtesy e-mail reminders of appointments, though it is your responsibility to remember and attend.

***Without 24 hour notice**, I reserve the right to charge you your usual fee for this time; emergencies are an exception.*

 5. After the first/second session, I will discuss with you: a) the nature of the treatment to be provided; b) the probable length of the treatment; c) theoretical orientation used for this treatment; d) benefits and potential risks of this treatment; e) alternatives to this treatment; and f) what the likely results of this treatment may be.

 6. If you have a mental health emergency, please go to your nearest hospital emergency room, or call the police. For support and information, dial 211, a national "hot line".

Please date and sign to indicate you have read and understand Informed Consent.

Your Name

Today's date

Barbara L. Werre, M.S., LMFT, BCPC

Today's date

RELATIONSHIP SATISFACTION SCALE*

	M O D E R A T E L Y	S L I G H T L Y		S L I G H T L Y	M O D E R A T E L Y	
V E R Y	D I S S A T I S F I E D	D I S S A T I S F I E D	N E U T R A L	S A T I S F I E D	S A T I S F I E D	V E R Y
0	1	2	3	4	5	6

Instructions: Use the answer section on the bottom to indicate how much satisfaction you have been feeling in your closest relationship on a scale from 0 (very dissatisfied) to 6 (very satisfied).

1. Communication and openness
2. Resolving conflicts and arguments
3. Degree of affection and caring
4. Intimacy and closeness
5. Satisfaction with your role in the relationship
6. Satisfaction with the other person's role in the relationship
7. Overall satisfaction with your relationship

<u>Degree of Satisfaction</u>	<u>TOTAL SCORE</u>
Extremely Dissatisfied	0-10
Very Dissatisfied	11-20
Moderately Dissatisfied	21-25
Somewhat Dissatisfied	26-30
Somewhat Satisfied	31-35
Moderately Satisfied	36-40
Very Satisfied	41-42

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