

Julie Oddone, MS  
Licensed Marriage and Family Therapist  
MFC48515

**General Information**

Name of Client:

Client's Cell#:

Client's Date of Birth:

**If client is a minor**

Names Parents and Siblings (+ages):

Mom's Cell #:

Email:

Dad's Cell#

Email:

Mailing Address:

Have you been to therapy before?

Shall I speak to your last therapist? If so, please name them and fill out the Release of Information form.

Name of Person(s) Financially Responsible:

# Symptom Checklist

**Make a small check next to all that apply**

## **Family Context:**

Partner Relationship Strain  
Separation/Divorce  
Parent Relationship Issues  
Sibling Relationship Issues  
Family Member Injury/Illness/Death  
Loss of Job  
New Job/School  
Move to new home  
Parental Discord  
Parent separation or divorce

## **School/Work Context:**

Dislikes teachers/co-workers  
Dislikes school/job  
Being excluded/harassed  
Bored  
Inattentive  
Disorganized  
Defiant  
Lack of friends  
Peer relationship issues  
Academic Difficulty

## **Problematic Behavior:**

Drug abuse  
Alcohol abuse  
Eating (stressful/complicated)  
Over-Exercising  
Impulsive  
Aggressive  
Self-harming  
Lack of physical boundaries  
Self-isolating  
**(Continued)**  
Poor self-care

Sexual acting out behavior

Anxious/worried

List the main themes of anxiety:

Social Media Use

Defiant

Procrastination

Perfectionism

Cleaning

Nightmares

(how often, how severe)

Up in the night

(how often?)

**What else should I know?**

**Who else is concerned?**

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## **Scheduling**

We will work out a regular appointment time, usually once a week. If either of us needs to re-schedule we will most likely work that out over text. I **do not** send reminder texts for appointments. Please put our appointments in your calendar and maybe even set an alert.

## **Cancellation Policy**

Julie Oddone, LMFT needs 24 hour notice for cancellations. If you “late-cancel” or “no-show,” you will be charged for the session. Everyone makes mistakes, sleeps through alarms, and gets sick or injured all of the sudden, once in a while. You will get ONE missed cancellation forgiven.

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### **Consent to Treat**

By signing this form, I acknowledge that psychotherapy is a process. It takes time to develop trust and a working relationship. Processing difficult experiences and emotion can stir things up so they seem harder, not easier at first.

I acknowledge that my (my child's) willingness, intention and engagement in therapy will radically affect the outcome of treatment.

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

### **Fees and Payment**

I accept responsibility to pay for psychotherapy services at the rate of \$160/hour. I acknowledge that Julie Oddone, LMFT does not bill insurance, so seeking reimbursement for my payment will be my own responsibility. Acceptable forms of payment include: cash, check, Venmo (@Julie-Oddone) or credit card.

***Credit cards are swiped with Square and cost 2.6% more. Yes, my Venmo Account is Private. When using Venmo, please put the date(s) of service in the "what's it for" space, and be sure your account is connected to a debit card to avoid fees. When paying with check, please list dates of service on the check.***

I intend to pay: Weekly \_\_\_\_\_  
Monthly \_\_\_\_\_

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

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### **Limits to Confidentiality**

Everything said in psychotherapy is held in the strictest confidence (even the fact that you are my client is confidential) unless you have given your *written permission* for me to discuss specific personal details with another professional (teacher, psychiatrist, doctor).

There are exceptions to this, which you should know:

1. Danger to Self- If I learn that my client is a threat to him/herself (suicide, serious high-risk behavior) I must initiate action to protect my client from him/herself, which will necessitate sharing personal information.
2. Danger to Others - If I learn that my client plans to cause harm to others, I must breach confidentiality to protect potential victims of violence.
3. Abuse and Neglect - If I learn that a child or dependent adult (elderly, disabled) is being physically, mentally, sexually or financially abused I must breach confidentiality by reporting this abuse to local law enforcement and CPS or APS.
4. Minors/Parents - Children under the age of 12 deserve a private relationship with their therapist, (but confidentiality belongs to the parents) so the specifics of my conversations with children are rarely shared with parents. General themes and the progress of therapy will be discussed with parents. Serious symptoms, disclosures of abuse or threats to a child's safety will always be shared with parents. We can discuss this fully in person.
5. Subpoena – Although this is EXTREMELY uncommon, my professional notes may be subpoenaed by a court of law. I may ultimately be obligated to surrender my files. However, this would not be done without your advanced knowledge.

I have read this and understand the limits of confidentiality.

\_\_\_\_\_ date \_\_\_\_\_

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**Release of Information**

I give my consent for Julie Oddone, LMFT to consult the following people about my (my minor child's) care:

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Please do NOT discuss the following topics when discussing this case:

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Signing here I acknowledge that Julie Oddone, LMFT will be breaking confidentiality with my permission for the purpose of collaboration, consultation, or continuity of care.

\_\_\_\_\_ (signature)

\_\_\_\_\_ (print)

\_\_\_\_\_ (date)