



Insurance Information Form

Date: _____

Client Name: _____ Date of Birth _____

Sex: ___M___F Place of Employment/School _____

Home Street Address: _____

City/State _____ Zip Code _____

Telephone Number (home) _____ Message ok? _____

Telephone Number (cell) _____ Message ok? _____

Health Insurance: _____ Relationship to Insured: _____

Member ID: _____ Group Number _____

Policy Holder: Name _____ Date of Birth _____

Address of the Policy Holder/Insured:

Secondary Insurance: Yes/No Secondary Health Insurance: _____

Secondary Policy Holder: _____ Date of Birth _____

Secondary Insurance ID: _____ Group Number _____

Local Contact in case of emergency: _____

Phone number of emergency contact: _____

Relationship to the client: _____

How did you hear about my services? Family _____ Friend _____ Doctor _____
Internet search _____ Insurance Company _____ Other _____

The above information is true to the best of my knowledge. I authorize my insurance benefits paid directly to the therapist. I understand my therapist bills electronically using a secure internet connection. I understand I am financially responsible for any balance unpaid by my insurance company. I authorize Angela Olson, MA, LMHC to release information required to process my claim.

Signature: _____

Insurance Intake Addendum – for non-Medicaid clients only

Do you have a “deductible” on your health insurance plan? Yes No

My insurance deductible is _____.

A deductible is the amount you and or your family need to pay in medical expenses prior to your insurance company paying the allowed rate they have agreed to pay for your visits. When our office receives an ‘explanation of benefits’ (note: these are also sent out to you – the insured member) we can let you know the exact amount that was applied to your deductible by your insurance company. You are expected to pay this amount to your counselor.

Do you pay a co-pay when you see your medical doctor? Yes No

If you answered “Yes” you are more than likely expected to pay a co-pay to your counselor. Please plan to pay your co-pay at the time of service by Cash Check Debit Credit

Do you pay a co-insurance when you see your medical doctor? Yes No

A co-insurance is a percentage of the allowed amount your insurance company has agreed to pay for the session. You can pay your co-insurance regularly at the time you see your therapist as soon as we know the actual amount. For the first session(s) you can pay a reasonable amount determined between you and your therapist to be adjusted when the actual statement is received.

Do you have a health spending account? Yes No

Health spending accounts are managed in various ways depending on the company that is administering the service. Some clients have HSA cards that can be ran as debit cards to pay for the portion of service the client has incurred. Some insurance companies automatically draw money from an HSA account to pay as the billing is received. Some clients need to notify their HSA account to approve or authorize the payments. We will work with you on navigating this process but in the end you are responsible for the cost of your sessions based on what your insurance plan allows as payment.

Who will be responsible for money owed through receiving counseling services?

Name: _____

Address: _____

Email of responsible party: _____

Phone number of responsible party: _____

Adolescent Intake to be filled out by parent/guardian

Date: _____
Adolescent's Name _____ DOB _____

Parent's Name _____ phone #: _____
_____ phone #: _____

Teen lives with, primarily, which parent? _____

Primary Address: _____

Siblings in the home are....ages and names, please.

Additional siblings NOT living in the same house are:

What school does your son/daughter attend? _____

How would you describe your teen's school experience?

Has your teen been given a mental health diagnosis or do they have an on-going medical issue? If so, please describe.

Medications? Please list.

Has your teen hurt themselves deliberately or made any threats about self-harm or wishing they were dead?

Has your teen been exposed to drug/alcohol abuse? Please describe.

Has your teen been exposed to domestic violence? Please describe.

Has your teen been sexually molested or been sexually aggressive with other teens?

Are there any legal issues involving your teen at this time? Please describe.

Recent situation (s) leading to counseling at the moment is/are:

Circle any of the following that are concerns for your teen:

Hyperactivity	Over/Under eating	Hitting	Bullying
Is Bullied	Cries Easily	Easily Angered	Depressed
Anxious	Harms Self	Steals	Lies
Fire setting/play	School failure	Lacks Friends	Sleep Issues
Recent Loss	Teased	Fearful	Defiant
Quits Easily	Sexualized	Tantrums	Self-Esteem
Follower	Apathetic	Often Bored	Sad
Witness to Violence	Drug/Alcohol Usage	Weight/Underweight	

Other: _____

Are you aware of your teen being involved in (please briefly explain):

- Gangs: _____
- Sexual Activity: _____
- High Risk Behavior: _____

*Note: These issues will not magically disappear with counseling but you can expect a reduction of these negative traits as you and your child work towards inner health.

If you were to set 3 achievable goals to improve your own relationship with your teen what would they be?

1. _____

2. _____

3. _____

Three *positive* words to describe your teen are:

1. _____ 2. _____ 3. _____

Signature: _____ Date: _____

Intake Form to be filled out by Client

Date: _____

Your Name: _____ DOB _____

Your Phone #: _____ Message ok? _____ Text? _____

You live with, primarily, which parent? _____

Primary Address: _____

Siblings in the home are...ages and names, please.

How would you describe your home life?

Additional siblings NOT living in the same house are:

What school do you attend? _____

How would you describe your school experience?

Are you on any medications? Please list.

Have you hurt yourself deliberately or made any threats about self-harm?

Have you had suicidal thoughts?

Have you ever taken drugs or alcohol? Please describe.

Have you ever been sexually harassed or abused by anyone?

Recent situation(s) leading to counseling at the moment is/are:

Circle any of the following that are concerns for you:

Friends Schoolwork How I feel about myself Sexuality Gender Identity

Problems with my parents Drugs/Alcohol Eating Issues: Too Much, Too Little

Bullying Anxiety I feel sad a lot Anger Witness to Violence

Speaking up for myself Handling a loss Sometimes I wish I was dead

I hurt myself by _____ Other: _____

Are you involved in (please briefly explain):

- Gangs: _____
- Sexual Activity: _____
- Drugs or alcohol: _____

If you were to set 3 achievable goals to improve your own relationship with your family what would they be?

1. _____

2. _____

3. _____

Three *positive* words to describe you are:

1. _____ 2. _____ 3. _____

Signature: _____ Date: _____

CRAFFT Screening Tool for Adolescent Substance Abuse

The following questions concern information about your potential involvement with alcohol and other drugs during the past 12 months. Carefully read each question and decide if your answer is "YES" or "NO". Then mark in the appropriate box beside the question. Please answer every question. If you cannot decide, then choose the response that is mostly right.

When the word "drug" is used, it refers to the use of prescribed or over-the-counter drugs that are used in excess of the directions and any non-medical use of drugs. The various classes of drugs may include but are not limited to: cannabis (e.g., marijuana, hash), solvents (e.g., gas, paints etc...), tranquilizers (e.g., Valium), barbiturates, cocaine, and stimulants (e.g., speed), hallucinogens (e.g., LSD) or narcotics (e.g., Heroin, Oxycontin).

Part A: During the PAST 12 MONTHS, did you:		No	Yes
1.	Drink any <u>alcohol</u> (more than a few sips)? (Do not count sips of alcohol taken during family or religious events.)		
2.	Smoke any <u>marijuana</u> or <u>hashish</u> ?		
3.	Use <u>anything else</u> to <u>get high</u> ? ("anything else" includes illegal drugs, over the counter and prescription drugs, and things that you sniff or "huff")		
Part B: CRAFFT		No	Yes
1.	Have you ever ridden in a CAR driven by someone (including yourself) who was "high" or had been using alcohol or drugs?		
2.	Do you ever use alcohol or drugs to RELAX , feel better about yourself, or fit in?		
3.	Do you ever use alcohol or drugs while you are by yourself, or ALONE ?		
4.	Do you ever FORGET things you did while using alcohol or drugs?		
5.	Do your FAMILY or FRIENDS ever tell you that you should cut down on your drinking or drug use?		
6.	Have you ever gotten into TROUBLE while you were using alcohol or drugs?		

11-ITEM Kutcher Adolescent Depression Scale: KADS-11

NAME: _____ CHART NUMBER: _____

DATE: _____ ASSESSMENT COMPLETED BY: _____

OVER THE LAST WEEK, HOW HAVE YOU BEEN "ON AVERAGE" OR "USUALLY" REGARDING THE FOLLOWING ITEMS:

1. Low mood, sadness, feeling blah or down, depressed, just can't be bothered.

0 - Hardly Ever 1 - Much of The Time 2 - Most of The Time 3 - All of The Time

2. Irritable, loosing your temper easily, feeling pissed off, loosing it.

0 - Hardly Ever 1 - Much of The Time 2 - Most of The Time 3 - All of The Time

3. Sleep Difficulties - different from your usual (over the years before you got sick): trouble falling asleep, lying awake in bed.

0 - Hardly Ever 1 - Much of The Time 2 - Most of The Time 3 - All of The Time

4. Feeling Decreased Interest In: hanging out with friends; being with your best friend; being with your partner / boyfriend / girlfriend; going out of the house; doing school work or work; doing hobbies or sports or recreation.

0 - Hardly Ever 1 - Much of The Time 2 - Most of The Time 3 - All of The Time

5. Feelings of worthlessness, hopelessness, letting people down, not being a good person.

0 - Hardly Ever 1 - Much of The Time 2 - Most of The Time 3 - All of The Time

6. Feeling tired, feeling fatigued, low in energy, hard to get motivated, have to push to get things done, want to rest or lie down a lot.

0 - Hardly Ever 1 - Much of The Time 2 - Most of The Time 3 - All of The Time

7. Trouble concentrating, can't keep your mind on schoolwork or work, daydreaming when you should be working, hard to focus when reading, getting "bored" with work or school.

0 - Hardly Ever 1 - Much of The Time 2 - Most of The Time 3 - All of The Time

8. Feeling that life is not very much fun, not feeling good when usually (before getting sick) would feel good, not getting as much pleasure from fun things as usual (before getting sick).

0 - Hardly Ever 1 - Much of The Time 2 - Most of The Time 3 - All of The Time

9. Feeling worried, nervous, panicky, tense, keyed up, anxious.

0 - Hardly Ever 1 - Much of The Time 2 - Most of The Time 3 - All of The Time

10. Physical feelings of worry like: headaches, butterflies, nausea, tingling, restlessness, diarrhea, shakes or tremors.

0 - Hardly Ever 1 - Much of The Time 2 - Most of The Time 3 - All of The Time

11. Thoughts, plans or actions about suicide or self-harm.

0 - No thoughts or plans or actions 1 - Occasional thoughts, no plans or actions 2 - Frequent thoughts, no plans or actions 3 - Plans and/or actions that have hurt

TOTAL SCORE:

11-ITEM Kutcher Adolescent Depression Scale: KADS-11

OVERVIEW

The Kutcher Adolescent Depression Scale (KADS) is a self-report scale specifically designed to diagnosis and assess the severity of adolescent depression, and versions include a 16-item, a 11-item and an abbreviated 6-item scale.

SCORING INTERPRETATION

There are no validated diagnostic categories associated with particular ranges of scores. All scores should be assessed relative to an individual patient's baseline score (higher scores indicating worsening depression, lower scores suggesting possible improvement).

REFERENCE

LeBlanc JC, Almudevar A, Brooks SJ, Kutcher S: Screening for Adolescent Depression: Comparison of the Kutcher Adolescent Depression Scale with the Beck Depression Inventory, *Journal of Child and Adolescent Psychopharmacology*, 2002 Summer; 12(2):113-26.

Self-report instruments commonly used to assess depression in adolescents have limited or unknown reliability and validity in this age group. We describe a new self-report scale, the Kutcher Adolescent Depression Scale (KADS), designed specifically to diagnose and assess the severity of adolescent depression. This report compares the diagnostic validity of the full 16-item instrument, brief versions of it, and the Beck Depression Inventory (BDI) against the criteria for major depressive episode (MDE) from the Mini International Neuropsychiatric Interview (MINI). Some 309 of 1,712 grade 7 to grade 12 students who completed the BDI had scores that exceeded 15. All were invited for further assessment, of whom 161 agreed to assessment by the KADS, the BDI again, and a MINI diagnostic interview for MDE. Receiver operating characteristic (ROC) curve analysis was used to determine which KADS items best identified subjects experiencing an MDE. *Further ROC curve analyses established that the overall diagnostic ability of a six-item subscale of the KADS was at least as good as that of the BDI and was better than that of the full-length KADS. Used with a cutoff score of 6, the six-item KADS achieved sensitivity and specificity rates of 92% and 71%, respectively—a combination not achieved by other self-report instruments. The six-item KADS may prove to be an efficient and effective means of ruling out MDE in adolescents.*