

Cynthia Huberdeau-Jaeger
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Admission Form

Client's Name: _____ Today's Date: _____

DOB: _____ If client is a minor, name of guardian: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone Number: _____ May I leave a message on voicemail? Yes No

Alternate Phone Number: _____ May I leave a message on voicemail? Yes No

Email Address: _____ May I send email to this address? Yes No

Marital status (Please circle): Single Married Divorced Separated Widowed Other : _____

Please check the family structure that best describes your home: Biological Family Stepfamily

Single parent family Other (Please describe): _____

Additional household members: _____

Employer/School Name: _____ Occupation: _____

Emergency contact #1: Name: _____ Phone Number: _____

Relationship to you: _____

Have you previously been in counseling? _____ If yes, where? _____

When?: _____ Duration?: _____

Who referred you for my services?: _____

My signature below shows that all the information above is true to the best of my knowledge.

Signature of client (or person acting for client)

Date

Any Alcohol Use? _____ How much/often: _____

Recreational Drug use: _____ Type(s): _____ How often: _____

Any past suicidal thoughts?: _____ If Yes, when?: _____

Outcome? (Hospitalization? etc): _____

Any current suicidal thoughts? _____ Do you have a plan?: _____

Method?: _____ Additional suicidal Information: _____

Any homicidal ideations?: _____

Any previous mental health diagnosis? If yes, please list:

Any medical conditions? If yes, please list:

Any prescribed medications? If yes, please list:

List any medical or psychiatric conditions, including substance abuse, of your parents and or siblings:

Informed Consent Form

Please read the following information and sign at the end to indicate that you understand the policies and procedures of Cynthia Huberdeau-Jaeger, M.A.

- ◆ **Services:** I provide many different types of therapy for individuals, children, adolescents, families, and couples in addition to specialized group therapy. The length of therapy may vary depending on the collaborative efforts between the therapist and client(s). The goals of therapy are developed with the therapist, are based on the client's needs and concerns, and are reviewed periodically to monitor progress. I consider therapy an active process and therefore prefer clients to play an active role in their own therapy. Additionally, my counseling services are voluntary. If the client has been court ordered for therapy, a copy of this documentation must be provided prior the next counseling session.
- ◆ **Appointments:** Regular attendance to therapy is vitally important to ensure progress with the concerns and issues that have been presented. Please make every effort to keep appointments and be on time. Each individual therapy session is (50) minutes in length. Family and couples sessions may last as long as 90 minutes. Sessions lasting longer than 50 minutes will be arranged in advance. **If you need to cancel an appointment, please call 386-366-3446 at least 24 hours prior to the time of your appointment.** If you do not cancel within 24 hours or show up for an appointment, then you will be charged the full fee of your missed appointment. **If you have any mental health emergencies, please call 911 as soon as possible.**
- ◆ **Therapist Information:** I, Cynthia Huberdeau-Jaeger, hold a Master of Arts degree in Clinical Psychology and am currently registered and classified in the state of Florida as a registered mental health counselor intern. My Florida license number is IMH6424. Since I am considered a registered mental health counselor intern by the state of Florida, it is important that you note that I attend weekly supervision appointments with a Licensed Mental Health professional as required by law. During these supervision appointments, I may discuss various aspects of your case with this licensed clinician for your therapeutic benefit. Identifying information will not be disclosed to this professional.
- ◆ **Fees:** **Therapy sessions are to be paid in full before the beginning of each session.** Please be aware that I currently do not accept any type of insurance. The fee for a fifty minute session \$75.00. I do offer reduced fees on a very limited basis. Those clients who can afford to pay the full fee make it possible for me to provide lower cost services to those who cannot. Please keep this in mind. If you wish to obtain a detailed statement/receipt for your own insurance purposes you may request so in writing. This statement will be available for pickup seven days after the official request is made. There will be a \$25.00 service charge on all returned checks to be paid prior to your next appointment
- ◆ **Video Tapes:** Video recordings may be used on rare occasion in the therapy sessions for the purpose of this therapist's training and supervision. Therapy sessions may also be recorded if this therapist believes viewing them may benefit you. If a session is to be recorded, I must obtain written permission from all members of the therapy session prior to any taping.
- ◆ **Safety:** It is important that you and your children exercise appropriate caution, control and safe behavior on the premises. This includes no running in the hallways or on the staircase. If the child is outside, a parent or guardian must be present. Cynthia Huberdeau-Jaeger is not responsible for any injuries that occur on the premises due to lack of parental supervision. If a child is under 16 years old and is attending individual or play therapy sessions, one parent or guardian must remain on the premises for the duration of the session. If the child is over 16, he or she may drive him or herself after one or more parent/guardian signs a consent form. If the parent of a child 16 years of age or older leaves for the duration of the session, he or she must arrive back to the premises prior to five (5) minutes before the end of the session.
- ◆ **Termination:** The client is expected to inform the therapist of his or her plans to discontinue therapy for any reason and make plans for at least one additional session. The final therapy session is an important part of the therapeutic process and it helps to summarize the progress and appreciate the change and growth that has occurred. If a client does not show up for two of their therapy appointments with no contact with the therapist, the case will be closed. This does not necessarily mean that you cannot receive further services. If you decide to terminate therapy, you are still responsible for payment of any unpaid therapy sessions already received.

The therapist may discontinue therapy with the client if there is reason to believe that further services will not be beneficial to the client. If that should occur the client will be referred for appropriate services.

- ◆ **Benefits and Risk of Therapy:** The majority of individuals, couples, and families in therapy benefit from the process of counseling. However, no promises can be made in regards to the results of treatment or of any procedures provided by the therapist. Open, honest and accurate reporting of dilemmas and concerns are vital to progress in therapy. Self-exploration, insight, exploring options for dealing with problematic behaviors, learning new skills, or venting difficult feelings / experiences are generally very useful; nevertheless some risk do exist. Please understand that throughout the course of therapy some individuals experience unwanted feelings, and that examining old issues may produce unhappiness, anger, guilt or frustration. These feelings are difficult, but a natural part of the psychotherapeutic process and often provide the basis for change. Important decisions are often an outcome of counseling. These decisions, including changing behavior, exploring employment opportunities, substance abuse patterns, schooling, and relationships, are likely to produce new opportunities as well as unique challenges for each individual involved. Sometime a decision that seems positive for one family member will be viewed quite negatively by another. Do not be hesitant to discuss counseling goals, procedures or your impressions of the services being provided with your therapist. If you ever do not understand a suggestion or comment that has been made, please ask for clarification.

My signature below shows that I understand and agree with all of these statements and have received a copy of this two-page form for my records. In addition, I have received a copy of The Rights of Clients for my therapeutic benefit and understanding.

Signature of client (or person acting for client)

 Date

Printed name

Relationship to client (if necessary)

Cynthia Huberdeau-Jaeger, M.A.

 Date

The Rights of Clients

I, Cynthia Huberdeau-Jaeger, M.A., am committed to providing service to you (the client) without regard to race, sex, ethnicity, age, religion, handicapping condition or sexual orientation.

As a client of mine:

- ◆ You have the right to be treated in a respectful and confidential manner that maintains your individual dignity.
- ◆ You have the right to nondiscriminatory services, to be provided services without regard to race, sex, ethnicity, age, sexual orientation, religion, AIDS/HIV status or handicapping condition.
- ◆ You have the right to quality services suited to your specific needs, administered skillfully, safely, humanely with full respect for your dignity and personal integrity and in accordance with all statutory and regulatory requirements.
- ◆ You have the right be involved and participate in the formulation and periodic review of your individualized service plan with your therapist. You have the right to ask questions, at any time, about what we do during therapy, and to receive answers that satisfy you.
- ◆ You have the right to decide not to enter therapy with me. If you wish, I will provide you with the names of other good therapists.
- ◆ You have the right to express dissatisfaction with therapy and/or end therapy at any time. The only thing you will have to do is to pay for any psychotherapy treatments previously provided to you. You may also at any time withdraw your consent for any specific activity used in the therapy sessions.
- ◆ You have the right to have your records and information revealed to me kept confidential. I, Cynthia Huberdeau-Jaeger, have the obligation to obtain written consent from you prior to any exchange of confidential information. There are a few situations and exceptions to confidentiality which are listed below:
 - a. If you present a danger to yourself or others, I am legally and ethically required by law to protect the safety of you and/ or the threaten person(s).
 - b. If abuse (sexual or physical) or neglect of a child, elderly individual, or disable person is revealed, known or suspected, I am required by law to report it to the Florida Abuse Hotline.
 - c. If I receive a court order / subpoena for client records, staff deposition or court testimony, I am require to comply. I am also required to report attendance compliance to the court for court ordered clients.

My signature below shows that I understand and agree with all of these statements and I have been given a copy for my records.

Signature of client (or person acting for client)

Date

Printed name

Relationship to client (if necessary)

I, Cynthia Huberdeau-Jaeger, have discussed the issues above with the client (and/or his or her parent, guardian, or other representative). My observations of this person's behavior and responses give me reason to believe that this person is fully competent to give informed and willing consent.

Adult Checklist of Concerns

Please mark all of the items below that apply, and feel free to add any others at the bottom under “Any other concerns or issues.” You may add a note or details in the space next to the concerns checked.

- | | |
|--|---|
| <input type="checkbox"/> I have no problem or concern bringing me here | <input type="checkbox"/> Loneliness |
| <input type="checkbox"/> Abuse—physical, sexual, emotional, neglect (of children or elderly persons), cruelty to animals | <input type="checkbox"/> Marital conflict, distance/coldness, infidelity/affairs, remarriage, different expectations, disappointments |
| <input type="checkbox"/> Aggression, violence | <input type="checkbox"/> Memory problems |
| <input type="checkbox"/> Alcohol use | <input type="checkbox"/> Menstrual problems, PMS, menopause |
| <input type="checkbox"/> Anger, hostility, arguing, irritability | <input type="checkbox"/> Mood swings |
| <input type="checkbox"/> Anxiety, nervousness | <input type="checkbox"/> Motivation, laziness |
| <input type="checkbox"/> Attention, concentration, distractibility | <input type="checkbox"/> Nervousness, tension |
| <input type="checkbox"/> Career concerns, goals, and choices | <input type="checkbox"/> Obsessions, compulsions (thoughts or actions that repeat themselves) |
| <input type="checkbox"/> Childhood issues (your own childhood) | <input type="checkbox"/> Oversensitivity to rejection |
| <input type="checkbox"/> Codependence | <input type="checkbox"/> Panic or anxiety attacks |
| <input type="checkbox"/> Confusion | <input type="checkbox"/> Parenting, child management, single parenthood |
| <input type="checkbox"/> Compulsions | <input type="checkbox"/> Perfectionism |
| <input type="checkbox"/> Custody of children | <input type="checkbox"/> Pessimism |
| <input type="checkbox"/> Decision making, indecision, mixed feelings, putting off decisions | <input type="checkbox"/> Procrastination, work inhibitions, laziness |
| <input type="checkbox"/> Delusions (false ideas) | <input type="checkbox"/> Relationship problems (with friends, with relatives, or at work) |
| <input type="checkbox"/> Dependence | <input type="checkbox"/> School problems |
| <input type="checkbox"/> Depression, low mood, sadness, crying | <input type="checkbox"/> Self-centeredness |
| <input type="checkbox"/> Divorce, separation | <input type="checkbox"/> Self-esteem |
| <input type="checkbox"/> Drug use—prescription medications, over-the-counter medications, street drugs | <input type="checkbox"/> Self-neglect, poor self-care |
| <input type="checkbox"/> Eating problems—overeating, undereating, appetite, vomiting | <input type="checkbox"/> Sexual issues, dysfunctions, conflicts, desire differences, other |
| <input type="checkbox"/> Emptiness | <input type="checkbox"/> Shyness, oversensitivity to criticism |
| <input type="checkbox"/> Failure | <input type="checkbox"/> Sleep problems—too much, too little, insomnia, nightmares |
| <input type="checkbox"/> Fatigue, tiredness, low energy | <input type="checkbox"/> Smoking and tobacco use |
| <input type="checkbox"/> Fears, phobias | <input type="checkbox"/> Spiritual, religious, moral, ethical issues |
| <input type="checkbox"/> Financial or money troubles, debt, impulsive spending, low income | <input type="checkbox"/> Stress, relaxation, stress management, stress disorders, tension |
| <input type="checkbox"/> Friendships | <input type="checkbox"/> Suspiciousness |
| <input type="checkbox"/> Gambling | <input type="checkbox"/> Suicidal thoughts |
| <input type="checkbox"/> Grieving, mourning, deaths, losses, divorce | <input type="checkbox"/> Temper problems, self-control, low frustration tolerance |
| <input type="checkbox"/> Guilt | <input type="checkbox"/> Thought disorganization and confusion |
| <input type="checkbox"/> Headaches, other kinds of pains | <input type="checkbox"/> Threats, violence |
| <input type="checkbox"/> Health, illness, medical concerns, physical problems | <input type="checkbox"/> Weight and diet issues |
| <input type="checkbox"/> Housework/chores—quality, schedules, sharing duties | <input type="checkbox"/> Withdrawal, isolating |
| <input type="checkbox"/> Inferiority feelings | <input type="checkbox"/> Work problems, employment, workaholism/overworking, can't keep a job, dissatisfaction, ambition |
| <input type="checkbox"/> Interpersonal conflicts | |
| <input type="checkbox"/> Impulsiveness, loss of control, outbursts | |
| <input type="checkbox"/> Irresponsibility | |
| <input type="checkbox"/> Judgment problems, risk taking | |
| <input type="checkbox"/> Legal matters, charges, suits | |