

Jayne Cohodas, Psy.D.
Licensed Psychologist
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917-328-7318

CHILD/ADOLESCENT CLIENT INTAKE FORM

Date: _____

Referred by: _____

If personal/professional referral, may I thank the person? __yes __no

Child/Adolescent General Information

Last name _____ First name _____ MI _____

Street Address _____

Cell phone _____

Home phone _____

Email _____

Birth date _____

School Attending _____ Grade _____

Location _____

Family Information

Child's parents are __single __married/partnered __divorced (date _____)

Parent 1: Name _____ Age: _____

Address: _____

Home phone _____

Cell phone _____

Work phone _____

Email _____

Parent 2: Name _____ Age: _____

Address _____

Home phone _____

Cell Phone _____

Work Phone _____

Email _____

Others living in child's home: _____

Legal custodian (if applicable) _____

In case of emergency contact _____

Relationship _____ Phone _____

Counseling Concerns

Why are you seeking help for your child now?

What would you like to see happen as a result of psychotherapy?

Medical and Psychological History

Child's physician's name and phone number:

Last date of physical: _____

List physical illnesses or symptoms:

List current medications (including vitamins)

Has your child received psychotherapy or counseling in the past? ___yes ___no

If yes, with whom? _____

Child's psychiatrist's name and phone number:

Has any member of your family received help for drug or alcohol dependency? ___yes ___no

If yes: who? _____ When _____ Where _____

Have you or any member of your family been hospitalized for mental/emotional/psychiatric reasons?

___yes ___no if yes: Who _____ When _____

Where _____

Other

On the other side, please provide any other information you think will be necessary or helpful.

Please note: I do have a 24-hour cancellation policy
Appointments not cancelled with at least 24 hours notice (unless there is a medical emergency) will be
charged 1/2 rate.

Psychotherapist-Client Services Agreement

This form has three purposes. First, it tells you about my procedures and policies concerning important aspects of your/ your child's psychotherapy. Please let me know if you have concerns about any of these policies. Your first visit will help me get a general understanding of your situation in order to determine how I might best help you. Because I want you to participate actively in planning your counseling, don't hesitate to ask questions.

Psychotherapy is a way of talking through your problems in order to begin resolving them. You will need to take an active part in psychotherapy by working on and thinking about the things you talk about with your therapist. Psychotherapy has been shown to have many benefits. Therapy often leads to better relationships, solutions to specific problems and feeling much less distressed. However, there are no guarantees of what you will experience, and at times a psychotherapy session may leave you with unhappy feelings.

Second, this form is an agreement between you and Dr. Jayne Cohodas. You may revoke (cancel) this agreement in writing at any time. That revocation will be binding on Dr. Cohodas, unless I have already relied on this agreement to take action or if you have not paid your bill in full.

Finally, this form also contains information about a federal law that affects your privacy rights. This law, called HIPAA (Health Insurance Portability and Accountability Act), regulates the use and disclosure of your Protected Health Information (PHI) for the purposes of treatment, payment and health care operations. HIPAA requires that I give you a Notice of Privacy Practices. The Notice, which is attached to this agreement, explains HIPAA's application to your personal health information in greater detail. The law requires that I obtain your signature acknowledging that I have provided you with this information. Please take home the notice and read it before your next session; you and I can discuss any questions you may have about it next time.

APPOINTMENTS TELEPHONE CALLS and EMERGENCIES

Appointments last 60 minutes and can be scheduled by calling Dr. Cohodas @ 917-328-7318. Please leave a message including the best times to reach you. I will get back to you as soon as is feasible. While phone contacts are often necessary please be advised that lengthy consultations may be prorated and billed at my standard hourly rate for professional services.

Confidentiality and files

The laws governing confidentiality can be quiet complex. The attached Notice explains some specific Patient Rights that you have under the HIPAA law. I will maintain a Clinical Record file on your case, which is the property of Dr. Jayne Cohodas. You may examine and/or receive a copy if your request it in writing and the request is signed and dated by you no more that 60 days from the date it is submitted. I most situations I can release information about your treatment to others only if you sign a written authorization form for each release. However, I am a mandated reporter and there are a few situations where I am required to disclose information to authorities.

-if the client is a minor younger than 13, both parents have access to the client's complete clinical record, including psychotherapy notes, unless there is a court order prohibiting one of the parents from access.

YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE READ THIS AGREEMENT AND AGREE TO ITS TERMS AND ALSO SERVES AS AN ACKNOWLEDGMENT THAT YOU HAVE RECEIVED THE HIPAA NOTICE OF PRIVACY PRACTICES DESCRIBED ABOVE _____

Name

Date