A NEW DAWN PSYCHOTHERAPY

CLIENT INFORMATION FORM

Today's Date _____

Client Name _____ DOB _____

Address _____ Cell Phone # _____

City, State, Zip _____

Email Address _____ Social Security # _____

Referred By _____ Referral phone # _____

Emergency Contact _____ Contact's Phone # _____

Marital Status: Single_____ Married_____ Separated_____ Divorced_____ Widowed_____ Partnered_____

Name of Spouse/Partner _____ How long together? _____

Do you have children? Yes_____ No_____ Please list names, ages, gender _____

_____

Occupation _____ Employer _____

Work Phone # _____

What brings you to therapy? _____

_____

What do you hope to accomplish in therapy? _____

_____

List your most concerning emotional issues _____

_____

_____

List any health problems or concerns you have now:

Problem	How Long	Under Dr.'s Care	Name of Dr.

List any medications you are currently taking:

Medication	Reason taking	How long on this medication

Please describe any family history of mood disorders or mental illness:

Who	Disorder/Illness	Present Status

Do you have issues with your appetite? Yes_____ No_____ Have you lost or gained a significant amount of weight recently? Explain_____

How many hours of sleep do you get per night? _____

Personal History:

Did you grow up with your biological parents_____ Were you adopted? _____ At what age? _____

Did you spend time in foster care? _____ For how long? _____

Have you experienced any trauma? (physical, emotional, or sexual abuse, life-threatening event)

Please briefly describe what and when it occurred_____

Do you have a problem with alcohol, drugs, other addictive behaviors? _____

Please describe_____

How often and how much do you use alcohol and/or drugs in a week?_____

Have you ever been arrested for a DUI? _____ When?_____

Do you have a problem with other behaviors such as gambling, shopping, eating, pornography, video games, etc.? _____ Describe_____

_____

Client Signature

Date

A NEW DAWN PSYCHOTHERAPY
Bonnie L. Gertz MA. LPC. LAC
303-910-1148

DISCLOSURE STATEMENT

PHILOSOPHY:

I am trained in a variety of therapy modalities, including EMDR (eye movement desensitization and reprocessing), CBT (cognitive behavioral therapy), DBT (dialectical behavioral therapy), IFS (Internal Family Systems therapy), IMAGO therapy and Emotionally Focused therapy for couples. I believe it is important to match appropriate therapeutic techniques to the needs of each individual client. As a client-centered therapist, I work to create a safe and supportive environment within which you can heal emotional wounds and come to experience more of the satisfaction life has to offer.

FEES:

My standard fee is $175 per 55 minute session. I can discuss a sliding scale in individual cases of need. Payment can be made by check, cash, PayPal, Venmo or Zelle, and is due at time of service. The hourly rate will be charged for specific report writing, court appearances, and out of office meetings that are not part of standard client care.

INSURANCE: Currently, I am not in network with any insurance plans.

APPOINTMENTS:

24 hour notice is required for cancellation or change of appointment. The full fee will be charged for missed appointments without 24 hour notice. Overdue bills can be subject to a 5% interest rate, and/or may be submitted to a collections agency.

To set or change an appointment, please call or text me at 303-910-1148. Do not email.

PHONE CALLS:

I try to keep phone calls brief and to the point. If calls are more than 10 minutes, the time will be charged at the hourly rate. I will schedule phone sessions as necessary, charged at the hourly rate. If you have an emergency, please call 911.

CONFIDENTIALITY:

Confidentiality of client records is protected by 42CFR Federal Law and HIPPA (Health Insurance Portability and Accountability) regulations. Client-therapist confidentiality is maintained except 1. When there is a signed release of information on file, 2. When issues of child abuse/neglect are suspected as legally mandated, 3. When there are serious and imminent concerns of suicidal or homicidal actions, or if client is disabled and unable to care for him/herself, 4. When court ordered.

CREDENTIALS, BACKGROUND AND EDUCATION:

Licensed Professional Counselor, Colorado License # 0011189
Licensed Addictions Counselor, Colorado License, #0000395
Master's Degree - Counseling, University of Colorado, Denver
Bachelor of Arts Degree - English, Secondary Education, University of Colorado, Boulder

SEXUAL INTIMACY:

Sexual intimacy within the therapy context between client and therapist is destructive, unethical, inappropriate and illegal in the state of Colorado.

SOBRIETY DURING SESSIONS:

I require clients to be clean and sober when they come to a therapy session. That means no mood-altering substances in your system for at least 24 hours before. We cannot get real work done if you are in an altered state.

YOUR RIGTS:

The key to successful treatment is a solid partnership built with trust, honesty and remaining true to your therapeutic goals. As part of this partnership, I invite you to ask questions about your treatment, therapy methods, projected length of treatment and any other questions that may arise as part of our work together. You may also seek a second opinion at any time with whomever you desire.

You can conclude your work with me at any time. Colorado House Bill #1026 informs you that the Colorado Department of Regulatory Agencies has the responsibility of regulating the practice of licensed psychologists, clinical social workers, professional counselors, addiction counselors and unlicensed psychotherapists. The agency within the department that has specific responsibility for licensed and unlicensed therapists is:

State Mental Health Grievance Board: 1560 Broadway, Suite 1340, Denver, Co. 80203
303-894-7766

PRACTICE DISCLOSURE:

A New Dawn Psychotherapy is the private practice of Bonnie L. Gertz, MA, LPC, LAC, and has no affiliation with any other therapist or counseling service.

I have read the attached disclosure statement and have been informed of my therapist's credentials and my rights as a client. I understand and agree to all provisions and agreements as outlined in this document.

_____ _____

Client signature Date

A NEW DAWN PSYCHOTHERAPY
RELEASE OF CLIENT INFORMATION

Bonnie Gertz, MA, LPC, LAC

I, _____, do hereby authorize the release of the following listed information.

INDIVIDUAL OR AGENCY RELEASING INFORMATION

INDIVIDUAL OR AGENCY RECEIVING INFORMATION

The specific information I have authorized for release includes the following:

The purpose of this information release is the following:

This release of information will remain in effect until:

I understand that my private information is protected under Federal Laws U.S.C. 290dd-3, 42 U.S.C. 290ee-3, and Colorado Revised Statues 12-43-218 C.R.S. I understand that I can relinquish my authorization at any time I choose.

Client signature Date

Witnessed by Date