# CONFIDENTIAL QUESTIONNAIRE

**Joel Ashby, Psy.D.**
**Licensed Clinical Psychologist**

**PERSONAL INFORMATION** Date: _____

Name: _____ Home Phone: _____ Cell_____

Address: _____City, State, Zip:_____

Birth Date: _____ Age: _____ Education (last year completed):_____

Occupation: _____ Business Phone: _____

May we leave a message at your home? ____yes ____no Business? ____yes ____no

Email Address (optional): _____
(We cannot guarantee the confidentiality of electronic communication.)

Circle One: Single Married Separated Divorced Widowed
If married, how long? _____

Spouse's name and occupation: _____

Names and ages of children: _____

In case of emergency, please contact the following: _____

Relationship: _____ Phone: _____

Referred to Family Legacy by: _____

**HEALTH INFORMATION**

Rate your overall health (check one)
_____Very Good _____Good _____Average _____Poor

Are you sleeping through the night? _____yes _____no

Have you had a change in weight recently? _____yes _____no
If yes, about how much? _____loss _____gain

Are you experiencing fatigue or lack of energy? _____yes _____no

Present medications and purpose:_____
_____

**OTHER INFORMATION**

Have you recently suffered loss from a significant social, business, or family relationship?
_____Yes _____No

If yes, please explain:_____
_____
_____

Have you had previous counseling? _____Yes _____No
If yes, please list the dates, name of therapist and reason for counseling:_____

_____
_____

What religious organization do you attend, if any?
_____

Briefly describe your belief about God and if/how you see your faith being part of the change process in your counseling:
_____
_____
_____

What has brought you here today and what would you like the counseling process to accomplish?
_____
_____
_____

**Please circle the areas you may wish to discuss during the counseling process:**

| | | | |
|---|---|---|---|
| abortion | childhood hurts | marital issues | sexual issues |
| abuse | communication | occupation | spirituality |
| anger | depression | parenting | stress |
| anxiety | finances | parents/in-laws | substance abuse |
| appearance | grief/loss | relational conflicts | suicidal thoughts |

**INFORMED CONSENT**

**Joel Ashby, Psy.D.**
**Phone: (515) 727-1338**
**Fax: (515) 727-1340**
**Web Site: www.familylegacycounseling.com**

**Professional Information**: I hold a M.A. and Psy.D. in Clinical Psychology with an emphasis in Family Psychology. I am a licensed clinical psychologist in the State of Iowa and have experience in working with adolescents, families, couples, and adults with a variety of concerns. I also have experience with psychological assessment and conduct a variety of evaluations (e.g. personality, ADHD, dementia evaluations). Clinically, I emphasize research supported treatments for specific problems in hope of producing the most beneficial outcome.

**Therapy Relationships**: I believe therapy is a process whereby you are seeking to resolve interpersonal, emotional, and/or spiritual difficulties with the assistance of a caring professional. As your therapist I will bring to the session my professional knowledge and experience, but the ultimate responsibility for growth and change rests with you. Therapy can last from a few weeks to several months. We will be in ongoing dialogue about your needs, progress, and recommended duration of treatment. You are invited at any time to ask questions about my methods or direction of your counseling.

If for any reasons you feel dissatisfied with my services, please let me know and I will try to resolve your concerns. If we are unable to resolve your concerns, I will be available to assist you in finding qualified help elsewhere. Occasionally, I may elect to discontinue therapy if I feel no substantial progress is being made or other factors are interfering with my ability to help you.

**Side Effects of Counseling**: You should know that counseling is not always easy. You may find yourself discussing very personal information, and you may find these conversations difficult. I may suggest changes, or encourage you to learn information, that at first may make seem difficult or challenging. As you learn more about yourself, you may encounter changes, some pleasant and some unpleasant in your relationships with family members, friends, co-workers, etc.

Therapy can be a disruptive process as you seek to create the change in your life that you desire, and it is possible that you may at times become depressed, anxious, agitated, or feel some other emotional/physical discomfort as you proceed through this process. You will always be free to move at your own pace, and talk with me about any of these kinds of things that you may experience. It is also important for you to understand that I cannot offer any promise about the results you will experience. Your outcome will depend upon many things….some that are beyond my control.

If at any time I believe that your situation requires knowledge that I do not have, I may refer you for a consultation with someone with specific training or experience in that given area. I will discuss any such referral with you before we act.

**Confidentiality:** Under normal circumstances everything that you discuss with me will be held in strict confidence. However, you should be aware that there are some exceptions in which I may be required to report information to proper authorities and/or an appropriate family member or friend without your permission. If I believe there is risk that you might harm yourself or someone else, I will be required to contact the authorities, a family member or friend, or the person being threatened, to give them the opportunity to protect you, and or him/herself.

I am also mandated by the state of Iowa (State Law, Code Section 232 & 235) to report suspected incidents of child and/or dependent adult abuse. All counseling is confidential, according to the Code of Ethics adhered to by your counselor.

If you become involved in any legal issues in which your mental health is an issue (for example child custody disputes or an injury lawsuit resulting in emotional pain/suffering) then courts may insist upon, and obtain your counseling information from me.

Finally, if you are utilizing third party payment, then your insurance company will need access to certain information, including (but not always limited to) your diagnosis and dates of your visits. I will use my best judgment in both discussing these circumstances with you if they arise, and in disclosing only essential information when required.

You should also know that I consult regularly with other professionals regarding clients with whom I am working. This allows me to gain other perspective and ideas as to best help you reach your goals. Such consultations are obtained in a way that confidentiality is maintained.

**Scheduling Appointments**: Appointments can be made or messages left by calling the Family Legacy office at **515-727-1338**. Our office is open Monday through Friday 8:00 AM to 4:30 PM, though there are evening appointments available. Voice mail is available after office hours and is confidential, so please feel free to leave a message. If you have not reached me within a reasonable amount of time, please try again as your message may have been missed.

**Electronic Communication:** You are welcome to communicate with our office via e-mail regarding scheduling and other administrative concerns. It is important to be aware that any electronic communication can be vulnerable to unauthorized access, and I cannot guarantee the confidentiality of any electronic communication. Like phone messages, if an electronic communication is not responded to in a reasonable amount of time, please follow up with a phone call to ensure that your communication was received.

**After Hours Emergency**: For emergencies, if you are unable to reach Dr. Ashby at Family Legacy, please call 911, or pursue 24-hour assistance from a local emergency room, shelter, or police department.

**Insurance**: Dr. Ashby is currently covered under UHC, TRICARE, BCBS, Coventry and Midlands Choice insurance. Marriage counseling may not be covered by medical insurance. We do not submit claims for other insurance but we can provide you with a receipt to submit on your own. You authorize the release of any information necessary to submit claims and you authorize payment of benefits to Family Legacy.

**Charges**: Hourly rates are based on a therapeutic hour (45-60) minutes depending on the service provided. Dr. Ashby's fee is $165.00 for the first session and $120.00 - $160.00 for individual, marital, and family sessions thereafter (depending on the services provided). The fee for a group therapy session is $40. The fee for phone contact in excess of 10 minutes is $30. Payments due are expected upon arrival for each session.

**Cancellations And "No-Shows"**: Dr. Ashby has reserved your appointment time expressly for you. Therefore, we require twenty-four (24) hours notice prior to your scheduled appointment for cancellations or scheduling changes, as others may be waiting for those time slots. If you do not show up for your

appointment or fail to give 24 hours notification or need to cancel or change, you will be charged ½ of the session fee, or $60.00. We understand that occasionally emergencies do arise. If this is the case, please contact our office as soon as possible to inform us of the reason for the lack of twenty-four (24) hours notice. Please make your payment when checking in. Payment is expected for each session, if your account shows a balance of $200.00 services will be suspended until the balance is brought up to date or arrangements made with the office to bring the account up to date.

**Notice of Privacy Practices and Informed Consent for Treatment**: I have read the information regarding my privacy rights at Family Legacy.

**Weapons Policy:** No weapons of any sort are allowed on Family Legacy premises.

**Please sign below to indicate that you have read and agree to abide by the above policies.**

_____Date_____