

CLIENT INFORMATION

Name: _____ Date: _____

Address _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____ Date of birth: _____

Please circle one: Married / Separated / Divorced

Date of Marriage: _____

Date Separated: _____

Date Divorced: _____ (If so how many times): _____

Are there any phone numbers I cannot leave a message asking you to return a call or reminding you about your appointment with Eric Belsterling, MC, LCMHC, LCAS, CSAT, CMAT, CCS

Please list all other family and non-family members living at your residence: Their names, ages and relationship(s):

How did you hear about Eric Belsterling and Heart and Soul Recovery PLLC?

May I contact your referral to thank them (please circle one): yes no

EMERGENCY CONTACT

Please provide contact information for a person we can contact in case of emergency. This contact will only be used if we believe you, your child or someone else is in immediate danger or if you or your child becomes ill and are unable to continue or depart therapy without assistance.

Emergency Contact: _____

Relationship: _____

Phone Number: _____

Address _____

City: _____ State: _____ Zip: _____

(Please initial)_____ I agree Eric Belsterling MC, LCMHC, LCAS, CSAT, CMAT, CCS may contact the above named person.

What is your reason for coming to therapy now? What behaviors do you exhibit that concerns you?

Please circle below, on a scale from 1 to 10, signifying how much these issues are affecting your everyday functions such as work, school, intimate relationships, social, recreational activities (e.g. 1 being very little impact on my life and 10 being a significant impact on my life.)

1 2 3 4 5 6 7 8 9 10

Please go to SexHelp.com, [Sexual Addiction Screening Test](#) and take the SAST (Sexual Addiction Screening Test) and enter your score here: _____

What are some of your goals for therapy?

If you had therapy previously, what worked well? Why?

What did not work well? Why?

What kind of work do you do? _____

How long have you done this kind of work? _____

Are there problems or issues at work?

Your interests, hobbies, friends:

FAMILY INFORMATION:

Grandparents Living? Maternal: Y / N Paternal: Y / N

Ages: Maternal ____/____ Paternal ____/____ If deceased, list year of death: _____

Please describe your childhood and current relationship with parents, grandparents (and Step-Parents.) Please use the back for more space if necessary:

Siblings: Names and ages: What is your current relationship like? What was your relationships like from childhood?

What role did you play in your family of origin? What role do you play currently? (Disciplinarian, Protector, Hero, Nurturer, Scapegoat/Black sheep, Lost Child, Mascot/Clown) Has this changed over the course of your life? If so, what role are you playing now? Please use back of paper if you need more space.

Parent's relationship: Why did they get married? And if applicable, divorced?

Describe any marital relationship problems or concerns that you currently have had:

MEDICAL HISTORY

Please complete to the best of your ability. If your child does not have a current provider please mark N/A or otherwise indicate that it is not applicable. Please do not leave any spaces blank.

PSYCHIATRIC INFORMATION:

Psychiatrist's Name: _____

Phone Number: _____

Current medications prescribed by Psychiatrist:

Medical Information:

Physician's Name: _____

Phone Number: _____

Date of last complete physical: _____

Current medical concerns:

Current medications prescribed by a Physician:

Childhood/Adolescent illnesses, hospitalizations, operations, injuries, head injuries, etc:

Birth Complications:

How would you describe your current state of physical mental, emotional, spiritual health?

Is there anything in your medical history or family health pattern that would be useful for me to know?

Are you concerned about your substance and/or behavioral use? Yes _____ No _____

If yes, why?

Are others concerned about your substance and/or behavioral use? Yes _____ No _____

If yes, why? _____

Have you ever had treatment for a Substance Use Disorder and/or a Behavioral Addiction, i.e. Sex, Gaming, Internet Porn, Love Addiction, Gambling, Binge Eating? Yes _____ No _____

If yes, when and where:

What the treatment helpful? Yes _____ No _____

If yes, what was most helpful?

Have you ever attended a mutual aid support group such as Alcoholics Anonymous, Narcotics Anonymous, Sex Addicts Anonymous, Refuge Recovery, SMART Recovery and/or Rational Recovery? Yes _____ No _____

If yes, when and was it helpful?

Is there anything else that you think would be helpful for Eric to know about you or your family?

NATURE OF PSYCHOTHERAPY AND THE THERAPEUTIC RELATIONSHIP

This practice does not provide 24-hour or emergency therapy services. Should you or someone close to you require such service, the following referrals are offered:

- 9-1-1 or RHA Mobile Crisis Unit: 888-573-1006
- The nearest hospital emergency room

Eric Belsterling, MC, LCMHC, LCAS, CSAT, CMAT, CCS accepts only those clients whom he believes have the capacity to resolve their problems with the assistance of psychotherapy. Although every client's goals are individualized, there are certain basic things you can expect from therapy. Essentially, therapy will help you better manage the challenges of daily life. Discussion of your more specific goals and progress will be a constant and central part of the therapy process.

Be aware that counseling often requires the sharing of difficult thoughts and feelings and that you may feel uncomfortable at times. At other times, you may feel that they are not making enough progress. It is especially important that during these difficult times you continue to communicate with Eric as he will want to work with you to consider all options available to help meet your therapy goals. Although your sessions may be very emotionally and psychologically intimate, it is important for you to realize the professional nature of your relationship with your therapist. Clients are best served if the therapist-client relationship remains professional and sessions concentrate on your concerns.

RECORDS & CONFIDENTIALITY

All interactions including scheduling of appointments, your records, content of your sessions and progress in counseling, are kept confidential. In order to provide you with the best possible services, Eric participates in case consultation with supervisors and peers. Under certain circumstances, he may be required to share confidential information under legal mandate. These circumstances are outlined below.

Client Authorization: Clients (parents and legal guardians) can give written consent for Eric Belsterling MC, LCMHC, LCAS, CSAT, CMAT, CCS to provide information to others (e.g., psychiatrists, doctors, case workers, etc.) in an effort to coordinate treatment. A release is standard practice if you are taking a prescribed psychotropic medicine.

- **Imminent Risk of Harm:** When there is reason to believe that a client may be at imminent risk of harming him/herself, others, and/or property, the therapist has the legal and ethical option to warn appropriate authorities.
- **Cases of Abuse and Neglect:** When there is reason to believe that a minor, an elderly person, or a person with a disability is in danger of being, or has been physically, emotionally, or sexually abused or neglected, therapists are obliged by law to report the information to the appropriate authorities.

- Past Abuse: It is required by law to report perpetrators of past abuse if the therapist has reasonable suspicion that they have current access to an individual in a protected group (children, other disabled, elderly people...).
- Orders from Court of Law & Criminal Proceedings: When a court of law orders a therapist to release information, the therapist must comply with such an order. Confidentiality does not extend to criminal proceedings in Texas, so that if a client is presently, or will later become, involved in a criminal lawsuit, the client's file may be opened for court inspection.
- Inappropriate Behavior by Previous Therapist: If a client discloses that a previous therapist behaved in a sexually inappropriate manner, then the current therapist is legally bound to report it to the District Attorney's office as well as to the appropriate state licensing board. The client's identity need not be disclosed if he or she does not wish it.
- Minors and Sex: Therapists are required to report sexual activity of minors under the age of 16 in North Carolina. This means sexual activity between a minor and an adult must be reported to the proper authorities for the protection of the minor. Sexual activity between a minor and another minor may be reportable, depending on the specifics of the situation.

CLIENT RESPONSIBILITIES

Fees & Payment Expectations:

You are responsible for paying your fee at each session. You understand that your current assessed fee is \$200 (60 minutes) or \$220 for (90 minutes.)

Fees may be adjusted with at least a 4-week notice before the fee change would be in effect.

The agreement for paying by check is to pay a \$25 service charge for each check returned. After your second returned check, you will no longer be allowed to pay by check. If your debt becomes outstanding, it will be turned over to a collection agency, thereby releasing your status as a client of Eric Belsterling MC, LCMHC, LCAS, CSAT, CMAT, CCS. You will be charged.

\$25 per hour for all research, copying and administrative work requested on your behalf, including any requests for paperwork and/or clinical evaluations.

Therapists may have to appear in court only if subpoenaed or court-ordered by a judge. In these cases, therapist testimony and/or case consultation will be provided at the cost of \$300 per hour to be paid by the subpoenaing party at the time of court-related service. You will be charged \$300 per hour for all court-related proceedings, including but not limited to, meetings with attorneys and court appearances. Charges will be incurred for court preparation and travel as well as court appearance time. There is no sliding scale for court testimony or court case-related consultation.

Cancellations & Missed Appointments:

If you are unable to attend a session due to illness or an emergency, please notify Eric as far in advance as possible. If you do not show up for an appointment or fail to cancel at least 24 hours prior to your appointment, you will be responsible for paying 100% of your fee for the missed session. If you are late for your appointment, you will still be charged your assessed fee. Fees for no-shows and cancellations without 24 hours notice must be paid before your next therapy meeting.

Eric Belsterling MC, LCMHC, LCAS, CSAT, CMAT, CCS reserves the right to not begin or to terminate a session with clients believed to be under the influence of drugs and/or alcohol. If he believes that you are under the influence, he may end the session and require you to find a safe method of transportation to your residence.

Termination of the Therapeutic Relationship:

The majority of therapy relationships will end because the client achieves his or her goals and agrees with the therapist to terminate. However, there could be circumstances in which you or Eric will end the relationship regardless of the other's preferences. You are free to end service at any time for any reason, whether or not Eric feels it is advisable. I ask that you tell me if you plan to stop rather than just not returning and that you schedule one final appointment or tell me before the start of the session so that we can review your progress and discuss any referrals that might be beneficial to you.

There are a few situations in which Eric may determine the need to end the therapeutic relationship. For instance, if you no longer need therapy or cannot benefit from continuing, the therapy relationship must end. If your needs surpass Eric's ability to help you, needing a higher level of care, and/or if the therapy relationship becomes subject to a conflict of interest, the therapist must refer you to another therapist.

CONSENT FOR THERAPY

By signing below, you are indicating that you have read and understand this informed consent statement, and realize you will receive and sign another one during the first session of therapy. You are acknowledging that any questions you have had about this document and/or the therapy process have been answered to your satisfaction. You are hereby agreeing to enter into a professional therapeutic relationship with Eric Belsterling MC, LCMHC, LCAS, CSAT, CMAT, CCS and Heart and Soul Recovery, PLLC.

Eric will review his Informed Consent form in person during your initial session, to make sure any and all questions are answered.

Client Signature: _____ Date: _____

Full Name Printed: _____

Therapist's signature: _____ Date: _____

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