

ADULT CLIENT HISTORY



Welcome to Aurora Family Counseling Service. We'd like to learn a little bit about you so we can provide you the best possible service.

Name: _____

Where do you work or go to school?

Describe leisure time activities, types of recreation you enjoy, and special areas of interest.

People in your household:

Name	Age	Relationship

Any health problems or recent hospitalizations?

Have you ever had a head injury, such as a concussion, being hit in the head, car accident, stitches in the head area, etc.? No Yes

Have you ever had a seizure, loss of consciousness, or an abnormal CT scan, MRI, or EEG? No Yes

Do you take any medications?

Name of medication	For what problem?	Does it seem to be working?

Have you received services from this agency, or a similar agency, before?

No Yes. Please fill out table below.

Agency	Service received	Dates

Do you have any concerns about your housing or living arrangements?

No Yes. Please describe your concerns.

How can we help you today?



What To Expect From Counseling

Many of us enter therapy hoping to get some quick relief from the distress that we are experiencing. We are aware that therapy is costing us a lot in terms of time, money, and energy and we want to see some immediate results, especially when we are in pain. It is important that you talk with your therapist about your expectations and needs from the counseling process.

Counseling is a type of learning...about yourself, your feelings, and your relationships with others. There are many different approaches to counseling; depending on their interests, background, personality, and beliefs, different counselors have different views about how to best help people. There are, though, some things about the counseling process that don't change, no matter who your counselor is.

What will happen in counseling depends on the special needs and strengths of each person seeking assistance. For this reason, each counseling experience is unique, just as each individual is unique. The first one or two meetings are usually spent clarifying the problem and examining what solutions have already been attempted. This is often referred to as the assessment phase of counseling. During this time your counselor may gather information about your past, your personal style and relationship patterns, as well as your intellectual and emotional functioning. This aids the counselor in determining which counseling strategies might be most helpful for you.

A few things to keep in mind:

- **It takes time** to establish a trusting relationship with a therapist.
- **We all resist change.** Don't be surprised if you are tempted to quit therapy right before some real changes occur. *Don't quit* just because it's uncomfortable.
- **Your counselor will expect you to let her/him know what is most important for you to talk about.** You will be doing most of the talking. You may talk about whatever is concerning you.
- **Generally, your counselor will not give you advice or tell you what to do.** We support the development of your sense of responsibility for your own decisions and life. We help you to help yourself, through helping you to clarify what you think, feel, and value, and to generate alternate ways of thinking about yourself and dealing with your concerns.
- **Your counselor will not be able to "see through" you, or "read your mind."** The more open and honest you are, the more helpful counseling can be. However, you will not be forced to talk about anything you don't feel ready to talk about. When you do choose to talk about something that is difficult for you, your counselor will listen in a non-judgmental manner.



Getting the Most Out Of Counseling

Define your goals.

Think about what you would like to get out of counseling. It might be helpful to jot down a list of events, relationship issues, and feelings that you think are contributing to your distress. Take time before each session to consider your expectations for that session. As counseling progresses, longer-term goals may emerge along with some ideas about how to progress toward these goals.

Consider how you feel about the counseling relationship.

Since a good working relationship is vital to successful counseling, you will want to experience a satisfying level of trust and understanding with your counselor. Nonetheless, self-exploration and change involve hard work, and sometimes painful feelings are stirred up in the process of healing. Therefore, it may be unrealistic to expect that you will feel completely comfortable at all times with your counselor. Counselors are trained to pay close attention to these issues and will probably encourage you to discuss these feelings openly. Because counseling is a mutual enterprise, you and your counselor may also make adjustments in your working style to better meet your needs for both encouragement and support.

Recognize and express feelings.

The recognition, acceptance, and expression of feelings pave the way for personal growth and change. Thoughts and feelings are equally important in working through difficulties. Your counselor will work with you to integrate your thoughts and emotions in a balanced way.

Be patient with yourself.

Growth takes time, effort, and patience. All of your coping skills, behavior patterns and self-perceptions have been learned and reinforced over a long period of time. Changing what has become such an integral part of yourself is very difficult and at times slow. By having patience with yourself and accepting and understanding the natural resistance we all feel toward change, you set the foundation for developing and changing in more appropriate and satisfying directions



Knowing How and When to End Your Counseling Experience

The length of time you may work with a counselor can vary enormously. Counseling may end for any number of reasons. Sometimes people complete their counseling goals sooner than expected and termination is jointly agreed upon and planned for by both counselor and client. Other times, clients simply stop coming to counseling, either because their motivation for change is not high enough, they become anxious about discussing difficult issues, or they don't feel comfortable with their counselor. Termination is actually a natural part of the counseling process, and it provides a learning opportunity. Here are some things to remember:

For planned termination:

1. Be sure to give your counselor plenty of notice if you will have to end treatment for some reason.
2. Take the time near the end of counseling to review your progress and discuss any unmet goals.
3. Make sure you know what to do if you have a difficult time in the future.
4. If you have not met your counseling goals but you have decided to leave counseling for another reason, work with your counselor to obtain a referral to another professional. Make sure that you sign appropriate release forms so your new therapist can have any necessary information.
5. Use some of your time in the last session or two to plan how you will apply what you have learned in therapy to any upcoming challenges.
6. Congratulate yourself on sticking with the counseling process and making progress. Don't be discouraged if you still have concerns – any movement in a positive direction provides you with a foundation for future positive change.

If you are thinking of leaving counseling because you're not satisfied with something:

1. Discuss your concerns with your counselor. You are the customer, and you have every right to leave counseling if you wish. However, it is always a good idea to make sure you are leaving for appropriate reasons, and not just avoiding problems that will trouble you in the future.
2. If you don't feel you and your counselor are a good match, you do have the right to request another counselor. Not every client and every counselor will "click," and as professionals, we can deal with this without turning it into a personal problem.
3. If you don't feel you are making good progress in treatment, ask your counselor to spend a session reviewing your counseling goals.
4. Don't just "no-show." For your own sake and out of courtesy to your counselor, try to make one last appointment to wrap things up and to clarify your reasons for leaving.



<p style="text-align: center;">SERVICE AGREEMENT Behavioral Health Services</p>

Welcome to Family Counseling Service of Aurora. It is our privilege to offer you quality behavioral health services at our agency. This document is intended to act as an agreement between you and Family Counseling Service for the services we provide.

Risks & Benefits of Counseling:

Before you begin services, it's important to know that counseling carries both benefits and risks. Therapy often leads to a significant reduction in feelings of distress, improved relationships and resolution of issues. Risks can include experiencing uncomfortable feelings such as sadness or anxiety during the course of counseling.

Therapist Qualifications:

Family Counseling Service maintains high standards for clinical excellence. Our therapists hold advanced degrees and are fully licensed in their area of expertise, or are working toward full licensure under the direct supervision of a fully licensed professional. We are also honored as one of the premier learning and training sites for graduate students by local universities. If your therapist is working toward full licensure, s/he will be supervised weekly to monitor the quality of his/her professional skills. You may ask to meet the supervisor at any time. You will be told of your therapist's qualifications when you begin therapy and you may request a change if you prefer different qualifications at that time.

Fees & Cancellations:

Family Counseling is funded by United Way and other public funding groups. These sources cover the difference between the actual cost of services and fees collected. We offer a sliding fee scale to accommodate the income circumstances of our clients.

The fee for the first visit is always \$35.00. Prior to the first meeting, your fee for subsequent sessions will be established by our staff and communicated to you. If your income changes or you have concerns about your fee, please discuss these issues with your therapist. It is sometimes possible to reduce fees if you can show documentation that your current fee is not manageable.

- ❖ If you are unable to attend a scheduled session, please notify us **at least 24 hours** in advance. If you miss your appointment, we will charge you a cancellation fee equal to your regular session fee and this must be paid before another session can be scheduled. This is simply because we have many clients who are waiting for open appointments and would like to be able to offer them your appointment if you need to cancel for any reason.

- ❖ The established fee per hour may also be charged for the following services if they are utilized: (1) consultations held on the client's behalf with other professionals; (2) telephone consultations that exceed 30 minutes in length; (3) reports written at the client's request; (4) court appearances; (5) court reports or treatment reports. You would be notified of the charge prior to or at the time these services are provided and would be asked to agree to the fee prior to provision of the service.

- ❖ Most contracted services (for example, if an insurance company or state agency is paying for your services here) do not reimburse us for missed or cancelled appointments. If your services are being paid for through an outside contract and you have a late cancellation or fail to keep an appointment, you are responsible for payment for the missed session.

Confidentiality of Your Records:

As a client, you will provide us with some important and sensitive information about yourself. This information is known as Protected Health Information. Family Counseling Service will not disclose your Protected Health Information UNLESS we have your written authorization to do so, except under the following special circumstances. State and federal laws require Family Counseling Service to disclose your private information without your consent in certain circumstances, including the following:

- ❖ **Child Abuse** - If your counselor has reasonable cause to believe a child known to him/her in his/her professional capacity may be an abused child or a neglected child, your counselor must report this belief in accordance with the *Abused and Neglected Child Reporting Act*.
- ❖ **Adult and Domestic Abuse** - If your counselor has reason to believe that an individual (who is protected by state law) has been abused, neglected, or financially exploited, he/she must report this belief in accordance with the *Illinois Elder Abuse and Neglect Act*.
- ❖ **Serious Threat to Health or Safety** - If your counselor believes that you present an imminent, serious risk of physical or mental injury or death to yourself, he/she may make disclosures he/she considers necessary to protect you from harm. If you communicate to your counselor a specific threat of imminent harm against another individual or if he/she believes that there is clear, imminent risk of physical or mental injury being inflicted against another individual, he/she may make disclosures that he/she believes are necessary to protect that individual from harm in accordance with the *Illinois Mental Health and Developmental Disabilities Confidentiality Act*.

Federal law also permits us to use your protected health information for the following purposes:

- ❖ **For Payment:** We may use and disclose your Protected Health Information to be reimbursed for the medical services and supplies we provide to you. For example, your health plan or health insurance company may ask to see parts of your medical record before they will pay us for your treatment.
- ❖ **For Health Care Operations:** We may use and disclose your Protected Health Information for health care management, which include internal education, administration, planning, and other various activities that improve the quality of care we provide to clients. We may disclose Protected Health Information to outside companies to support administrative functions such as data analysis, accounting or legal services, but we will only do so after they have signed an agreement stating that they will abide by our privacy policy. This information is usually aggregated, so no individual can be identified.

Client Rights:

As a client of Family Counseling Service, you are entitled to the rights outlined in the Mental Health and Developmental Disabilities Confidentiality Act and Chapter 2 of the Mental Health Code Developmental Disabilities Code. FCS also has certain responsibilities as a service provider. Client rights and FCS responsibilities include but are not limited to, the following:

- ❖ You have a right to be provided with adequate and humane care and services in the least restrictive environment.
- ❖ You are entitled to have your rights explained to you using a language or method of communication you understand upon commencement of services.
- ❖ You may have a guardian with whom we must cooperate or you may be restricted legally through court or by probation.
- ❖ You have the right to be free from abuse and neglect.
- ❖ You have the right to have an individualized treatment plan that will be developed with you, and the right to periodically review your treatment plan with your therapist at least once every six months.
- ❖ You have the right to be free from physical restraint, unless it is being used as a therapeutic measure with children to prevent them from causing physical harm to themselves or others; seclusion is not permitted.
- ❖ You have a right to privacy and no information will be disclosed about you to others without your informed written consent, except for the following: FCS has to follow state laws about special requests for information. We have a responsibility to warn others if you threaten to hurt them. We have to report any suspected child or elder abuse or neglect. We may communicate information to others if you are at risk of harming yourself or others.
- ❖ You have the right not to be denied mental health services because of age, sex, race, religious belief, ethnic origin, marital status, sexual orientation, physical or mental disability, or criminal record that is unrelated to any possible present dangerousness.
- ❖ You have the right not to have services denied, suspended, reduced or terminated for exercising your rights.
- ❖ If you believe you are being treated unfairly, you have the right to present grievances or to appeal adverse decisions related to your services. You have the right to make such grievances or appeals to the highest level possible in the agency. If you are a ward of the state, you have the right to contact the Guardianship and Advocacy Commission, Equip for Equality, Inc. and DCFS or DHS. You have the right to be offered staff assistance in contacting these organizations.



**Family Counseling Service of
Aurora**

ACKNOWLEDGEMENT OF POLICIES

By signing below, I am agreeing to receive treatment at Family Counseling Service of Aurora. I also understand and agree to the following terms:

- ❖ I have been informed of potential risks and benefits of therapy and wish to pursue services at this time.
- ❖ I have read the service agreement and will abide by the fee and cancellation policy.
- ❖ I understand the confidentiality policies of Family Counseling Service.
- ❖ I have received a copy of the Client Rights.
- ❖ I understand that I can revoke this consent at any time.

Client's Name (please print)

Date

Client's Signature

Date

Guardian's Signature (if client is under 12)

Date

Therapist's Name (please print)

Date

Therapist's Signature

Date

Supervisor's Name & Credentials (please print)

**The University of New Orleans
Alabama Parenting Questionnaire (APQ)
(Parent Form)**

Child's Name: _____ ID#: _____

Parent Completing Form(Circle one): Mother Father Other: _____

Instructions: The following are a number of statements about your family. Please rate each item as to how often it TYPICALLY occurs in your home. The possible answers are Never (1), Almost Never (2), Sometimes (3), Often (4), Always (5). PLEASE ANSWER ALL ITEMS.

	Never	Almost Never	Sometimes	Often	Always
1. You have a friendly talk with your child.	1	2	3	4	5
2. You let your child know when he/she is doing a good job with something.	1	2	3	4	5
3. You threaten to punish your child and then do not actually punish him/her.	1	2	3	4	5
4. You volunteer to help with special activities that your child is involved in (such as sports, boy/girl scouts, church youth groups).	1	2	3	4	5
5. You reward or give something extra to your child for obeying you or behaving well.	1	2	3	4	5
6. Your child fails to leave a note or to let you know where he/she is going.	1	2	3	4	5
7. You play games or do other fun things with your child.	1	2	3	4	5
8. Your child talks you out of being punished after he/she has done something wrong.	1	2	3	4	5

	Never	Almost Never	Sometimes	Often	Always
9. You ask your child about his/her day in school.	1	2	3	4	5
10. Your child stays out in the evening past the time he/she is supposed to be home.	1	2	3	4	5
11. You help your child with his/her homework.	1	2	3	4	5
12. You feel that getting your child to obey you is more trouble than it's worth.	1	2	3	4	5
13. You compliment your child when he/she does something well.	1	2	3	4	5
14. You ask your child what his/her plans are for the coming day.	1	2	3	4	5
15. You drive your child to a special activity.	1	2	3	4	5
16. You praise your child if he/she behaves well.	1	2	3	4	5
17. Your child is out with friends you don't know.	1	2	3	4	5
18. You hug or kiss your child when he/she has done something well.	1	2	3	4	5
19. Your child goes out without a set time to be home.	1	2	3	4	5
20. You talk to your child about his/her friends.	1	2	3	4	5
21. Your child is out after dark without an adult with him/her.	1	2	3	4	5

	Never	Almost Never	Sometimes	Often	Always
22. You let your child out of a punishment early (like lift restrictions earlier than you originally said).	1	2	3	4	5
23. Your child helps plan family activities.	1	2	3	4	5
24. You get so busy that you forget where your child is and what he/she is doing.	1	2	3	4	5
25. Your child is not punished when he/she has done something wrong.	1	2	3	4	5
26. You attend PTA meetings, parent/teacher conferences, or other meetings at your child's school.	1	2	3	4	5
27. You tell your child that you like it when he/she helps out around the house.	1	2	3	4	5
28. You don't check that your child comes home at the time she/he was supposed to.	1	2	3	4	5
29. You don't tell your child where you are going.	1	2	3	4	5
30. Your child comes home from school more than an hour past the time you expect him/her.	1	2	3	4	5
31. The punishment you give your child depends on your mood.	1	2	3	4	5
32. Your child is at home without adult supervision.	1	2	3	4	5

	Never	Almost Never	Sometimes	Often	Always
33. You spank your child with your hand when he/she has done something wrong.	1	2	3	4	5
34. You ignore your child when he/she is misbehaving.	1	2	3	4	5
35. You slap your child when he/she has done something wrong.	1	2	3	4	5
36. You take away privileges or money from your child as a punishment.	1	2	3	4	5
37. You send your child to his/her room as a punishment.	1	2	3	4	5
38. You hit your child with a belt, switch, or other object when he/she has done something wrong.	1	2	3	4	5
39. You yell or scream at your child when he/she has done something wrong.	1	2	3	4	5
40. You calmly explain to your child why his/her behavior was wrong when he/she misbehaves.	1	2	3	4	5
41. You use time out (make him/her sit or stand in a corner) as a punishment.	1	2	3	4	5
42. You give your child extra chores as a punishment.	1	2	3	4	5

