

# Jenny Mayhew, LCSW

## FBT Information Sheet

Name of Client: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent #1: \_\_\_\_\_ Parent #2: \_\_\_\_\_

Parent #1 Cell Phone: \_\_\_\_\_ Parent #2 Cell Phone: \_\_\_\_\_

Parent #1 Email: \_\_\_\_\_ Parent #2 Email: \_\_\_\_\_

Please list the names and ages of all siblings:

Sibling #1 \_\_\_\_\_ Age: \_\_\_\_\_

Sibling #2 \_\_\_\_\_ Age: \_\_\_\_\_

Sibling #3 \_\_\_\_\_ Age: \_\_\_\_\_

What are you hoping to get out of Family Based Therapy? \_\_\_\_\_

Name of Client's Physician: \_\_\_\_\_

Name of Client's Nutritionist (if applicable): \_\_\_\_\_

Name of Individual Therapist (if applicable): \_\_\_\_\_

Name of Client's Psychiatrist (if applicable): \_\_\_\_\_

Is the client on any medications? \_\_\_\_\_ Medications and Dosage: \_\_\_\_\_

Who referred you to Jenny Mayhew, LCSW for counseling? \_\_\_\_\_

May I thank the person who referred you using your name? Yes No (Circle which one.)

**Sessions:** Sessions are 50 to 60 minutes in length, except for the first few sessions which may be longer.

**Payment:** All payment is due at each therapy session, unless other arrangements have been made.

**24 Hour Notice:** Cancellations must be made 24 hours in advance, or you will be charged for the missed session.

**Phone Calls:** Phone Conversations lasting more than 10 minutes will be charged at a prorated amount of the session fee.

**Electronic Communication:** I give Jenny Mayhew, LCSW permission to use email or texts to communication regarding scheduling, understanding that these communications are not secure: Yes No (Circle which one).

I understand that if I use email or texts to share personal information, that it is not secure and may become part of the medical record: Yes No (Circle which one)

**All Members of the family should read and sign this Confidentiality Clause.**

**Confidentiality:** Information that you share with Jenny Mayhew, LCSW is confidential and will not be released without your written consent with the exception of the following circumstances. Jenny Mayhew, LCSW is a mandated reporter and is required by law to report any reasonable suspicion of any incident of physical, sexual or emotional abuse of a child, an elderly person, or a dependent adult (past or present); or if a client is in danger or threat of harm to his/herself or to others. Jenny Mayhew may also be required by law to disclose information in the case of a court order.

I understand and agree to all of the above conditions:

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Sibling #1 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Sibling #2 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If client is a minor, parent must sign the following: I give my permission for my child \_\_\_\_\_ to be treated in therapy by Jenny Mayhew, LCSW. I understand and agree to all of the above specified conditions:

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_