



**FAMILY INTAKE FORM**

Name Partner 1 \_\_\_\_\_ DOB \_\_\_\_\_

Name Partner 2 \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Phone (home) \_\_\_\_\_

Partner 1  
Phone (cell) \_\_\_\_\_ Phone (work) \_\_\_\_\_

Place of employment \_\_\_\_\_ Length of employment \_\_\_\_\_

Education completed \_\_\_\_\_

Partner 2  
Phone (cell) \_\_\_\_\_ Phone (work) \_\_\_\_\_

Place of employment \_\_\_\_\_ Length of employment \_\_\_\_\_

Education completed \_\_\_\_\_

Names of Child/Children, People residing with you and their relationship to you:

Name \_\_\_\_\_ DOB \_\_\_\_\_ Sex \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ Sex \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ Sex \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ Sex \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ Sex \_\_\_\_\_ School \_\_\_\_\_

1121 Olivette Executive Parkway  
Suite 205  
St. Louis MO 63132

314 991-9058  
lee@leebascom.com

Person to contact in case of emergency \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

Have you or you partner ever been involved in therapy or counseling? Y or N?

If yes, when \_\_\_\_\_

\_\_\_\_\_ Where? \_\_\_\_\_

Reasons: \_\_\_\_\_

Helpful? \_\_\_\_\_

Reasons for considering counseling now?

\_\_\_\_\_  
\_\_\_\_\_

Are you or anyone in your family in treatment with a counselor now? Y or N? If so, with whom?

\_\_\_\_\_  
\_\_\_\_\_

Do you or anyone is your family have chronic or medical conditions? Y or N?

If yes,  
explain \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Doctors involved in  
care: \_\_\_\_\_

\_\_\_\_\_

Medications \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you or anyone in your family treated for psychiatric conditions? Y or N?

If yes, explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Doctors  
involved: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Medications involved in  
care: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you or anyone in your family been hospitalized for mental health reasons? Y or N?

If yes,  
explain \_\_\_\_\_

Have you or anyone in your family been treated for any type of chemical dependency abuse? Y or N?

If yes, explain \_\_\_\_\_

Are you or anyone in your family presently using any type of chemical substance? Y or N?

If yes, please indicate what you are using and how often?

\_\_\_\_\_  
\_\_\_\_\_

What problems are you and your family currently experiencing?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What do you expect from coming to see me?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Identify the primary problem(s) you are experiencing \_\_\_\_\_

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Is there anything that you would like me to know about you or your family that would be helpful in providing you with care \_\_\_\_\_

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How will we know when things are better? \_\_\_\_\_

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### **Consent to Treatment**

I do hereby seek and consent to take part in the treatment by Lee Bascom, MSW, LCSW. I understand that developing a treatment plan with this clinical social worker and regularly reviewing our work toward meeting the treatment goals are in my best interest. I agree to play an active role in this process. I understand that no promises have been made to me as to the results of treatment or of any procedures provided by this clinical social worker. I am aware that I may stop my treatment with this clinical social worker at any time. The only thing I will still be responsible for is paying for the services I have already received.

I know that I must call to cancel an appointment at least 24 hours (1day) before the time of the appointment. If I do not cancel and do not show up, I will be charged for that appointment.

I am aware that an agent of my insurance company or other third-party payer may be given information about the type(s), cost(s), date(s), and providers of any services or treatments I receive. I understand that if payment for the services I receive here is not made, the clinical social worker may stop my treatment. My signature below shows that I understand and agree with all of these statements.

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Signature of clients or guardian

Date \_\_\_\_\_

I, Lee Bascom, MSW, LCSW 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 no reason to believe that this person is not fully competent to give informed and willing consent.

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Signature of Clinical Social Worker

Date

## FINANCIAL AGREEMENT AND CANCELLATION POLICY

**You will be expected to pay for each session at the time it is held,** unless we agree otherwise or you have insurance coverage which requires another arrangement. You will always be expected to pay the insurance co-pay at the time of service.

Returned checks will be charged a \$30 fee for insufficient funds.

In the event that I bill your insurance company and they do not pay, you will be responsible for payment in full.

If I am not a participating provider on your insurance plan, I will provide you with a billing statement that you can file with your insurance company. I will expect you to pay me at the time of each session unless we make other arrangements.

Please let me know if you are not able to keep your scheduled appointment at least 24 hours in advance.

Appointments missed without notification or cancelled within 24 hours may be charged the full cost of the appointment.

I will understand if you come to the appointment late but please know that we will end on time so that we will not be cutting into someone else's appointment.

Signatures \_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_

**AUTHORIZATION TO USE UNENCRYPTED EMAIL TO COMMUNICATE PROTECTED  
HEALTH INFORMATION**

Thank you for your request to communicate with me via email. I want to make sure you know that email communications between us are not encrypted and therefore are not secure communications. If you elect to communicate with me from your workplace computer, you also should be aware that your employer and its agents may have access to email communications between us. Finally, email communications may become a part of your client file. The types of transactions available by email are limited consultation, prescription refills, and patient education.

Incoming email communications will be reviewed and answered as soon as possible. If you have not heard from me with 24 hours, please call me at (314) 991-9058 during regular office hours (8:30-4:30).

EMAIL SHOULD NEVER BE USED IN THE CASE OF AN EMERGENCY OR FOR URGENT REQUESTS FOR INFORMATION.

Please sign below if you accept these terms and conditions.

ACCEPTED:

Signature of patient/guardian\_\_\_\_\_

Patient name (if child)\_\_\_\_\_

Authorized e-mail address of client/  
guardian\_\_\_\_\_

Date:\_\_\_\_\_



**Notice of Privacy Practices**  
**Receipt and Acknowledgment of Notice**

**Patient/Client Name:** \_\_\_\_\_

**DOB:** \_\_\_\_\_

I hereby acknowledge that I have received and have been given an opportunity to read a copy of Lee Bascom's Notice of Privacy Practices. I understand that if I have any questions regarding the Notice or my privacy rights, I can contact Lee Bascom, MSW, LCSW at (314) 991-9058.

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**Signature of Patient/Client**

**Date**

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**Signature or Parent, Guardian or Personal Representative**

**Date**

If you are signing as a personal representative of an individual, please describe your legal authority to act for this individual (power of attorney, healthcare surrogate, etc.).

### Adult Checklist of Concerns Partner 1

*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.*

- I have no problem or concern bringing me here
- Abuse—physical, sexual, emotional, neglect (of children or elderly persons), cruelty to animals
- Aggression, violence
- Alcohol use
- Anger, hostility, arguing, irritability
- Anxiety, nervousness
- Attention, concentration, distractibility
- Career concerns, goals, and choices
- Childhood issues (your own childhood)
- Codependence
- Confusion
- Compulsions
- Custody of children
- Decision making, indecision, mixed feelings, putting off decisions
- Delusions (false ideas)
- Dependence
- Depression, low mood, sadness, crying
- Divorce, separation
- Drug use—prescription medications, over-the-counter medications, street drugs
- Eating problems—overeating, under-eating, appetite, vomiting (see also "Weight and diet issues")
- Emptiness
- Failure
- Fatigue, tiredness, low energy
- Fears, phobias
- Financial or money troubles, debt, impulsive spending, low income
- Friendships
- Gambling
- Grieving, mourning, deaths, losses, divorce
- Guilt
- Headaches, other kinds of pains
- Health, illness, medical concerns, physical problems
- Housework/chores—quality, schedules, sharing duties
- Interpersonal conflicts
- Impulsiveness, loss of control, outbursts
- Irresponsibility
- Judgment problems, risk taking

- Legal matters, charges, suits
- Loneliness
- Marital conflict, distance/coldness, infidelity/affairs, remarriage, different expectations, disappointments
- Memory problems
- Menstrual problems, PMS, menopause
- Mood swings
- Motivation, laziness
- Nervousness, tension
- Obsessions, compulsions (thoughts or actions that repeat themselves)
- Oversensitivity to rejection
- Panic or anxiety attacks
- Parenting, child management, single parenthood
- Perfectionism
- Pessimism
- Procrastination, work inhibitions, laziness
- Relationship problems (with friends, with relatives, or at work)
- School problems (see also "Career concerns . . .")
- Self-centeredness
- Self-esteem
- Self-neglect, poor self-care
- Sexual issues, dysfunctions, conflicts, desire differences, other (see also "Abuse")
- Shyness, oversensitivity to criticism
- Sleep problems—too much, too little, insomnia, nightmares
- Smoking and tobacco use
- Spiritual, religious, moral, ethical issues
- Stress, relaxation, stress management, stress disorders, tension
- Suspiciousness
- Suicidal thoughts
- Temper problems, self-control, low frustration tolerance
- Thought disorganization and confusion
- Threats, violence
- Weight and diet issues
- Withdrawal, isolating
- Work problems, employment, workaholism/overworking, can't keep a job, dissatisfaction, ambition

Please look back over the concerns you have checked off and choose the one that you most want help with. It is:

## Adult Checklist of Concerns Partner 2

*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.*

- I have no problem or concern bringing me here
- Abuse—physical, sexual, emotional, neglect (of children or elderly persons), cruelty to animals
- Aggression, violence
- Alcohol use
- Anger, hostility, arguing, irritability
- Anxiety, nervousness
- Attention, concentration, distractibility
- Career concerns, goals, and choices
- Childhood issues (your own childhood)
- Codependence
- Confusion
- Compulsions
- Custody of children
- Decision making, indecision, mixed feelings, putting off decisions
- Delusions (false ideas)
- Dependence
- Depression, low mood, sadness, crying
- Divorce, separation
- Drug use—prescription medications, over-the-counter medications, street drugs
- Eating problems—overeating, under-eating, appetite, vomiting (see also "Weight and diet issues")
- Emptiness
- Failure
- Fatigue, tiredness, low energy
- Fears, phobias
- Financial or money troubles, debt, impulsive spending, low income
- Friendships
- Gambling
- Grieving, mourning, deaths, losses, divorce
- Guilt
- Headaches, other kinds of pains
- Health, illness, medical concerns, physical problems
- Housework/chores—quality, schedules, sharing duties
- Interpersonal conflicts
- Impulsiveness, loss of control, outbursts
- Irresponsibility
- Judgment problems, risk taking

- Legal matters, charges, suits
- Loneliness
- Marital conflict, distance/coldness, infidelity/affairs, remarriage, different expectations, disappointments
- Memory problems
- Menstrual problems, PMS, menopause
- Mood swings
- Motivation, laziness
- Nervousness, tension
- Obsessions, compulsions (thoughts or actions that repeat themselves)
- Oversensitivity to rejection
- Panic or anxiety attacks
- Parenting, child management, single parenthood
- Perfectionism
- Pessimism
- Procrastination, work inhibitions, laziness
- Relationship problems (with friends, with relatives, or at work)
- School problems (see also "Career concerns . . .")
- Self-centeredness
- Self-esteem
- Self-neglect, poor self-care
- Sexual issues, dysfunctions, conflicts, desire differences, other (see also "Abuse")
- Shyness, oversensitivity to criticism
- Sleep problems—too much, too little, insomnia, nightmares
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- Withdrawal, isolating
- Work problems, employment, workaholism/overworking, can't keep a job, dissatisfaction, ambition

Please look back over the concerns you have checked off and choose the one that you most want help with. It is: