

Jim Schettler, M.MFT, LMFT #711
Scales Nutrition and Wellness Center
1010 4th Avenue North
Nashville, TN 37219
(615) 724-0865 (615) 724-0871 fax

Client Information and Consent for Treatment

Thank you for selecting me as your therapist. I am committed to providing you with the best care possible. To make the best use of our time in therapy, please be aware of the following policies and procedures.

Appointments: Unless otherwise stated, all individual, family, and marital therapy sessions are 50 minutes in length and group sessions are 90 minutes in length. Your appointment time has been reserved solely for you. Please do your best to be punctual. If you are late to your appointment, you will receive the remainder of your scheduled time. If I am running late, I will ensure you receive your full session time or make alternative arrangements that we both agree upon. If you need to change or cancel an appointment, a minimum of **24 hour notice** is requested. Missed appointments or last minute cancellations may be subject to a \$50.00 charge.

Financial Responsibility/Billing: You are fully responsible for all services rendered. Full payment is expected at the time of service, unless other arrangements have been made. If you are unable to make payment due to financial constraints, please discuss this issue in therapy. As a group practice, we are often able to bill insurance for your therapy sessions. Our office staff will submit the proper paperwork necessary for insurance billing if you so desire. Please be aware that the insurance company may request personal information about you to file their claims. This information may include but is not limited to diagnoses, progress in treatment, copies of progress notes, or medications prescribed. If you have any concerns about this information being shared with your insurance company, please address this issue during your therapy session. Fees for services are as follows:

Individual therapy session-\$100.00
Family therapy session--\$115.00
Group therapy session--\$50.00 per group member
Initial Intake and Assessment--\$125.00

Therapy may involve some risk to the client in certain situations: Sometimes a client will not obtain the desired results or goals from therapy in the time period expected. This can result in frustration and dissatisfaction. During the process of therapy, psychological pain and distress can arise as difficult issues are addressed. It is beneficial to the therapeutic process for you to openly discuss this discomfort in session. I may recommend a referral for supplemental care when appropriate. If adequate progress is not being made in therapy, or if it becomes apparent that I do not have the skills necessary to address your specific therapeutic needs, I may refer you for more specialized care or discontinue therapy and assist you with a referral to an appropriate professional or program.

Confidentiality is maintained for all clients except in the following cases:

- If a child or dependent adult abuse is either reported or suspected.
- When the client is a minor. Parents/guardians are entitled to know the condition, diagnosis, and progress of therapy. (See Parent/Minor Confidentiality Statement).
- If a client releases information with a written authorization.
- If a court subpoenas your records.
- When consultation or supervision with another therapist is desired in order to provide the best possible therapy. Such discussions will, of course, remain private within the consultation or supervisory relationship.
- If a client poses a “clear and imminent danger” either to self or someone else. Therapists are required to report such dangers to the appropriate parties, including family members, police, your psychiatrist, or the threatened party. Please understand that my job as your therapist is to ensure your safety. If I believe you are suicidal, I will take the steps necessary to keep you safe, even if this means hospitalizing you involuntarily. I will always discuss my decisions with you upfront and honestly.

Emergencies: In the event of an emergency, please call our office phone number at (615) 284-4432. During office hours, I will call you back just as soon as I am available. After hours, our office employs a 24-hour answering service who will direct you on how to proceed. In addition, The Nashville Crisis Center’s hotline is available 24 hours per day at 244-7444.

The more involved you are in therapy, the more you will get out of it. I often assign homework or additional reading materials for your benefit. I find that clients, who spend time outside of their therapy session working on their issues, tend to move through therapy quicker and with more insight than those who do not complete outside work. If you ever have concerns or questions about issues we have discussed in therapy, please let me know. I believe 50% of the healing that occurs in therapy is due to having a trusting and safe relationship with your therapist. Safety and trust are built when we address these issues rather than holding them in or avoiding them. It is important to take responsibility for your treatment process and communicate your needs, feelings, concerns, and what you find helpful so I can be the most effective for you.

Again, thank you for the privilege of working with you.

Jim Schettler

Consent for Treatment: By signing below, I agree that I understand everything mentioned above and I am willing to engage in the therapeutic process. I understand that my participation is voluntary, what I choose to share in therapy is my choice, and I can terminate therapy at any time.

Printed Client Name: _____

Client Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

*Scales Nutrition and Wellness Center
1010 4th Avenue North
Nashville, TN 37219
(615) 724-0865 (615) 724-0871 fax*

Client History

Today's Date: _____

Name: _____ Age: _____ Email: _____

Please answer the following questions as fully and honestly as possible:

Presenting Issues:

What prompted you to seek therapy today? _____

Symptoms *(Please check all that apply, put a star by the 3 most troubling):*

Depression	Stress	
Low energy	Anxiety	Restlessness
Difficulty concentrating	Fears/phobias	Muscle tension
Loss of interest or pleasure	Social anxiety	Irritability
Suicidal thoughts	Panic attacks	Problems with anger
Hopelessness	Traumatic experiences	Marital problems
Worthlessness	Intrusive thoughts	Family problems
Guilt	Flashbacks	Sexual problems
Sleep disturbance (more/less)	Nightmares	Excessive drinking
Appetite disturbance (more/less)	Reliving traumatic experience	Blackouts
Change in weight	Exaggerated startle response	DUIs
Thoughts/actions of hurting self	Obsessions/compulsions	Problem drug use
Thoughts of hurting others	Manic episodes	Binging
Isolation/withdrawal	Hypomanic episodes	Vomiting
Loneliness	Delusions/hallucinations	Laxative abuse
Sadness	Racing thoughts	Excessive/compulsive exercise
Frequent crying	Excessive worry	Over eating
		Restricting food

Suicidal/Homicidal Ideation

Have you ever attempted to commit suicide or homicide? Y N

If yes, when? _____ What happened? _____

Is there a family history of suicide? _____

Describe any recent losses or changes you have experienced: _____

Traumatic events: _____

Biggest stressors in your life currently: _____

Therapeutic History:

Previous inpatient therapy experiences

Provider: _____ Dates: _____

Reason for treatment: _____

Outcome/Recommendations: _____

Provider: _____ Dates: _____

Reason for treatment: _____

Outcome/Recommendations: _____

Previous outpatient therapy experiences

Provider: _____ Dates: _____

Outcome/Recommendations: _____

Reason for treatment: _____

Provider: _____ Dates: _____

Reason for treatment: _____

Outcome/Recommendations: _____

Social:

Please describe your present living arrangements (include with whom you are living and a brief description of these relationships) _____

How would you describe your current relationships with family and friends? _____

People who are most supportive in your life currently: _____

Do you believe it would be beneficial to you to include any family members in your treatment? Y N
(if yes, who and why) _____

Religious/Cultural Factors

Please describe your spiritual beliefs/religious background: _____

Please list any cultural issues of significance: _____

Legal History:

Please describe any issues related to the legal system (other than minor traffic tickets) _____

Are you engaged in any illegal behavior (i.e. shoplifting, illegal drug use)? _____

Developmental History:

Please describe your childhood and adolescence (include home atmosphere, relationship with parents/siblings),

What were you like as a child? _____

Please describe any major family events, circumstances, or traumatic experiences for you as a child:

Work/School:

Please describe where you work/go to school: _____

How satisfied are you with your current work/school situation? _____

Highest academic level achieved: _____

Goals:

What are your goals for therapy: _____

Fears about therapy: _____

What traits do you find helpful in a therapist? _____
