

**Stephen D. Trudeau Psy.D.**

*Licensed Clinical Psychologist #19669*

*Offices at "The Landing"*

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**Intake Form**

Client Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Guardian/Parent: \_\_\_\_\_

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

City: \_\_\_\_\_

Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Aetna Insurance Number: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone #: \_\_\_\_\_

Referred By: \_\_\_\_\_

Presenting Problem/Main Concern: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Informed Consent**

**Welcome.** This patient information form will answer most of your questions about therapy services at my office. Please feel free to ask for clarification or additional information at your initial visit.

**What is therapy and how does it work?** Therapy is the process of solving emotional problems by talking with a person professionally trained to help people achieve a more fulfilling individual life, marital relationship, or family relationships. The process of change will, in many ways, be unique to your particular situation. Who you are as a person will help to determine the ways in which you go about changing your life. The process of change begins by first clearly defining the problem, and then discussing your thoughts and feelings, understanding the origin of the difficulty and developing new skills and healthy attitudes about yourself and others. As the patient, you have the right to ask your therapist questions about his/her qualifications, background and orientation. The most important factor in the success of therapy is good communication between therapist and patient. In some instances, talking about your difficulties may exacerbate your symptoms, however over time you should see an improvement. In addition, not all individuals benefit from therapy or working with a particular therapist. If at any time during the therapy you have questions about whether or not the treatment is effective, feelings about something I have said or suggested or need clarification of our goals, do not hesitate to bring this up in our session.

**Confidentiality:** By law and professional ethics, your sessions are strictly confidential. Generally, no information will be shared with anyone without your permission. There are however, a number of exceptions to this confidentiality policy.

If I am ordered by the court to testify or release records.

If you are a victim or perpetrator of child abuse I am required by law to report this to the authorities responsible for investigating child abuse.

If you are a victim or perpetrator of elder or dependent adult abuse I am required by law to report this to Adult Protective Services or other appropriate authorities.

If you threaten harm to yourself, someone else or the property of others, I may be required to call the police and warn the potential victim, or take other reasonable steps to prevent the threatened harm.

**Fees:** My current fee is **\$150.00** for a fifty minute hour. ***You are expected to pay for the counseling at the beginning of each session.*** I do not provide monthly billing. Fees may be increased with reasonable notice. If at any time you have financial concerns do not hesitate to discuss them with me. In most cases, financial concerns can be resolved.

**Insurance:** I do not accept insurance for services rendered. If you would like to submit a bill to your insurance company to see if they will reimburse you, I will be happy to provide you with a statement at the end of each month.

**Cancellations:** ***You will be charged for all missed appointments.*** You may call my answering service 24 hours a day, seven days a week to cancel an appointment.

**After Hours Emergencies:** ***I am not available after my usual business hours for emergencies*** I do check my messages during weekdays between 8:00 AM and 8:00 PM. Leave a message on my answering machine (**805 794 7270**) and I will call you back as soon as I retrieve the message. For after-hours emergencies or if you need immediate assistance call 911, your medical group, or your primary care physician.

**Vacations:** I will give you reasonable notice before I go on vacation. If I am going to be out of town or unavailable, a colleague will be on call for emergencies.

**Terminating Treatment:** You have the right to terminate or take a break from your treatment at any time without my permission or agreement. However, if you do decide to exercise this option, I encourage you to talk with me about the reason for your decision in a counseling session so that we can bring sufficient closure to our work together. In our final session we can discuss your progress thus far and explore ways in which you can continue

to utilize the skills and knowledge that you have gained through your therapy. Psychologists are ethically required to continue therapeutic relationships only so long as it is reasonably clear that patients are benefiting from the relationship. Therefore, if I believe that you need additional treatment, or if I believe that I can no longer help you with your problems I will discuss this with you and make an appropriate referral.

Please sign this form and keep a copy for yourself for future reference. Should you have any questions at any time, please ask.

***I/we have read, understand and agree to the information and policies described in this patient information form.***

_____ Client Name (print)	_____ Client Signature	_____ Date
_____ Parent/Guardian Name (print)	_____ Parent/Guardian Signature	_____ Date
_____ Stephen Trudeau Psy. D.	_____ Therapist	_____ Date