

**Karen Rose, M.S., M.A.**  
Licensed Marriage and Family Therapist

---

### **Office Policies**

**Confidentiality:** Sessions are held in the strictest confidence except under certain legally defined situations:

- In instances of child abuse, elder abuse or dependent adult abuse I must report to the proper authorities.
- In instances of danger to others, I am required by law to notify the police and inform the intended victim(s).
- In instances of threats of suicide or self-harm, I am ethically bound to enlist any methods that may be necessary to prevent suicide or self-harm.

**Payment/Fee:** The fee will be determined during the first phone contact or at our first session. Fees will be paid at the start of each session.

**Insurance:** If you have insurance, you will want to check to see if your policy covers mental health services. I will work with you to help you obtain reimbursement from your insurance company by filling out forms or talking to insurance representatives on the phone if needed. However, please note that you are responsible for your fees and assuring that you are reimbursed for sessions.

**Cancellations:** Sessions are 50 minutes long. Please arrive on time to sessions.

**Appointments:** If you need to cancel or reschedule an appointment please notify me at least 24 hours in advance. If 24 hour notice is not given, the full session fee will be charged. Generally sessions will be scheduled at a specific day and time each week.

**Phone Calls:** Should you need to reach me between sessions, please call the number listed on my business card. I will return your call as soon as possible. If the crisis requires more than a 15 minute phone call an office visit can be arranged. If an office visit is not possible then calls longer than 15 minutes will be billed at the same rate as though you were making an office visit.

**Please feel free to ask me if you have any questions or concerns about the policies listed above. Thank you.**

**I have read and agree to the policies stated above.**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Karen Rose, M.S., M.A.**

Licensed Marriage and Family Therapist

**General Information**

Name: \_\_\_\_\_ Gender: M \_\_\_ F \_\_\_

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

Home Ph.: \_\_\_\_\_ OK to leave message: Yes \_\_\_ No \_\_\_  
Work Ph.: \_\_\_\_\_ OK to leave message: Yes \_\_\_ No \_\_\_  
Cell Ph.: \_\_\_\_\_ OK to leave message: Yes \_\_\_ No \_\_\_

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

Medical Insurance? Yes \_\_\_ No \_\_\_ Name of Carrier: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ Place of Birth: \_\_\_\_\_

Relationship Status (Circle one): Single/Married /Divorced/ Separated/ Widowed/  
Do you have children? \_\_\_\_\_ If yes, list ages \_\_\_\_\_

Religious Beliefs or Affiliations: \_\_\_\_\_

Other relevant background information: \_\_\_\_\_

Who lives with you in your current household, and what is their relationship with you?

\_\_\_\_\_  
\_\_\_\_\_

If applicable, I give consent to have my children receive therapy:

Signature \_\_\_\_\_

In case of emergency contact: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Family of Origin Information**

Father: \_\_\_\_\_ Age \_\_\_ Living? Yes \_\_\_ No \_\_\_

Mother: \_\_\_\_\_ Age \_\_\_ Living? Yes \_\_\_ No \_\_\_

Siblings: \_\_\_\_\_ Age \_\_\_ Living? Yes \_\_\_ No \_\_\_

\_\_\_\_\_ Age \_\_\_ Living? Yes \_\_\_ No \_\_\_

\_\_\_\_\_ Age \_\_\_ Living? Yes \_\_\_ No \_\_\_

**Karen Rose, M.S., M.A.**

Licensed Marriage and Family Therapist \_\_\_\_\_

**Medical/ Psychological History**

Are you currently being treated by a physician? Yes\_\_\_ No\_\_\_

If yes, for: \_\_\_\_\_

Date of most recent physical exam: \_\_\_/\_\_\_/\_\_\_

Physical condition reported by that exam: \_\_\_\_\_

Are you currently taking medication? Yes\_\_\_ No\_\_\_

If yes, what kind and for what condition(s): \_\_\_\_\_  
\_\_\_\_\_

Have you had previous counseling? Yes\_\_\_ No\_\_\_ When? \_\_\_\_\_

Have you had previous psychiatric care? Yes\_\_\_ No\_\_\_ When? \_\_\_\_\_

Have you ever been hospitalized for psychiatric care? Yes\_\_\_ No\_\_\_

Have you ever had an alcohol or drug abuse problem? Yes\_\_\_ No\_\_\_

If yes, when and what substance(s)? \_\_\_\_\_

What is your average alcohol and/or other recreational substance use/intake per week? \_\_\_\_\_

Please rate your current functioning:

		Poor		Fair		Good
At home:		1	2	3	4	5
At work:	N/A	1	2	3	4	5
At school:	N/A	1	2	3	4	5
In relationships:		1	2	3	4	5

Please give a brief statement of what brought you to therapy at this time:

\_\_\_\_\_  
\_\_\_\_\_

Is there anything else that is important for me to know? \_\_\_\_\_

\_\_\_\_\_

How did you get my name, and/or who referred you to me? \_\_\_\_\_

\_\_\_\_\_