

Sonal Dhillon, M.A., LMFT

Licensed Marriage & Family Therapist #85497 • 970 Reserve Drive, Suite 170 • Roseville, CA 95678 • (916) 893-0265 • therapywithsonal@gmail.com • www.sonaldhillon.com

Individual/Family Information

Name _____ Date of Birth _____
Gender: Male Female Education completed _____ Religion (optional) _____
Occupation _____ Employer _____
Home Address _____
Email address: _____ Home Phone # _____ Cell Phone # _____

Place an asterisk () next to all numbers at which it is okay for me to leave a message.*

Spouse/Partner's Name _____ Date of Birth _____
Gender: Male Female Education completed _____ Religion (optional) _____
Occupation _____ Employer _____
Home Address (if different from above) _____
Email address: _____ Home Phone # _____ Cell Phone # _____

Place an asterisk () next to all numbers at which it is okay for me to leave a message.*

Number of marriages (including current) for you _____ Your partner _____

Years of current marriage/relationship _____

Please list below all children from this or previous marriages/relationships whether or not they live in your household.

<i>Name(s)</i>	<i>Age</i>	<i>Gender</i>

Please list below any medication(s) you are currently taking.

<i>Name</i>	<i>Medication</i>	<i>Dosage</i>

Medical Concerns:

Name of Physician: _____ Phone: _____ Date of last physical: _____

Current or Past Service Providers (therapist, psychiatrists, etc):

Are you willing to sign a release of information for me to coordinate care with them?: Yes No

Has anyone being seen ever abused alcohol/drugs? Yes No If yes, who and if drugs, which drugs:

Please list below any physical or emotional health problems that members of your family have suffered now or in the past (Include relevant extended family such as parents).

Name *Physical or Emotional Health Problem*

Have you ever participated in counseling or therapy? Yes No

Reason(s)? _____

What led you to end counseling or therapy? _____

Please check any of the following that have been an issue (past or present) for you:

- Drinking Problem
- Drug Problem
- Depression
- Anxiety
- Disordered Eating
- School Problems
- Legal Problems
- Sexual Problems
- Physical Abuse/Agression
- Parenting Stress
- Trauma
- Anger Problems
- Financial Difficulties
- Suicide attempts
- Family problems
- Chronic Stress
- Controlling or verbal Abuse
- Acting out Children
- In-Law/extended family problems
- Sexual Abuse
- Other: _____

What brought you in today and what are your goals for therapy?

How did you hear about me?

In case of emergency contact: _____ Phone: _____

Relationship to you: _____

Informed Consent for Treatment and Disclosure of Fees

This document is intended to provide important information to you regarding your treatment. Please read the entire document carefully and be sure to ask any questions that you may have regarding its contents.

Information about Sonal Dhillon, M.A., LMFT:

Sonal has a Master's Degree in Marriage and Family Therapy from Alliant International University, Sacramento. Sonal is a California Licensed Marriage and Family Therapist (LMFT #85497). If you have any questions about my background or experience, please feel free to ask.

Fees:

The fee for service is \$175 per 50-minute individual, family, or couple's therapy session, and is billed in 30minute increments thereafter. Time in court/testimony is \$300 per hour. Payment can be made via cash or check. Checks should be made out to Sonal Dhillon.

Fees are payable at the time that services are rendered. If you wish to discuss a written agreement that specifies an alternative payment procedure, please do so prior to session.

Appointment Scheduling and Cancellation Policies:

Sessions are typically scheduled weekly or bi-weekly (sometimes more or less depending on need) at the same time and day if possible. Your consistent attendance greatly contributes to a successful outcome. In order to cancel or reschedule an appointment, you are expected to notify me at least 24 hours in advance of your appointment.

If you do not provide me with at least 24 hours notice in advance, you are responsible for full payment for the missed session.

Please initial here to indicate your agreement with the fees, scheduling, and cancellation policies _____

Confidentiality:

All communications made in session will be held in strict confidence unless you provide written permission to release information about your treatment. If you participate in marital or family therapy, I will not disclose confidential information about your treatment unless all person(s) who participated in the treatment with you provide their written authorization to release (often called a "no-secrets policy").

There are exceptions to confidentiality. Therapists are required to report instances of suspected child or elder abuse. Therapists are also required to break confidentiality when they have determined that a client presents a serious danger of physical violence to another person or when a patient is dangerous to him or herself. In addition, a federal law known as The Patriot Act of 2001 requires therapists (and others) in certain circumstances to provide FBI agents with requested items and prohibits the therapist from disclosing to the client that the FBI sought or obtained the items.

Minors and Confidentiality:

Parents have the legal right to be appraised of the details of their minor (under the age of 18) child's treatment. Parents and other guardians who provide authorization for their child's treatment are encouraged to be involved in their treatment. However, treatment with a minor often progresses best with a good-faith agreement to confidentiality between the parents and their child so that the child can be assured of his or her confidentiality in therapy sessions. Consequently, I may discuss the *treatment progress* of a minor client with the parent or caretaker, but preferably not details that would decrease trust between the minor and me. Minor clients and their parents are urged to discuss any questions or concerns that they have on this topic. Therapist

