
Hélène Bélanger, Licensed Clinical Professional Counselor

1414 W. Franklin Street Boise ID 83702 208-991-3171 helene@belangercounseling.co

In order to provide you with the best care possible, it is important that I know about you and your history. Please answer the following questions as accurately as possible.

(Please Print)

<hr/> <small>Last Name</small>	<hr/> <small>First Name</small>	<hr/> <small>Birth date</small>
<hr/> <small>Home Phone</small>	<hr/> <small>Cell Phone</small>	<hr/> <small>Email Address</small>
<hr/> <small>Street Address</small>	<hr/> <small>City</small>	<hr/> <small>State</small> <hr/> <small>Zip Code</small>
<hr/> <small>Emergency Contact: Name</small>	<hr/> <small>Emergency Contact: Phone Number</small>	<hr/> <small>Spiritual/Religious Preference</small>
<hr/> <small>Insurance Company Name</small>	<hr/> <small>Policy Number</small>	<hr/> <small>Name and and DOB of person with different Insurance if different</small>
		<hr/> <small>Address of person with insurance if different</small>

Please describe the concerns for which you are seeking help, including how long you have had these concerns:

Please indicate if you are experiencing problems in any of the following areas:

<input type="checkbox"/> Depressed mood <input type="checkbox"/> Stress <input type="checkbox"/> Anxiety/Worry <input type="checkbox"/> Drug/Alcohol <input type="checkbox"/> Career <input type="checkbox"/> Lack of Meaning <input type="checkbox"/> Anger Management <input type="checkbox"/> Fears/phobias <input type="checkbox"/> Hopeless <input type="checkbox"/> Irritability <input type="checkbox"/> Mood swings <input type="checkbox"/> Sadness/crying <input type="checkbox"/> Other: _____	<input type="checkbox"/> Health (Sleep, Physical Problems) <input type="checkbox"/> Eating Issues <input type="checkbox"/> Body Image <input type="checkbox"/> Relationships issues <input type="checkbox"/> Family Issues/Parenting <input type="checkbox"/> Hallucination or Delusions <input type="checkbox"/> Change in eating habits <input type="checkbox"/> Difficulty concentrating <input type="checkbox"/> Impulsivity <input type="checkbox"/> Isolating oneself from others <input type="checkbox"/> Nightmares <input type="checkbox"/> Significant change in weight <input type="checkbox"/> Other: _____	<input type="checkbox"/> Unwanted Sexual Experiences <input type="checkbox"/> Traumatic Experiences <input type="checkbox"/> Thoughts of Harming Myself <input type="checkbox"/> Thoughts of Harming Others <input type="checkbox"/> Grief <input type="checkbox"/> Compulsions <input type="checkbox"/> Decreased motivation <input type="checkbox"/> Hyperactivity <input type="checkbox"/> Low self-esteem <input type="checkbox"/> Panic attacks <input type="checkbox"/> Physical, sexual, emotional abuse <input type="checkbox"/> Extremely, excessively busy
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Have you been having suicidal thoughts? _____ Yes _____ No

Have you ever attempted suicide before? _____ Yes _____ No

Has anyone referred you? If so who?

If you have seen a therapist or psychiatrist in the past, please indicate when, with whom, and for what? How successful was it?

Do you have a history of or are you currently experiencing any medical problems, please list below along with any medication, including herbal/vitamin supplements you are taking:

Primary Physician: _____

Psychiatrist: _____

Early life history can also be useful in my work with you. Answer the following questions to the best of your knowledge:

Did your birth mother experience any of the following during her pregnancy/ delivery of you?

- Pregnancy issues
- Delivery concerns
- Low birth weight
- History of abuse

- Mother drug/alcohol use
- premature
- Adoption
- Other: _____

- Parents divorced/separated
- Domestic Violence (abuse)
- Frequent moves
- Other: _____

Who did you grow-up with? (Biological/adoptive parents, step-parents, foster parents, aunts, uncles, parents of friends etc.)

Who do you live with and what are the relationships and living conditions like?

Do you have a romantic relationship? What is it like? What are your other relationships like?

What is your history with alcohol and drugs? What role does it currently play in your life?

Give details of family members with mental health and substance issue.

Any additional information you may think would be useful for me to know:

What are your strengths? And, how have you coped effectively with your problems?

What are your goals for counseling?

Signature

Date

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What You Should Know about Counseling and Confidentiality

I am committed to treat you with compassion and respect. I will use a variety of therapeutic approaches and strategies in order to provide you with the best possible care. I am committed to gaining a clear understanding of the reasons that bring you to counseling as well as all pertinent information about your life history and health. You are highly encouraged to take an active role in your therapy by choosing the treatment that best meets your needs. I believe that most every one of my clients who has worked diligently in and out of therapy has made substantial gains in the areas of life that they wish to improve.

I strive to make myself available to my clients in times of crisis and emergency. However, **there are times when I am not available** due to being out of town, working in other capacities, etc. If any emergencies take place and you are unable to contact me, please leave a message on my phone and use your resources (families, friends, etc.), call 911, and/or go to the nearest hospital emergency room. Other emergency resources: 1-800-600-6474 Mental Health Crisis Line, 741741 Text Help.

Confidentiality My professional ethics (that is, my profession's rules about moral matters) and the laws of this state prevent me from telling anyone else what you tell me unless you give me written permission. These rules and laws are the ways our society recognizes and supports the privacy of what we talk about, in other words, the "confidentiality" of therapy. However there are laws which place limits to the confidentiality between counselor and client. These laws stipulate that I cannot promise that everything you tell me will *never* be revealed to someone else. We need to discuss these, because I want you to understand clearly what I can and cannot keep confidential. You need to know about these rules now, so that you don't tell me something as a "secret" that I cannot keep secret. These are very important issues, so please read the following carefully and keep a copy for yourself. At our next meeting, we can discuss any questions you might have.

1. **When you or other identifiable persons are in physical danger or you are unable to reasonably take care of yourself**, the law requires me to tell others about it to ensure yours and other's safety.
2. **Disclosure of information that indicates that child (or elderly) abuse and/or neglect has occurred by an identifiable person or situation that has not been previously reported or investigated.** If you are between the ages of 16 and 18 and you tell your counselor that you are having sex with someone more than five years old than you, or sex with a teacher or a coach, I must also report this to CPS, even though at age 16 you have the right to consent to sex with someone no more than five years older than you. Your counselor would inform you before your counselor took this action.
3. **I may sometimes consult (talk) with another professional to ensure that I am giving you the best treatment possible.** I promise to keep your identity as anonymous as possible if I consult about your case. This other person is also required by professional ethics to keep your information confidential.
4. **Court Orders: If a judge were to subpoena my records, I would have to respond.** However, I would also contact you and inform you of these proceedings.
5. **In regard to insurance and money matters:**
 - A. Some insurance companies require diagnoses and information about our therapy.
 - B. If you have been sent to me by your employer's Employee Assistance Program, the program's staffers may require some information.
 - C. I hire a professional Billing Company named Anne Woody which acts as an intermediary between this counselor and your insurance/EAP company.
6. If you tell your counselor of the behavior of another named health or mental health care provider that suggests to your counselor that this person has either a. engaged in sexual contact with a patient, including yourself or b. is impaired from practice in some manner by cognitive, emotional, behavioral, or health problems, then the law requires your counselor to report this to their licensing board.

Signature of client (or person acting for client)

Date

Printed name

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Fees and Office Policy

Fees*

- **Initial Evaluation and Assessment** - \$150: 60 to 75 Minutes
- **Individual Therapy** - \$100: 45-50 Minutes
- **Individual Therapy** – \$120: 60 minutes
- **Couples Therapy** - \$120: 60 Minutes

Payments are expected at the time services are rendered. **It is the policy of this office to turn in delinquent accounts over to a collection agency.** Only information which is non-clinical in nature will be given to the collection agency for this purpose.

Insurance

Services in this office may be covered by medical insurance or select EAP plans. I will assist you with insurance filing, but collection of insurance claims is ultimately the insured clients' responsibility. You will be responsible for whatever insurance does not cover according to my charges or your insurance approved charges. Make sure you know your deductible, and co-pays.

Telephone Calls, Texts and E-mails

My office hours are from 9am to 6pm Monday-Thursday. After hours you may leave a message on voice mail or send me an e-mail regarding scheduling appointments. Keep in mind that I do not get text messages on my business phone.

Social Media

To protect your confidentiality as much as possible, I have a policy of not befriending any of my clients on social media. In addition, I will not be looking for your activity on social media. If for any reason, I end up needing to look you up on social media, I will let you know at our next visit and explain the reason. You may want to turn off your location on your cell phone when visiting this office as a mean to protect your confidentiality.

Approach To Therapy

I use a wide variety of techniques that may include, dialogue, interpretation, cognitive reframing, awareness exercises, self-monitoring experiments, visualization, journal-keeping, EMDR, and reading books.

Cancellation/Missed Appointment

A scheduled appointment means time has been reserved specifically for you. If an appointment is missed or canceled with less than 24 hours' notice, you will be directly billed \$50. Insurance plans do not cover payment for missed appointments; therefore you are responsible for payment of the missed appointment. Emergencies and illnesses occasionally happen to cause missed sessions. If this is the case, please let me know as soon as possible so that accommodations can be made.

Discharge and Termination

You normally will be the one who decides when therapy will end, unless I am not able to help you due to lack of training or skills to help you with a problem you have. You will be referred to someone else that can meet your needs. In addition, if you are not paying for services, I may terminate therapy and provide you a referral that is more within your means. Finally you are not able to keep your appointment –cancelling last minute, not showing up, I may terminate you.

I have read the above and agree to the terms set forth for fees, missed appointments, and late cancellations.

Client's or Guardian's Signature

Date