

For Office Use Only: DX \_\_\_\_\_

**Emergence, L.L.C., P.C.**

Tami Anderson, M.S.

Office locations in:

Loveland, CO and Fort Collins, CO

970-988-0645

[tami@tamiaanderson.com](mailto:tami@tamiaanderson.com) [www.tamiaanderson.com](http://www.tamiaanderson.com)**CLIENT INFORMATION**

Your cooperation in completing this questionnaire will be helpful in planning service for you. Please fill out all pages and answer each item carefully or ask for clarification if you do not understand an item. Please read all information provided carefully.

Full Legal Name \_\_\_\_\_ Today's Date \_\_\_\_\_

 Permanent Mailing Address: \_\_\_\_\_  
 Street or P.O. Box

 \_\_\_\_\_  
 City State Zip

Telephone(s) Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

OK to leave a voicemail or text message at the following # \_\_\_\_\_

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

Age \_\_\_\_\_ Birth Date \_\_\_\_\_

Marital Status: Single \_\_\_ Married \_\_\_ Separated \_\_\_ Divorced \_\_\_ Other \_\_\_

If married, first/second/other marriage \_\_\_\_\_

Highest level of completed education: \_\_\_\_\_

Occupation \_\_\_\_\_ Place of Employment \_\_\_\_\_

How were you referred to us? \_\_\_\_\_

**MEDICAL INFORMATION**

Name of Your Primary Care Physician \_\_\_\_\_

Physician's Address \_\_\_\_\_

Street City State Zip Code

When was your last physical? \_\_\_\_\_

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Any family history of addictive or compulsive behavior (i.e. alcohol, cigarettes, food, drugs, sex, gambling, etc.? Include self and please be specific)

\_\_\_\_\_

List any major health problems for which you currently receive treatment or have received in the past:

\_\_\_\_\_

List any medication you are now taking:

Name	Date begun	Dose
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May we contact your physician? Yes No Signature \_\_\_\_\_ Date \_\_\_\_\_

**If Applicable:** (Please circle as needed)

- **Current use:** Non-prescription drugs\_\_ Nicotine \_\_ Prescription drugs \_\_ Alcohol \_\_
- **Level of use:** Can't control use of/Abuse \_ Frequent use \_\_ Occasional Use \_ Rare use \_\_

**FAMILY MEMBERS**

List all persons who live in your home including your spouse, children and/or anyone living with you for whom you assume personal or family responsibility. Also, list any family members no longer living at home.

Name	Relationship	Age	Birth date	Residence
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**FAMILY HISTORY**

	Name	Age	Education/Occupation	Deceased?
Father	_____	_____	_____	_____
Mother	_____	_____	_____	_____

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Brothers and Sisters in birth order:

Name	Age	Education/Occupation	Deceased?
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**Personal Identifications/Cultural Considerations**

**Gender:**

**Sexual Orientation:**

**Spiritual Affiliation:** Protestant\_\_\_ Roman Catholic\_\_\_ Jewish\_\_\_ Buddhist\_\_\_

Islam\_\_\_ None\_\_\_ Other:\_\_\_\_\_

**Spiritual involvement:** Regular\_\_\_ Occasional\_\_\_ Never\_\_\_

**PSYCHOTHERAPY HISTORY**

Please describe your reason/concern for seeking help:

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Are you currently having any suicidal or homicidal thoughts? \_\_\_ **Yes** \_\_\_ **No**

If yes, Please explain:

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Have you or a family member had prior counseling? \_\_\_ **Yes** \_\_\_ **No**

Name, location and dates of previous counseling:

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May we contact your previous therapist? (with appropriate release) \_\_\_ **Yes** \_\_\_ **No**

Do you or family members have a history of depression, anxiety or related challenges?

If yes, Please explain:

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## AREAS OF CONCERN

Please circle any of the following problems or concerns, which pertain to **you**. If you circle more than three highlight your most urgent concerns:

Nervousness	Depression/sadness	Crying Spells
Shyness	Sexual problems	Fears
Separation	Divorce	Suicidal Thoughts
Drug Use	Alcohol Use	Finances
Anger/Hostility	Impulse-Control	Friendship Issues
Sleep Problems	Anxiety	Unhappiness
Relaxation Stress	Work Problems	Abuse
Legal Matters	Headaches	Tiredness/Fatigue
Energy Problems	Body image	Ambition
Loneliness	Insomnia	Making Decisions
Education	Inferiority	Concentration
Temper	Career Choices	Health Problems
Children	Nightmares	Marriage
Bowel Troubles	Appetite	Inadequacy Feelings
Weight Issues	Parenting Issues	Disturbing thoughts
Grief	Guilt	Shame
Spiritual Problems	Mood Swings	Meaninglessness
Family Conflict	Worry	Memory

### **BASICS:**

Do you exercise? What type of exercise do you do/how often?

Approximately how many hours of sleep do you get each night? Do you have any sleep related challenges? Getting to sleep? Staying asleep?

How is your nutrition? Do you eat regular meals?

Do you have “social support” or people/groups/resources you can go to for support? Please give a brief description:

What are some of your “coping skills”? How do you deal with stress? (these can be positive or negative practices).

## CLINIC INFORMATION AND DISCLOSURE STATEMENT

Thank you for choosing to see Tami Anderson for psychotherapy. Tami is dedicated to giving you the best possible experience while you are receiving services from her. This document has been prepared to make important information readily available about financial policies and your rights as a client. Please read this document carefully and keep it for reference as needed. If you have any questions about any of the information presented here, speak with

Tami for clarification.

#### *About Tami*

Tami Anderson is a Registered Psychotherapist in the State of Colorado. She received a M.S. in Marital and Family Therapy from Fuller Graduate School of Psychology. Her therapy style is primarily interpersonal and systemic, with emphases that vary depending on the nature of the issues being treated. She is collaborative and holistic.

Tami works from an office shared with other therapists and medical professionals, but is not associated with them by business, therapeutic or legal connections. They are each in individual practice and have separate business and therapeutic practices.

#### *Financial Agreement*

Fees: Fees for individual, couple, or family therapy are based on a 50- minute session and are \$120.00 per session. Group sessions are usually longer (1 1/2 hours) with an adjusted fee per group hour, depending on the group. Tami is private pay and does not bill insurance companies directly, nor does she take third party reimbursements. You may request a superbill (receipt) at each session upon payment, suitable for submission to insurance for reimbursement, should you decide to bill your insurance company, but Tami makes no guarantee that insurance will reimburse the fee. A \$35.00 fee will be added to your account for any NSF check returned by the bank.

Missed Appointments: Your appointment reserves a full session with Tami. If you must cancel an appointment, a **24-hour notice is required or a full session charge will be made for the missed appointment.** On “snow days”, Tami will be available by phone and/or a confidential video conferencing option if available. Tami’s voice mail (970-988-0645) is available to take your message. If you request or choose to meet over FaceTime or Skype, keep in mind these are NOT confidential forms of communication.

#### *Your Rights Regarding Treatment*

- 1) You have the right to request a change of therapy, referral to another psychotherapist or to discontinue therapy at any time.
- 2) You have the right and responsibility to be informed about your treatment. It is appropriate to raise questions about your psychotherapist's training, his/her approach, and your progress.
- 3) A record of the health care service you are provided is kept. You may request that notes of sessions not be kept. When requested in writing with legal release, most often, your psychotherapist will write a treatment report summarizing treatment and send it to the appropriate referral.

#### *Confidentiality*

From the moment you request therapy, interactions with Tami are kept in the strictest confidence. Once you request entrance to treatment, according to our ethical and legal

standards, no one outside the counseling office has access to information about you without your written consent.

There are some exceptions to confidentiality: regarding the report of suspected child abuse, sexual abuse of a minor, abuse of an elderly or disabled person, presenting a clear danger to yourself or others, the inability to meet one's own needs, national security threats or if Tami receives a court order from a judge to disclose information. According to the laws of the State of Colorado and the ethical guidelines of the profession of psychology, Tami is obligated to do whatever is needed to assure your safety and the safety of others (see reference to legal statutes on this in the disclosure statement).

Email, Skype, Facetime, Video-conferencing and other means of communication may not be protected confidential methods of communication.

Please sign here to acknowledge you understand that email, FaceTime, Skype and potentially other forms of communication are not confidential:

I, \_\_\_\_\_, understand that email, FaceTime, Skype and other forms of communication are NOT confidential and may not be protected venues of communication. If I utilize these alternative forms of communication, I do this understanding they may not be protected and confidential. Date \_\_\_\_\_

Tami has both a supervisor (Brooke Bretthauer, LMFT) and a consult group with whom she may share information in order to provide you the best care. In doing so, precautions will be made to protect your identity when consultation or supervision is sought.

*Communications outside of sessions and use of communications and social media*

In a life threatening situation or emergency, please use the emergency information in this packet. Tami works part-time and will respond to messages on work days, meaning you might wait several days for a response. Please use texting only for communications about scheduling appointments, billing or very brief business questions (not emotional content or processing that needs to be done in session) and be patient for non-urgent questions to be answered. If you have information you wish to communicate to her between sessions, please also bring a copy of that communication to your next session to process the information together. Time spent on material out of session will accrue regular session rates. Email, Skype and other forms of communication are NOT confidential and to send information in this manner may compromise your confidentiality.

As per professional guidelines and in the best interest of the client, Tami will not be connected to clients via social networking such as “friends” on Facebook, etc. If you choose to “follow” her professional facebook page or reach out to connect professionally through sites such as Linked In, you may not receive a reply and this may compromise your confidentiality.

Dual relationships are to be avoided (ie: conducting business with a client outside or during sessions). Two years after final termination, a counselor is ethically released to conduct business or personal interactions with a former client.

*Crisis or Emergency*

In case of crisis or emergency please call **911 or the local crisis care line or go to your local emergency room**. To contact the Colorado Crisis Services support line, call 844-493-TALK (8255). Tami is often unable to answer her phone, texts or email as she may be in appointments with clients, away from her phone or office for the day. If you feel your work will need more intensive emergency services, you may consider a counselor with a clinic that offers a 24/7 crisis emergency line with on-call counselors as this is not a service Tami is able to provide.

*Treatment Agreement and Consent for Treatment*

I have read or received the above written statements regarding my financial obligations to psychotherapy, my rights regarding treatment, Tami Anderson's qualifications, and confidentiality in treatment, grievance procedures, and crisis/emergency procedures. I understand that if there is anything I do not understand or if I need clarification on any matter, I may ask my psychotherapist.

I voluntarily consent to treatment with Tami Anderson, M.S. I understand that services may include such types of treatment as individual therapy, group therapy, family and/or couples therapy, and/or assessment or testing. I acknowledge that no guarantees have been made to me as to the effect of such examinations, treatment, therapy, or care of my condition. I understand that prior to the beginning of any treatment procedure, I will receive an explanation of the treatment and any possible risks involved.

I also understand that I may refuse any and all services at any time.

I understand that all clinical information will be kept confidential, except as stipulated by Colorado state statutes.

I understand that there is no guarantee that my insurance company will make payment and that I am ultimately responsible for any financial obligation to my psychotherapist.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## DISCLOSURE STATEMENT

1. Tami Anderson, M.S.

3025 Taft Ave, Suite A

Loveland, CO 80538

Business Phone: 970-988-0645

2. Degrees and Education: B.A. in Psychology from Seattle Pacific University and a M.S. in Marital and Family Therapy from Fuller Theological Seminary, Graduate School of Psychology.

Credentials: Registered Psychotherapist in the State of Colorado.

Certifications: Certified Trainer and Educator for "Bringing Baby Home" through the Gottman Institute in Seattle, WA.

Experience: I have been working as a psychotherapist first in training and supervision in my graduate program (1995-1997) and from graduation until present with both supervision (under Brooke Bretthauer, LMFT) and consultation (one or both for the majority of the time). Total years experience is 20 years.

Therapeutic Orientation: My therapeutic orientation is primarily "Systems Oriented" as my training is in marital and family therapy. I identify as using an "Eclectic Psychotherapy" approach as I pull from Systems Theory (Bowen is a favorite theorist), Cognitive Behavioral Therapy (Gottman is a favorite researcher) and Object Relations theory. I attempt to treat clients in a model that is collaborative, flexible, educational, client centered and holistic.

3. The practice of licensed or registered persons in the field of psychotherapy is regulated by the Mental Health Section of the Division of Registrations. The Board of Psychologist Examiners can be reached at 1560 Broadway, Suite 1350, Denver, CO 80202. (303) 894-7800. As to the regulatory requirements applicable to mental health professionals: A Licensed Clinical Social Worker, A Licensed Marriage and Family Therapist, a Licensed Professional counselor must hold a masters degree in their profession and have two years of post-masters supervision. A Licensed Psychologist must hold a doctorate degree in psychology and have one year of post-doctoral supervision. A Licensed Social Worker must hold a masters degree in social work. A Psychologist Candidate, A Marriage and Family Therapist Candidate, and a Licensed Professional Counselor Candidate must hold the necessary licensing degrees and be in the process of completing the required supervision for licensure. A Certified Addiction Counselor I (CAC I) must be a high school graduate, and complete required training hours and 1000 hours of supervised experience. A CAC II must complete additional required training hours and 2000 hours of supervised experience. A CAC III must have a bachelors degree in behavioral health, and complete additional required training hours and 2000 hours of supervised experience. A Licensed Addiction Counselor must have a clinical masters degree and meet the CAC III requirements. A Registered Psychotherapist is registered with the State Board of Registered Psychotherapists is not licensed or certified, and no degree, training or experience is required.

4. You are entitled, to receive information from your psychotherapist about the methods of therapy, the techniques used, the duration of your therapy, if known, and the fee structure. You can seek a second opinion from another psychotherapist or terminate therapy at any time (don't forget to cancel any existing appointments to avoid missed appointment charges).

5. In a professional relationship, sexual intimacy is never appropriate and should be reported to the board that licenses, registers, or certifies the licensee, registrant or certificate holder.

6. Generally speaking, the information provided by and to the client during therapy sessions is legally confidential and cannot be released without the client's consent. There are exceptions to this confidentiality, some of which are listed in section 12-43-218 of the Colorado statutes (C.R.S. 12-43-218) as well as other exceptions in Colorado and Federal law. For example, mental health professionals are required to report child abuse to authorities. If a legal exception arises during therapy, if feasible, you will be informed accordingly. You should be aware that provisions concerning disclosure of confidential communications shall not apply to any delinquency or criminal proceedings, except as provided in section 13-90-107 C.R.S.

If you have any questions or would like additional information, please feel free to ask.



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I have read the preceding information, it has also been provided verbally, and I understand my rights as a client or as the client's responsible party.

\_\_\_\_\_  
Client Signature Date

\_\_\_\_\_  
Client's or Responsible Party's Signature Date

If signed by Responsible Party, please state relationship to client and authority to consent:

\_\_\_\_\_