

## Intake Information for Andy Taylor, LCSW-R

### Client Information

First Name \_\_\_\_\_ Middle Initial \_\_\_\_ Last Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Marital Status \_\_\_\_\_ Email \_\_\_\_\_

Street Address \_\_\_\_\_

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

Mobile Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Is it okay for me to contact you via your email or mobile phone to confirm future appointments? Yes/No (Circle)

### Insurance Information

Person Responsible for Bill \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address (if different) \_\_\_\_\_

Mobile Phone (if different) \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Primary Insurance \_\_\_\_\_ Name of Policy Holder \_\_\_\_\_

Policy Number \_\_\_\_\_ Group Number \_\_\_\_\_

Client's relationship to policy holder: Self Spouse Child Other (please circle)

### Emergency Information

Name of person to contact in case of an emergency \_\_\_\_\_

Mobile Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

### Financial Responsibility

I understand that I am financially responsible for all charges whether or not paid by my insurance company and that full payment is expected at the time of each appointment. I authorize Andy Taylor, LCSW-R to release all information necessary to secure payment. I am responsible for all fees for the above named client regardless of insurance coverage.

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

**Medical History**

Serious Illness/Injuries: \_\_\_\_\_

Hospitalizations: \_\_\_\_\_

Operations: \_\_\_\_\_

Amount or use of cigarettes, alcohol and other drugs: \_\_\_\_\_

\_\_\_\_\_

Allergies (especially to medications): \_\_\_\_\_

Current Medications: \_\_\_\_\_

\_\_\_\_\_

Previous contact with mental health professionals: \_\_\_\_\_

\_\_\_\_\_

**Family History**

Please describe any mental health problems among relatives: \_\_\_\_\_

\_\_\_\_\_

Do you have children? Yes \_\_\_\_\_ No \_\_\_\_\_ How Many \_\_\_\_\_

Who is living in your home and what is their relationship to you? \_\_\_\_\_

\_\_\_\_\_

**Other Information** (if needed) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Permission to Use the Billing and Administrative Services of Jituzu, Inc.

Jituzu, Inc. is located in Pasco, Washington and specialize in providing confidential and HIPAA compliant billing and administrative services to mental health professionals though out the United States.

To learn more about the services they provide please visit their website at [www.jituzu.com](http://www.jituzu.com)

By signing below, I understand and give Andy Taylor, LCSW-R, permission to use the billing and administrative services of Jituzu, Inc.

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

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### Release of information to your managed care, health insurance or employee assistance program

I give permission to Andy Taylor, LCSW-R, to communicate as needed with my managed care, insurance company or Employee Assistance Program (EAP):

\_\_\_\_\_  
(Your Insurance Company or EAP)

This may include billing information, goals and treatment progress.

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

**Andy Taylor, LCSW-R**  
145 East 2<sup>nd</sup> Street, Corning, NY  
607-936-9090 ext 3

**INFORMED CONSENT TO TREATMENT**

Psychotherapy involves individuals, families, couples or groups talking with a mental health professional specifically trained to guide events toward positive, constructive change. Although there are no absolute guarantees, therapy can be beneficial for a variety of problems which without treatment may result in further impairment of functioning and decreased family cohesion and enjoyment.

The benefits of treatment can include improved sense of well being, clearer view of choices and goals, improved relationship satisfaction and increased ability to be productive at home, school and work. At times during treatment, it may seem that the problem's impact has worsened, but this is usually temporary and often necessary to the change process.

The risks of treatment are minimal under the guidance of a properly qualified, ethical practitioner. You are encouraged to discuss any risks in your treatment with me. You may also want to explore alternatives to treatment available to you such as pastoral care, self-help groups and/or changes in your environment which may prove beneficial.

I am a state-licensed, certified (R) social worker with over twenty years of work experience treating a variety of individuals, couples and families. I received my Master's Degree in Social Work from Boston College.

Therapy deals with important personal matters and the sharing of information (with some exceptions) is controlled by the client, NY State law, and professional ethics regarding confidentiality. Exceptions to confidentiality include:

- \* Physical and sexual abuse of others which must be reported to the authorities under New York State Law.
- \* Threats to harm self and/or others which the courts have determined should be reported both to the authorities and the intended victim.

Other limits to confidentiality may exist in particular cases and should be discussed. Information may be released upon signing a Release of Information form or Managed Care Release. Please feel free to discuss with me any specifics regarding releasing information.

Please feel free to discuss your questions, therapy procedures being used, and your fees with me at any time. Effective therapy involves a collaborative relationship between therapist and client(s) in a sustained search for solutions fitting your life circumstances.

Due to managed care and different health insurance plans, fees for counseling can vary greatly. Your fee and/or co-pay will be discussed prior to starting counseling.

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**CONSENT TO TREATMENT**

I have reviewed the materials attached regarding treatment and consent to treatment. I understand the fees and my responsibility for payment

Signature \_\_\_\_\_

Date \_\_\_\_\_