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## **Office Policy and Contract**

This policy represents a contract for services and informed consent.

Any form of therapy I provide is based on the concept of personal responsibility. My top priority is considering and determining what is in your best interest. Success of therapy is both clients' and therapist's joint responsibility. We both determine the treatment plan. It is the client's responsibility to read, understand, and directly express to me any disagreements, to ask for clarification, or alterations desired. It is also the client's responsibility to comply with the terms of this contract.

### **FEES**

\*Individual Sessions: \$135 per 45 minutes

\* Extended Sessions: Pro-rated accordingly

\*Couple/Family Sessions: \$165 per 45 minutes

\*Group Therapy: \$50 per session

\*Insurance companies determine the in-network provider fee for sessions. These are much less than

mine. \*Late cancellation/missed appointment: \$75

\*Reports/Letters: Pro-rated at \$135 per hour (payment due prior to delivery)

### **PLEASE NOTE:**

***Fees are payable at each session by cash or check***

***Late cancellation/missed appointment fees are due and payable***

***at your next session or within 14 days. These fees are subject to change on a yearly basis.***

### **INSURANCE COVERAGE**

Your insurance is a contract between you and your insurance company. I am a participating provider for a number of companies. If you are covered by one of these plans, we will bill your plan and you will pay the co-payment at the time of service and my administrative fee.

**Please be aware that insurance companies WILL NOT pay for missed appointments or late cancellations. The client is solely responsible for payment of the FULL fee to me.**

When your initial authorized number of sessions is almost used, we need to submit a treatment plan to your insurance company for approval of medical necessity. We will do this in one of your sessions.

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**CANCELLATION POLICY**

**CANCELLATION IS CONSIDERED LATE WITHIN 72 HOURS OF THE APPOINTMENT**

**MISSED APPOINTMENTS ALSO RESULTS IN A FEE**

Your appointment is time reserved for you. Any untimely change made by you can have multiple ramifications for me, you, and/or another client. Late cancellation and/or missed appointment fees are not punishments, nor based upon your reason. We are all subject to unpredictable and untimely situations that are definitely beyond one's control. It is simply a matter of assuming responsibility. I may have told potential or current clients that my schedule could not accommodate them. It is a significant financial loss. If you call with a late cancellation and we can reschedule within the same week, there would be no LC charge. Conversely, if for any reason, I inconvenience you concerning your scheduled appointment time, I will take my responsibility by either extending your session time, or rescheduling at your convenience.

Unsafe and unpredictable road conditions.

In an effort to accommodate needs in these "beyond our control" situations, the following options are available to you:

- Have the session on the telephone at the designated time. The fee remains the same and is due and payable at the following session. (Long distance phone charges are the client's responsibility).
- Reschedule for another time within the same week. The fee remains the same.
- Pay the scheduled session fee for the cancelled appointment (due and payable at the next session).

The protocol is as follows:

- It is the client's responsibility to call me prior to the scheduled appointment to make/confirm alternative arrangements.
- I will call you if weather conditions prohibit me from being available at the office for sessions.
- If for any reason, you are in doubt about the office being open, please call before you come in.

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**I have read, understand, and agree to everything written in this contract.**

X \_\_\_\_\_  
Print full name

Date \_\_\_\_\_

X \_\_\_\_\_  
Patient's Signature

X \_\_\_\_\_  
Print full name

Date \_\_\_\_\_

X \_\_\_\_\_  
Patient's Signature

## Amen Adult General Symptom Checklist

Please rate yourself on each of the symptoms listed below using the following scale. If possible, to give us the most complete picture, have another person who knows you well (such as a spouse, partner or parent) rate you as well. List other person \_\_\_\_\_

<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>NA</b>
<b>Never</b>	<b>Rarely</b>	<b>Occasionally</b>	<b>Frequently</b>	<b>Very Frequently</b>	<b>Not Applicable/ known</b>

Self Other

- \_\_\_ \_\_\_ 1. Depressed or sad mood
- \_\_\_ \_\_\_ 2. Decreased interest in things that are usually fun, including sex
- \_\_\_ \_\_\_ 3. Significant weight gain or loss, or marked appetite changes, increased/decreased
- \_\_\_ \_\_\_ 4. Recurrent thoughts of death or suicide
- \_\_\_ \_\_\_ 5. Sleep changes, lack of sleep or marked increase in sleep
- \_\_\_ \_\_\_ 6. Physically agitated or "slowed down"
- \_\_\_ \_\_\_ 7. Low energy or feelings of tiredness
- \_\_\_ \_\_\_ 8. Feelings of worthlessness, helplessness, hopelessness or guilt
- \_\_\_ \_\_\_ 9. Decreased concentration or memory
- \_\_\_ \_\_\_ 10. Periods of an elevated, high or irritable mood
- \_\_\_ \_\_\_ 11. Periods of an elevated, high self esteem or grandiose thinking
- \_\_\_ \_\_\_ 12. Periods of decreased need for sleep without feeling tired
- \_\_\_ \_\_\_ 13. More talkative than usual or pressure to keep talking
- \_\_\_ \_\_\_ 14. Racing thoughts or frequent jumping from one subject to another
- \_\_\_ \_\_\_ 15. Easily distracted by irrelevant things
- \_\_\_ \_\_\_ 16. Marked increase in activity level
- \_\_\_ \_\_\_ 17. Excessive involvement in pleasurable activities that have the potential for painful consequences (spending money, sexual indiscretions, gambling, foolish business)
- \_\_\_ \_\_\_ 18. Panic attacks, which are periods of intense, unexpected fear or emotional discomfort  
(list number per month)
- \_\_\_ \_\_\_ 19. Periods of trouble breathing or feeling smothered
- \_\_\_ \_\_\_ 20. Periods of feeling dizzy, faint or unsteady on your feet
- \_\_\_ \_\_\_ 21. Periods of heart pounding or rapid heart rate
- \_\_\_ \_\_\_ 22. Periods of trembling or shaking
- \_\_\_ \_\_\_ 23. Periods of sweating
- \_\_\_ \_\_\_ 24. Periods of choking
- \_\_\_ \_\_\_ 25. Periods of nausea or abdominal upset
- \_\_\_ \_\_\_ 26. Feelings of a situation "not being real"
- \_\_\_ \_\_\_ 27. Numbness or tingling sensations
- \_\_\_ \_\_\_ 28. Hot or cold flashes

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- \_\_\_ \_\_\_ 30. Fear of dying
- \_\_\_ \_\_\_ 31. Fear of going crazy or doing something uncontrolled
- \_\_\_ \_\_\_ 32. Avoiding everyday places for fear of having a panic attack or having to go with others in order to feel comfortable
- \_\_\_ \_\_\_ 33. Excessive fear of being judged or scrutinized by other people which causes you to avoid or panic in everyday situations
- \_\_\_ \_\_\_ 34. Persistent, excessive phobia (heights, closed spaces, specific animals, etc.)

Please list \_\_\_\_\_

- \_\_\_ \_\_\_ 35. Recurrent bothersome thoughts, ideas or images which you try to ignore
- \_\_\_ \_\_\_ 36. Trouble getting "stuck" on certain thoughts, having same thought over and over
- \_\_\_ \_\_\_ 37. Excessive or senseless worrying
- \_\_\_ \_\_\_ 38. Others complain that you worry too much or get "stuck" on the same thoughts
- \_\_\_ \_\_\_ 39. Compulsive behaviors that you must do or you feel very anxious, such as excessive hand washing, checking locks, counting or spelling
- \_\_\_ \_\_\_ 40. Needing to have things done a certain way or you become very upset
- \_\_\_ \_\_\_ 41. Others complain that you do the same thing over and over to an excessive degree (such as cleaning or checking)
- \_\_\_ \_\_\_ 42. Recurrent and upsetting thoughts of a past traumatic event (molest, accident, fire, etc.).

Please list:

\_\_\_\_\_

- \_\_\_ \_\_\_ 43. Recurrent distressing dreams of a past upsetting event
- \_\_\_ \_\_\_ 44. A sense of reliving a past upsetting event
- \_\_\_ \_\_\_ 45. A sense of panic or fear to events that resemble an upsetting past event
- \_\_\_ \_\_\_ 46. You spend effort avoiding thoughts or feelings associated with a past trauma
- \_\_\_ \_\_\_ 47. Persistent avoidance of activities or situations that cause you to remember a past upsetting event
- \_\_\_ \_\_\_ 48. Inability to recall an important aspect of a past upsetting event
- \_\_\_ \_\_\_ 49. Marked decreased interest in important activities
- \_\_\_ \_\_\_ 50. Feeling detached or distant from others
- \_\_\_ \_\_\_ 51. Feeling numb or restricted in your feelings
- \_\_\_ \_\_\_ 52. Feeling that your future is shortened
- \_\_\_ \_\_\_ 53. Quick startle
- \_\_\_ \_\_\_ 54. Feel like you're always watching for bad things to happen
- \_\_\_ \_\_\_ 55. Marked physical response to events that remind you of a past upsetting event, i.e., sweating when getting in a car if you had been in a car accident
- \_\_\_ \_\_\_ 56. Marked irritability or anger outbursts
- \_\_\_ \_\_\_ 57. Unrealistic or excessive worry in at least a couple areas of your life
- \_\_\_ \_\_\_ 58. Trembling, twitching or feeling shaky
- \_\_\_ \_\_\_ 59. Muscle tension, aches or soreness

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- \_\_\_ \_\_\_ 61. Easily fatigued
- \_\_\_ \_\_\_ 62. Shortness of breath or feeling smothered
- \_\_\_ \_\_\_ 63. Heart pounding or racing
- \_\_\_ \_\_\_ 64. Sweating or cold clammy hands
- \_\_\_ \_\_\_ 65. Dry mouth
- \_\_\_ \_\_\_ 66. Dizziness or lightheadedness
- \_\_\_ \_\_\_ 67. Nausea, diarrhea or other abdominal distress
- \_\_\_ \_\_\_ 68. Hot or cold flashes
- \_\_\_ \_\_\_ 69. Frequent urination
- \_\_\_ \_\_\_ 70. Trouble swallowing or "lump in throat"
- \_\_\_ \_\_\_ 71. Feeling keyed up or on edge
- \_\_\_ \_\_\_ 72. Quick startle response or feeling jumpy
- \_\_\_ \_\_\_ 73. Difficult concentrating or "mind going blank"
- \_\_\_ \_\_\_ 74. Trouble falling or staying asleep
- \_\_\_ \_\_\_ 75. Irritability
- \_\_\_ \_\_\_ 76. Trouble sustaining attention or being easily distracted
- \_\_\_ \_\_\_ 77. Difficulty completing projects
- \_\_\_ \_\_\_ 78. Feeling overwhelmed of the tasks of everyday living
- \_\_\_ \_\_\_ 79. Trouble maintaining an organized work or living area
- \_\_\_ \_\_\_ 80. Inconsistent work performance
- \_\_\_ \_\_\_ 81. Lacks attention to detail
- \_\_\_ \_\_\_ 82. Makes decisions impulsively
- \_\_\_ \_\_\_ 83. Difficulty delaying what you want, having to have your needs met immediately
- \_\_\_ \_\_\_ 84. Restless, fidgety
- \_\_\_ \_\_\_ 85. Make comments to others without considering their impact
- \_\_\_ \_\_\_ 86. Impatient, easily frustrated
- \_\_\_ \_\_\_ 87. Frequent traffic violations or near accidents
- \_\_\_ \_\_\_ 88. Refusal to maintain body weight above a level most people consider healthy
- \_\_\_ \_\_\_ 89. Intense fear of gaining weight or becoming fat, even though underweight
- \_\_\_ \_\_\_ 90. Feelings of being fat, even though you're underweight
- \_\_\_ \_\_\_ 91. Recurrent episodes of binge eating large amounts of food
- \_\_\_ \_\_\_ 92. A feeling of lack of control over eating behavior
- \_\_\_ \_\_\_ 93. Engage in regular activities to purge binges, such as self induced vomiting, laxatives, diuretics, strict dieting or strenuous exercise
- \_\_\_ \_\_\_ 94. Persistent over-concern with body shape and weight
- \_\_\_ \_\_\_ 95. Involuntary physical movement or vocal tics
- \_\_\_ \_\_\_ 96. Delusional or bizarre thoughts (thoughts you know others would think are false)
- \_\_\_ \_\_\_ 97. Seeing objects, shadows or movements that are not real

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\_\_\_ \_\_\_ 99. Periods of time where your thoughts or speech are not connected or do not make sense to you or others

\_\_\_ \_\_\_ 100. Social isolation or withdrawal

\_\_\_ \_\_\_ 101. Severely impaired ability to function at home or at work

\_\_\_ \_\_\_ 102. Peculiar behaviors

\_\_\_ \_\_\_ 103. Lack of personal hygiene or grooming

\_\_\_ \_\_\_ 104. Inappropriate mood for the situation (i.e., laughing at sad events)

\_\_\_ \_\_\_ 105. Marked lack of initiative

\_\_\_ \_\_\_ 106. Frequent feelings that someone or something is out to hurt you or discredit you

\_\_\_ \_\_\_ 107. Do you snore loudly (or do others complain about you snoring)

\_\_\_ \_\_\_ 108. Have others said you stop breathing when you flal asleep

\_\_\_ \_\_\_ 109. Do you feel fatigued or tired during the day

\_\_\_ \_\_\_ 110. Do you often feel cold when others feel fine or they are warm

\_\_\_ \_\_\_ 111. Do you often feel warm when others feel fine or they are cold

\_\_\_ \_\_\_ 112. Do you have problems with brittle or dry hair

\_\_\_ \_\_\_ 113. Do you have problems with dry skin

\_\_\_ \_\_\_ 114. Do you have problems with sweating

\_\_\_ \_\_\_ 115. Do you have problems with chronic anxiety or tension

\_\_\_ \_\_\_ 116. Impairment in communication as manifested by at least one of the following:

- delay in, or total lack of, the development of spoken language (not accompanied by an attempt to compensate through alternative modes of communication such as gesture or mime)
- in individuals with adequate speech, marked impairment in the ability to initiate or sustain a conversation with others
- repetitive use of language or odd language
- lack of varied, spontaneous make-believe play or social imitative play appropriate to developmental level

\_\_\_ \_\_\_ 117. Impairment in social interaction, with at least two of the following:

- marked impairment in the use of multiple nonverbal behaviors such as eye-to-eye gaze, facial expression, body postures, and gestures to regulate social interaction
- failure to develop peer relationships appropriate to developmental level
- lack of spontaneous seeking to share enjoyment, interests, or achievements with other people (e.g., by a lack of showing, bringing, or pointing out objects of interest)
- lack of social or emotional reciprocity

\_\_\_ \_\_\_ 118. Repetitive pattern s of behavior , interests, and activities, as manifested by at least one of following:

- preoccupation with an area of that is abnormal either in intensity or focus
- rigid adherence to specific, nonfunctional routines or rituals repetitive motor mannerisms (e.g., hand or finger flapping or twisting, or complex whole-body movements)

## Amen Brain System Checklist

Please rate yourself on each of the symptoms listed below using the following scale. If possible, to give us the most complete picture, have another person who knows you well (such as a spouse, partner or parent) rate you as well. List other person \_\_\_\_\_

<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>NA</b>
<b>Never</b>	<b>Rarely</b>	<b>Occasionally</b>	<b>Frequently</b>	<b>Very Frequently</b>	<b>Not Applicable/Known</b>

Other Self

- \_\_\_ \_\_\_ 1. Fails to give close attention to details or makes careless mistakes
- \_\_\_ \_\_\_ 2. Trouble sustaining attention to routine situation (i.e. homework, chores, paperwork)
- \_\_\_ \_\_\_ 3. Trouble listening
- \_\_\_ \_\_\_ 4. Fails to finish things
- \_\_\_ \_\_\_ 5. Poor organization for time or space (such as backpack, room, desk, paperwork)
- \_\_\_ \_\_\_ 6. Avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort
- \_\_\_ \_\_\_ 7. Looses things
- \_\_\_ \_\_\_ 8. Easily distracted
- \_\_\_ \_\_\_ 9. Forgetful
- \_\_\_ \_\_\_ 10. Poor planning skills
- \_\_\_ \_\_\_ 11. Lack clear goals or forward thinking
- \_\_\_ \_\_\_ 12. Difficulty expressing feelings
- \_\_\_ \_\_\_ 13. Difficulty expressing empathy for others
- \_\_\_ \_\_\_ 14. Excessive daydreaming
- \_\_\_ \_\_\_ 15. Feeling bored
- \_\_\_ \_\_\_ 16. Feeling apathetic or unmotivated
- \_\_\_ \_\_\_ 17. Feeling tired, sluggish or slow moving
- \_\_\_ \_\_\_ 18. Feeling spacey or in a fog
- \_\_\_ \_\_\_ 19. Fidgety, restless or trouble sitting still
- \_\_\_ \_\_\_ 20. Difficulty remaining seated in situations where remaining seated is expected
- \_\_\_ \_\_\_ 21. Runs about or climbs excessively in situations in which it is inappropriate
- \_\_\_ \_\_\_ 22. Difficulty playing quietly
- \_\_\_ \_\_\_ 23. "On the go" or acts if "driven by motor"
- \_\_\_ \_\_\_ 24. Talks excessively
- \_\_\_ \_\_\_ 25. Blurts out answers before questions have been completed

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- \_\_\_ \_\_\_ 27. Interrupts or intrudes on others (e.g., butts into conversations or games)
- \_\_\_ \_\_\_ 28. Impulsive (saying or doing things without thinking first
- \_\_\_ \_\_\_ 29. Excessive or senseless worrying
- \_\_\_ \_\_\_ 30. Upset when things do not go your way
- \_\_\_ \_\_\_ 31. Upset when things are out of place
- \_\_\_ \_\_\_ 32. Tendency to be oppositional or argumentative
- \_\_\_ \_\_\_ 33. Tendency to have repetitive negative thoughts
- \_\_\_ \_\_\_ 34. Tendency towards compulsive behaviors
- \_\_\_ \_\_\_ 35. Intense dislike for change
- \_\_\_ \_\_\_ 36. Tendency to hold grudges
- \_\_\_ \_\_\_ 37. Trouble shifting attention from subject to subject
- \_\_\_ \_\_\_ 38. Trouble shifting behavior from task to task
- \_\_\_ \_\_\_ 39. Difficulties seeing options in situations
- \_\_\_ \_\_\_ 40. Tendency to hold on to own opinion and not listen to others
- \_\_\_ \_\_\_ 41. Tendency to get locked into a course of action, whether or not it is good
- \_\_\_ \_\_\_ 42. Needing to have things done a certain way or you become very upset
- \_\_\_ \_\_\_ 43. Others complain that you worry too much
- \_\_\_ \_\_\_ 44. Tend to say no without first thinking about the question
- \_\_\_ \_\_\_ 45. Tendency to predict fear
- \_\_\_ \_\_\_ 46. Frequent feelings of sadness
- \_\_\_ \_\_\_ 47. Moodiness
- \_\_\_ \_\_\_ 48. Negativity
- \_\_\_ \_\_\_ 49. Low energy
- \_\_\_ \_\_\_ 50. Irritability
- \_\_\_ \_\_\_ 51. Decreased interest in others
- \_\_\_ \_\_\_ 52. Decreased interest in things that are usually pleasurable and fun
- \_\_\_ \_\_\_ 53. Feelings of hopelessness about the future
- \_\_\_ \_\_\_ 54. Feelings of helplessness or powerlessness
- \_\_\_ \_\_\_ 55. Feeling dissatisfied or bored
- \_\_\_ \_\_\_ 56. Excessive guilt
- \_\_\_ \_\_\_ 57. Suicidal feelings
- \_\_\_ \_\_\_ 58. Crying spells
- \_\_\_ \_\_\_ 59. Lowered interest in things usually considered fun
- \_\_\_ \_\_\_ 60. Sleep changes (too much or too little)
- \_\_\_ \_\_\_ 61. Appetite changes (too much or too little)
- 62. Chronic low self-esteem



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- \_\_\_ \_\_\_ 64. Frequent feelings of nervousness or anxiety
- \_\_\_ \_\_\_ 65. Panic attacks
- \_\_\_ \_\_\_ 66. Symptoms of heightened muscle tension (headaches, sore muscles, hand tremor)
- \_\_\_ \_\_\_ 67. Periods of heart pounding, rapid heart rate or chest pain
- \_\_\_ \_\_\_ 68. Periods of trouble breathing or feeling smothered
- \_\_\_ \_\_\_ 69. Periods of feeling dizzy, faint or unsteady on your feet
- \_\_\_ \_\_\_ 70. Periods of nausea or abdominal upset
- \_\_\_ \_\_\_ 71. Periods of sweating, hot or cold flashes
- \_\_\_ \_\_\_ 72. Tendency to predict the worst
- \_\_\_ \_\_\_ 73. Fear of dying or doing something crazy
- \_\_\_ \_\_\_ 74. Avoid places for fear of having an anxiety attack
- \_\_\_ \_\_\_ 75. Conflict avoidance
- \_\_\_ \_\_\_ 76. Excessive fear of being judged or scrutinized
- \_\_\_ \_\_\_ 77. Persistent phobias
- \_\_\_ \_\_\_ 78. Low motivation
- \_\_\_ \_\_\_ 79. Excessive motivation
- \_\_\_ \_\_\_ 80. Tics (hand or vocal)
- \_\_\_ \_\_\_ 81. Poor handwriting
- \_\_\_ \_\_\_ 82. Quick startle
- \_\_\_ \_\_\_ 83. Tendency to freeze in anxiety provoking situations
- \_\_\_ \_\_\_ 84. Lack confidence in their abilities
- \_\_\_ \_\_\_ 85. Seems shy or timid
- \_\_\_ \_\_\_ 86. Easily embarrassed
- \_\_\_ \_\_\_ 87. Sensitive to criticism
- \_\_\_ \_\_\_ 88. Bites fingernails or picks skin
- \_\_\_ \_\_\_ 89. Short fuse or periods of extreme irritability
- \_\_\_ \_\_\_ 90. Periods of rage with little provocation
- \_\_\_ \_\_\_ 91. Often misinterprets comments as negative when they are not
- \_\_\_ \_\_\_ 92. Irritability tends to build, then explodes, then recedes, often tired of rage
- \_\_\_ \_\_\_ 93. Periods of spaciness or confusion
- \_\_\_ \_\_\_ 94. Periods of panic and/or fear for no specific reason
- \_\_\_ \_\_\_ 95. Visual or auditory changes, such as seeing shadows or hearing muffled sounds
- \_\_\_ \_\_\_ 96. Frequent periods of déjà vu (feelings of being somewhere you have never been)
- \_\_\_ \_\_\_ 97. Sensitivity or mild paranoia

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- \_\_\_ \_\_\_ 99. History of head injury or family history of violence or explosives
- \_\_\_ \_\_\_ 100. Dark thoughts, may involve suicidal or homicidal thoughts
- \_\_\_ \_\_\_ 101. Periods of forgetfulness or memory problems

### **Physical symptoms**

- Headache (migraine or tension)
- Backaches
- Tight muscles
- Neck and shoulder pain
- Jaw tension
- Muscle cramps, spasms
- Nervous stomach
- Other pain
- Nausea
- Insomnia (sleeping poorly)
- Fatigue, lack of energy
- Cold hands and/or feet
- Tightness or pressure in head
- High blood pressure
- Diarrhea
- Skin conditions (e.g. rash)
- Allergies
- Teeth grinding
- Digestive upsets (cramping, bloating)
- Heart beats rapidly or pounds, even at rest
- Stomach pain or ulcer
- Constipation
- Appetite change
- Colds
- Profuse perspiration
- Overeating
- Weight change
- When nervous, use of alcohol, cigarettes, or drugs of any kind
- Other: \_\_\_\_\_

## Behavioral Health Form

**Please circle the best word.**

1. It is \_\_\_\_\_ easy for me to find satisfactory solutions to life's little problems. Never

Rarely      Often      Always

2. I \_\_\_\_\_ deal with conflicts as they arise. Never

Rarely      Often      Always

3. I \_\_\_\_\_ get angry with my family, friends, co-workers. Never

Rarely      Often      Always

4. I \_\_\_\_\_ have a lot of energy all day both at work and/or at home. Never

Rarely      Often      Always

5. I \_\_\_\_\_ eat a balanced diet. Never

Rarely      Often      Always

6. I \_\_\_\_\_ keep a good balance of work and play. Never

Rarely      Often      Always

7. I \_\_\_\_\_ take criticism well. Never

Rarely      Often      Always

8. I \_\_\_\_\_ have headaches, backaches. and/or stomachaches. Never

Rarely      Often      Always

9. I \_\_\_\_\_ sleep well. Never

Rarely      Often      Always

10. I \_\_\_\_\_ handle change well. Never

Rarely      Often      Always

11. I \_\_\_\_\_ worry excessively about many things. Never

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12. I \_\_\_\_\_ shy away from social situations. Never

Rarely      Often      Always

13. My family and friends \_\_\_\_\_ worry about my use of alcohol and/or drugs. Never

Rarely      Often      Always

14. I \_\_\_\_\_ feel guilty without rational reason. Never

Rarely      Often      Always

15. I \_\_\_\_\_ have childcare/eldercare issues. Never

Rarely      Often      Always

16. I \_\_\_\_\_ feel "down in the dumps." Never

Rarely      Often      Always

17. I can \_\_\_\_\_ talk to my family or friends when I am upset. Never

Rarely      Often      Always

18. I \_\_\_\_\_ find parenting my children difficult. Never

Rarely      Often      Always

19. I \_\_\_\_\_ have financial concerns. Never

Rarely      Often      Always

20. I \_\_\_\_\_ have difficulty focusing on tasks or projects. Never

Rarely      Often      Always

## General Profile

Name \_\_\_\_\_

Age \_\_\_\_\_

**Relationship status** (circle one) single dating co-habiting married  
divorced

On a scale of 1-10 with 1 being "miserable" and 10 being "extremely happy," rate your **current overall level of happiness**. \_\_\_\_\_

On a scale of 1-10, rate your **current level of relationship happiness**. \_\_\_\_\_

If you rated your current relationship happiness less than a 10, what would make it a 10?

On a scale of 1-10, how would you rate your **entire relationship history**? \_\_\_\_\_

On a scale of 1-10, rate your **level of happiness related to work**. \_\_\_\_\_

If you rated your work happiness less than a 10, what would make it a 10?

List any medications you are currently taking.

List any vitamins or supplements you are currently taking.

Do you smoke or use tobacco? \_\_\_\_\_yes\_\_\_\_\_no If yes, describe how much, how often.

Do you drink alcohol? \_\_\_\_\_yes\_\_\_\_\_no If yes, describe how much, how often.

Describe any additional drug, substances you use.

When was your last complete physical check-up? Were your hormone levels checked? Provide relevant details.

How would you describe your current overall health?

How would you describe your current overall mental/emotional health?

What, if anything would make you healthier?

## Women's Profile

**Rate the following on a scale of 0-3 in terms of how much of a problem it is in your life: 0=does not apply, 1=mild, 2=moderate, 3=severe**

- 0 1 2 3 Mood swings
- 0 1 2 3 Irregular menstrual periods
- 0 1 2 3 Water/fluid retention, swelling
- 0 1 2 3 Weight gain
- 0 1 2 3 Sleep difficulties
- 0 1 2 3 Crying episodes
- 0 1 2 3 Feelings of vulnerability
- 0 1 2 3 Fatigue
- 0 1 2 3 Forgetfulness
- 0 1 2 3 Confusion
- 0 1 2 3 Distractibility
- 0 1 2 3 Lack of motivation
- 0 1 2 3 Body, joint or muscle aches
- 0 1 2 3 Lack of muscle strength
- 0 1 2 3 Hot flashes
- 0 1 2 3 Night sweats
- 0 1 2 3 Vaginal dryness
- 0 1 2 3 Difficulty urinating
- 0 1 2 3 Constipation
- 0 1 2 3 Pressure in pelvic area
- 0 1 2 3 Bloating
- 0 1 2 3 Irritability
- 0 1 2 3 Short temper
- 0 1 2 3 Anxiety
- 0 1 2 3 Depression
- 0 1 2 3 Feeling overwhelmed
- 0 1 2 3 Apathy, lack of interest in
- 0 1 2 3 Disinterest in sex
- 0 1 2 3 Conflict concerning sex
- 0 1 2 3 Lack of an interested sex
- 0 1 2 3 Physical discomfort during sex
- 0 1 2 3 Difficulty communicating about
- 0 1 2 3 Unresponsive to sex
- 0 1 2 3 Low libido
- 0 1 2 3 Immune deficiency (get sick)
- 0 1 2 3 Feeling stressed
- 0 1 2 3 Periods of sadness
- 0 1 2 3 Loneliness
- 0 1 2 3 Angry outbursts
- 0 1 2 3 Low energy

## Men's Profile

Rate the following on a scale of 0-3 in terms of how much of a problem it is in your life: 0=does not apply, 1=mild, 2=moderate, 3=severe

- 0 1 2 3 Angry thoughts
- 0 1 2 3 Angry voice
- 0 1 2 3 Irritability
- 0 1 2 3 Short temper
- 0 1 2 3 Shutting down
- 0 1 2 3 Withdrawing from others
- 0 1 2 3 Impatience with self
- 0 1 2 3 Impatience with others
- 0 1 2 3 Increase in bad habits
- 0 1 2 3 Elevated blood pressure
- 0 1 2 3 Headaches
- 0 1 2 3 Muscle tension
- 0 1 2 3 Fear of failure
- 0 1 2 3 Thoughts of failure
- 0 1 2 3 Feelings of inadequacy
- 0 1 2 3 Apathy
- 0 1 2 3 Lack of motivation
- 0 1 2 3 Physical tiredness
- 0 1 2 3 Lack of competitive drive
- 0 1 2 3 Loss of physical strength
- 0 1 2 3 Loss of muscle
- 0 1 2 3 Loss of stamina
- 0 1 2 3 Mood swings
- 0 1 2 3 Sleep difficulties
- 0 1 2 3 Dissatisfaction
- 0 1 2 3 Frequency of urination
- 0 1 2 3 Difficulty getting an
- 0 1 2 3 Difficulty keeping an
- 0 1 2 3 Ejaculation difficulties
- 0 1 2 3 Early ejaculation
- 0 1 2 3 Sexual frustration
- 0 1 2 3 Sexual infrequency
- 0 1 2 3 Sexual disinterest
- 0 1 2 3 Lack of interested sex
- 0 1 2 3 Preoccupation with sex
- 0 1 2 3 Demands from others
- 0 1 2 3 Uncooperative partner
- 0 1 2 3 Work pressure
- 0 1 2 3 Financial pressure
- 0 1 2 3 Anxiety
- 0 1 2 3 Depression



## Relationship Evaluation Form

**Rank each statement using the following scale**

**0                    1                    2                    3                    4**  
**Not True    Seldom true    Sometimes True    Most often true    Consistently true**

\_\_\_\_\_ 1. My partner is pleased with the way I take part in household duties.

\_\_\_\_\_ 2. My partner and I have a compatible way of managing the chores.

\_\_\_\_\_ 3. I am pleasant to live with

\_\_\_\_\_ 4. I am financially wise

\_\_\_\_\_ 5. My partner trusts me to make wise financial decisions

\_\_\_\_\_ 6. We have an effective financial plan we follow.

\_\_\_\_\_ 7. We make our relationship a priority in terms of time.

\_\_\_\_\_ 8. My partner is pleased wit the time I give our relationship

\_\_\_\_\_ 9. I am attentive to my partner's needs.

\_\_\_\_\_ 10. I am good at making my needs known to my partner in a kind way.

\_\_\_\_\_ 11. I am forthcoming with information.

\_\_\_\_\_ 12. I know exactly how to please my partner.

\_\_\_\_\_ 13. I am sensitive to my partner's sexual desires.

\_\_\_\_\_ 14. Our relationship is sexually satisfying to both of us.

\_\_\_\_\_ 15. We are happy with the amount of romance in our relationship.

\_\_\_\_\_ 16. Other people see us as a happy couple.

\_\_\_\_\_ 17. We have made it successfully through several tough times.

\_\_\_\_\_ 18. Our relationship is fair to both of us.

\_\_\_\_\_ 19. My partner and I are best friends.

\_\_\_\_\_ 20. We have many happy memories.

\_\_\_\_\_ 21. We have fun on a regular basis.

\_\_\_\_\_ 22. We support one another's individual interests.

\_\_\_\_\_ 23. We have good friends that support our relationship.

\_\_\_\_\_ 24. We show love to each other regularly.

\_\_\_\_\_ 25. We are a good match.

\_\_\_\_\_ **Total score out of 100.**

**Short Passion Survey Simply answer true (T) or false (F) for the questions below.**

- \_\_\_ 1. I feel very connected to my partner.
- \_\_\_ 2. Our relationship is generally free of resentment.
- \_\_\_ 3. My partner and I are emotionally close.
- \_\_\_ 4. Our relationship is exciting to me.
- \_\_\_ 5. I am sensitive to my partner's emotional needs
- \_\_\_ 6. I know how to please my partner.
- \_\_\_ 7. I am known for my patience with sex and intimacy.
- \_\_\_ 8. I am comfortable with my sexual desire level.
- \_\_\_ 9. I am comfortable with my lovemaking techniques.
- \_\_\_ 10. I clearly communicate my intimacy needs.
- \_\_\_ 11. I have a positive body image.
- \_\_\_ 12. I use romantic gestures to express love.
- \_\_\_ 13. I initiate intimate conversations with my partner.
- \_\_\_ 14. I am fun to live with.
- \_\_\_ 15. I have made personal changes to improve our love.
- \_\_\_ 16. I would like to be a better sex partner.
- \_\_\_ 17. I am very helpful around the house.
- \_\_\_ 18. I am sensitive to my partner's sexual needs.
- \_\_\_ 19. I am patient with my partner.
- \_\_\_ 20. I would like us to learn more about sex.
- \_\_\_ 21. My partner would say I am committed.
- \_\_\_ 22. I put time and energy into our relationship.
- \_\_\_ 23. My partner would say I am an exciting sex partner.
- \_\_\_ 24. I listen to my partner.
- \_\_\_ 25. I handle difficult issues well.

\_\_\_\_\_ **Total number of true answers.**

## LIMITS OF CONFIDENTIALITY

Contents of all therapy sessions are considered to be confidential. Both verbal information and written records about a client cannot be shared with another party without the written consent of the client or the client's legal guardian. Noted exceptions are as follows:

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### **Duty to Warn and Protect**

When a client discloses intentions or a plan to harm another person, the mental health professional is required to warn the intended victim and report this information to legal authorities. In cases in which the client discloses or implies a plan for suicide, the health care professional is required to notify legal authorities and make reasonable attempts to notify the family of the client.

### **Abuse of Children and Vulnerable Adults**

If a client states or suggests that he or she is abusing a child (or vulnerable adult) or has recently abused a child (or vulnerable adult), or a child (or vulnerable adult) is in danger of abuse, the mental health professional is required to report this information to the appropriate social service and/or legal authorities.

### **Prenatal Exposure to Controlled Substances**

Mental Health care professionals are required to report admitted prenatal exposure to controlled substances that are potentially harmful.

### **Minors/Guardianship**

Parents or legal guardians of non-emancipated minor clients have the right to access the clients' records.

### **Insurance Providers** (when applicable)

Insurance companies and other third-party payers are given information that they request regarding services to clients.

Information that may be requested includes, but is not limited to: types of service, dates/times of service, diagnosis, treatment plan, description of impairment, progress of therapy, case notes, and summaries.

*I agree to the above limits of confidentiality and understand their meanings and ramifications.*

---

Client Signature (Client's Parent/Guardian if under 18)

\_\_\_\_\_ Today's Date

PATTY SCHEIN, M.Ed., LMFT, LPC

31 Cherry Street Milford, Ct06460

203.878.3140 (phone)

AUTHORIZATION FOR USE OR DISCLOSURE OF PROTECTED HEALTH INFORMATION

(Page 1 of 2)

1. Client's name: \_\_\_\_\_
First Name Middle Name Last Name

2. Date of Birth: \_\_\_/\_\_\_/\_\_\_

3. Date authorization initiated: \_\_\_/\_\_\_/\_\_\_

4. Authorization initiated by: \_\_\_\_\_
Name (client, provider, or other)

5. Information to be released:
[ ] Authorization for Psychotherapy Notes ONLY (Important: If this authorization is for Psychotherapy Notes, you must not use it as an authorization for any other type of protected health information.)
[ ] Other (describe information in detail): \_\_\_\_\_

6. Purpose of Disclosure: The reason I am authorizing release is:
[ ] My request
[ ] Other (describe): \_\_\_\_\_

7. Person(s) Authorized to Make the Disclosure: \_\_\_\_\_

8. Person(s) Authorized to Receive the Disclosure: \_\_\_\_\_

9. This Authorization will expire on \_\_\_/\_\_\_/\_\_\_ or upon the happening of the following event: \_\_\_\_\_

Authorization and Signature: I authorize the release of my confidential protected health information, as described in my directions above. I understand that this authorization is voluntary, that the information to be disclosed is protected by law, and the use/disclosure is to be made to conform to my directions. The information that is used and/or disclosed pursuant to this authorization may be re-disclosed by the recipient unless the recipient is covered by state laws that limit the use and/or disclosure of my confidential protected health information.

Signature of the Patient: \_\_\_\_\_

Signature of Personal Representative: \_\_\_\_\_

Relationship to Patient if Personal Representative: \_\_\_\_\_

Date of signature: \_\_\_\_\_

PATTY SCHEIN, M.Ed., LMFT, LPC  
31 Cherry Street  
Milford, CT 06460  
203/878-3140

PATIENT RIGHTS AND HIPAA AUTHORIZATIONS  
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The following specifies your rights about this authorization under the Health Insurance Portability and Accountability Act of 1996, as amended from time to time ("HIPAA").

1. Tell your mental health professional if you don't understand this authorization, and they will explain it to you.
2. You have the right to revoke or cancel this authorization at any time, except: (a) to the extent information has already been shared based on this authorization; or (b) this authorization was obtained as a condition of obtaining insurance coverage. To revoke or cancel this authorization, you must submit your request in writing to your mental health professional and your insurance company, if applicable.
3. You may refuse to sign this authorization. Your refusal to sign will not affect your ability to obtain treatment, make payment, or affect your eligibility for benefits. If you refuse to sign this authorization, and you are in a research-related treatment program, or have authorized your provider to disclose information about you to a third party, your provider has the right to decide not to treat you or accept you as a client in their practice.
4. Once the information about you leaves this office according to the terms of this authorization, this office has no control over how it will be used by the recipient. You need to be aware that at that point your information may no longer be protected by HIPAA.
5. If this office initiated this authorization, you must receive a copy of the signed authorization.
6. ***Special Instructions for completing this authorization for the use and disclosure of Psychotherapy Notes.*** HIPAA provides special protections to certain medical records known as "Psychotherapy Notes." All Psychotherapy Notes recorded on any medium (i.e., paper, electronic) by a mental health professional (such as a psychologist or psychiatrist) must be kept by the author and filed separate from the rest of the client's medical records to maintain a higher standard of protection. "Psychotherapy Notes" are defined under HIPAA as notes recorded by a health care provider who is a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint, or family counseling session and that are separate from the rest of the individual's medical records. Excluded from the "Psychotherapy Notes" definition are the following: (a) medication prescription and monitoring, (b) counseling session start and stop times, (c) the modalities and frequencies of treatment furnished, (d) the results of clinical tests, and (e) any summary of: diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress to date.

In order for a medical provider to release "Psychotherapy Notes" to a third party, the client who is the subject of the Psychotherapy Notes must sign this authorization to specifically allow for the release of Psychotherapy Notes. Such authorization must be separate from an authorization to release other medical records.