BIRD & BIRD CONSULTING, INC.
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COUPLES NEW PATIENT FORM & CONSENT FOR TREATMENT

(Each person must complete a form)

Today's Date_____

__

Name _____ Date of Birth:___/____/____Age:_____

Home Phone: (____)_____Work Phone: (____)_____Cell Phone: (____)_____

May I leave a message at your home #? Yes No Work #? Yes No Cell #? Yes No

Address: _____City_____Zip_____

May I send correspondence to this address? Yes No (Circle One)

Email Address:_____@_____

Employer: _____ Occupation:_____

Religious Affiliation _____Church/Synagogue_____Active? Yes No

Marital Status*:* (Circle One) Single Married (yrs____) Separated Divorced Widowed Previous Marriages?#____

Spouse's Name _____Date of Birth ____/____/_____Age_____

Occupation_____

Please List Children's Names and Ages:

_____ _____ _____

_____ _____ _____

Medical problems that require medication or physical care: _____

_____

Current Medications: _____

Physician: _____ Date of last physical ____/____/_____

Previous Counseling/Therapy? Yes No If yes, when? _____

Where and with whom? _____

Does anyone in your family have any history of mental illness (such as depression, anxiety, substance abuse, etc.)? If so, please list_____

Have you ever been given a psychiatric diagnosis? Yes No If so, please indicate_____

	Poor				Excellent
How is your physical health?	1	2	3	4	5
How do you sleep at night?	1	2	3	4	5
How is your nutrition?	1	2	3	4	5
How is your mental health?	1	2	3	4	5

Do you drink alcohol? Yes No How much? _____

Do you smoke pot or use other recreational drugs? Yes No Comments_____

In the following list, place a check mark next to each item that identifies an area of concern to you.

_____ Anger/temper
_____ Depression
_____ Education
_____ Family problems
_____ Fearfulness
_____ Marital problems
_____ Physical problems
_____ Problems with social relationships
_____ Problems with children
_____ Religious/spiritual concerns
_____Sexual Concerns
_____ Thoughts of suicide/attempt
_____ Trouble making decisions
_____ Unhappy most of the time
_____ Use of alcohol/drugs
_____ Eating disorder
_____ Work or career
_____ Anxiety or worry
_____ Legal problems
_____ Other (specify):_____

In your own words, briefly describe the main problem that prompted you to seek counseling at this time:

_____

_____

_____

_____

_____

What would you like to achieve from your sessions?_____

_____

_____

_____

How did you hear about me?_____

May I send this individual a thank you note for referring you to my office? Yes No
(This will not contain any confidential information regarding your treatment).

INFORMED CONSENT FOR COUPLES TREATMENT
(Each Person Must Sign a Consent Form)

You have come to me for help regarding your relationship. Before we begin, it is important that you understand some of the specific parameters within which I work with couples. Please read the following information carefully and sign where indicated.

ARRIVAL TIME: Our time begins when both of you have arrived. If one is late, I do not take the other back until the other has arrived. If you are late, I cannot extend your time as it may interfere with the person scheduled after you.

COMMUNICATIONS: Please include your spouse or partner on all email communications to me. If you forget, I will CC them on my reply. If you leave me a voice mail, let your spouse or partner know you have done that. I prefer scheduling matters to be handled via email as it is easier to make sure everyone is on the same page. Please do not include Private Health Information (PHI) in these emails as email is not guaranteed confidential.

REGARDING SECRETS: In couple's therapy no one individual is considered the "patient." The relationship is regarded as the "patient" and, as such, both members of the couple share one chart. This is an important distinction for you to understand as it means that communications you and I have are NOT guaranteed to be kept confidential from the other member of the couple and vice-versa. In other words, I may share information you have provided to me with your couple's therapy partner and vice-versa. I do not keep secrets between the two members of a couple.

My bias is toward helping couples work out their differences and this cannot be accomplished if one partner is secretly engaging in activities that are counterproductive to this goal. Therefore, if you have a secret that is ongoing and you do not plan to discuss it in couple's therapy, you may want to decide now to seek the counsel of an individual therapist or other trusted individual to help you sort through this issue and decide how you want to proceed.

STATEMENT REGARDING GUARANTEES: Therapy outcomes are not guaranteed as therapists have no control over behaviors and choices clients ultimately make. The therapist's responsibility is to facilitate a process that meets clinical and ethical standards. It is the client's right and responsibility to make choices about how to proceed. A married individual may want to divorce while the other individual does not. Marriage therapy does not guarantee that the couple will stay married if one ultimately chooses to leave.

LIMITS OF CONFIDENTIALITY AND DIVORCE: Because your chart is shared, any requests for a release of information to an outside party will require consent from both partners. My license does provide me with the ability to request to uphold what is legally termed "privileged communication," but a judge does have the authority to over-ride this. By signing this consent, you agree that you are waiving your right to confidentiality if your record is subpoenaed.

My signature below indicates that I have read and agree to the parameters set forth in this informed consent statement.

_____
Name (Printed)

_____**Date:**____/____/____
Signature

GENERAL INFORMATION AND OFFICE POLICIES

CANCELLATION POLICY

A missed appointment is a loss for everyone. I request the courtesy of a **Full 24-hour** notice and so that you will not be charged. If you can give me more than 24 hours, I always appreciate it as it gives me more time to offer the time to someone else. To be clear, a **Full 24-hour notice** means that if you have an appointment at 2:00 pm on Tuesday, you must call before 2:00 pm on Monday to cancel. A call after 2:00 pm Monday would be considered a late cancellation and you will be charged for the time.

PAYMENT

Payment is expected at the time of each appointment. If you become an ongoing patient and will be paying by check each week, please have your check written out in advance of your sessions. I accept checks, cash, and credit cards, including HSA cards. Returned checks will incur a $30.00 service charge. Any monies owed and not paid may be sent for collection and collection costs will be added. A $35.00 late fee is added for every 30 days your account is past due.

INSURANCE REIMBURSEMENT

You will need to file your own insurance claims, as I am not a provider for any insurance plans. If you request it, I will give you a claim form after each session that you may submit to your insurance company for *possible* reimbursement. It is your responsibility to call your insurance company to inquire about your mental health benefits and verify coverage. You are responsible for full payment of fees whether or not your insurance company reimburses you. If you elect to use your insurance, please be aware that they may ask me to provide a psychiatric diagnosis in order to process your claim. Sometimes this also requires completion of a treatment plan or summary of our work together. Unfortunately, once I provide them with this information, I have no control over what happens to it. This information becomes part of the insurance company files and your insurance company may send it to a national medical information data bank, which may ultimately compromise your confidentiality. Your signature on this form indicates your authorization to release information to your insurance carrier. ***You always have the right to pay for my services yourself and, thereby, avoid communicating with your insurance company altogether. Many of my patients have chosen to do this.***

CONFIDENTIALITY AND RECORDS

Your communications with me will become part of a clinical record of treatment, and it is referred to as Protected Health Information (PHI). I may use Electronic Medical Records for PHI and a hard copy of your PHI will be kept in a file stored in a locked cabinet in a locked office. Additionally, I will always keep everything you say to me completely confidential, with the following exceptions: (1) You direct me to tell someone else and you sign a "Release of Information" form; (2)When required by law, including if I believe you are a danger to yourself or to others; (3) When required by law, including if information you provide to me indicates that a minor, elderly or disabled person may be the victim of abuse; (4) In couples therapy as noted above; or (5) I am ordered by a judge to disclose information. In the latter case, my license does provide me with the ability to request to uphold what is legally termed "privileged communication," but a judge does have the authority to over-ride this.

CONTACTING ME

You may leave a confidential voice mail 24 hours a day at **770-992-5100.** I check for messages on a regular basis but if you are calling after hours, on the weekend or a holiday, it may be the next business day before I return your call. ***Therefore, in a serious or life-threatening emergency you should call 911 or go to your nearest hospital emergency room.***

STATEMENT REGARDING ETHICS, CLIENT WELFARE & SAFETY

My services are rendered in a professional manner consistent with the Ethical Standards of the American Psychological Association. Should you feel that I am not performing in an ethical or professional manner, please let me know immediately so that I can take steps to correct that. Due to the very nature of psychotherapy, I am unable to guarantee specific results. The outcome of therapy is contingent upon a multitude of variables, including those over which I have no control. But with your participation, we will work to achieve the best possible results for you.

Please also be aware that changes made in therapy may affect other people in your life. For example, an increase in your assertiveness may not always be welcomed by others. It is my intention to help you manage changes in your interpersonal relationships as they arise, but it is important for you to be aware of and understand this possibility. There may be times in your therapy when you find yourself feeling worse before feeling better. This may occur as you explore sensitive areas of your life. However, a topic usually isn't sensitive unless it needs attention. Therefore, this discomfort is often what leads to change and improvement.

YOUR SIGNATURE INDICATES THAT YOU HAVE READ, UNDERSTOOD AND AGREE WITH THESE POLICIES.

I accept responsibility for payment of services rendered by Dr. William Bird or Dr. Beverly Bird. I understand that I, not my insurance company, am responsible for fees, including those not covered or reimbursable by my insurance company. I agree to pay, if necessary, all costs of collection of this account and that if my account is sent to a collection agency, I waive my right to confidentiality. I understand that my appointment time is reserved for me and there will be a charge for appointments broken or canceled with less than 24 hours notice. I have read and understood Dr. Bird's office policies.

_____Date:____/____/_____

Name (Printed)

_____

Signature

Couples' Pre-Session Questions

Before you come in for your first session, spend some time thinking about the following questions and write down your answers. I will have you share your reflections with each other at your appointment.

Please spend some time thinking about #2 below. It's easy to name the things our *partners* are doing that make us unhappy; a little more difficult to see our own flaws. But both people have to change in order to have a dream relationship.

1. What will your relationship look like if our work together is wildly successful? *(Examples: We will spend more time together having fun, we will like each other better, we will fight less, travel more, have more sex, etc.)*

2. What are *you* personally doing right now that keeps you from having the relationship you long for? *(Examples: I shut down and won't talk, I blow up and start screaming, I work too many hours, I devote most of my energy to the children and my spouse gets the leftovers, I can be pretty critical at times, I won't ask for help and then resent having to do everything, etc.)* These are just examples. Spend some time thinking about your own.