

Extended History Form

The following questionnaire contains CONFIDENTIAL information and will only be seen by your therapist. Any duplication, transmittal, reduplication, or transfer of these records is expressly prohibited (42 C.F.R., Part 2).

Client Information

First Name	Last Name	Birth Date	Age	Sex
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Street Address	City	State	Zip
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Home Phone	Cell Phone	Email
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Person to notify in case of emergency	Telephone	Relationship
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Names, ages and genders of children

Occupation	Ethnicity	Referred By
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Is there anything else I need to know about you and your relationship that would be important so that I can be the most helpful? I cannot hold secrets from your partner, but I can help you tell them things you might be afraid to say to them.

If we were to be wildly successful in our work together, what would your relationship look like and feel like when we are done?

What am I doing that is keeping me from having the relationship that I long for.

What is one thing I can do differently to create the relationship that I want?

Medical Information

How many times in your life have you been hospitalized overnight for a medical condition? _____

Do you have any chronic medical conditions that continue to interfere with your life?

Are you taking any prescription medication on a regular basis? Yes No

If Yes: List medication(s) for their condition(s) below:

Have you experienced any medical conditions in the last 30 days?

When was your last Medical Exam? _____

Has anyone in your family committed suicide? Yes No

If Yes: Whom _____ When _____

Have you ever attempted suicide? Yes No

If Yes: When was your last attempt?

Are you currently having thoughts of committing suicide? Yes No

Psychotherapy Experience

Have you ever seen a psychotherapist or psychiatrist in the past?

What for?

Where/by whom?

What kind of treatment did they offer (talk therapy, EMDR, medication)?

When (from – to)?

What was the outcome of your experience?

Describe your level of Satisfaction with your experience, including any difficulties:

History of Abuse

Do you have any memories of any type of abuse in your past? Yes No

Verbal?

Physical?

Emotional?

Sexual?

Neglect?

If so, what was the outcome of the abuse, if any (divorce, prison, etc.)?

Was there anyone you could rely on during the time the abuse was occurring?

Legal History

Have you ever been arrested or charged with a violation? Yes No

If Yes, for what?

Do you have any litigation pending now, or any litigation in the past? Yes No

If Yes, for what?

Drug or Alcohol Use

What is your current drug or alcohol use, including frequency?

Substance Used

Amount (per week)

Alcohol

Caffeine

Tobacco

Marijuana

Cocaine/Crack

Inhalants

LSD

Heroin

Ecstasy

Other

How long was your last period of voluntary abstinence from this substance?

Have you ever been treated for alcohol or drug abuse or attended any 12-step programs for any type of abuse or compulsion?

Please scan and email this document to: LisaKaplanMFT@Yahoo.com before your first session.

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INFORMED CONSENT FOR ONLINE THERAPY

I understand that therapy conducted online is technical in nature and that problems may occur with internet connectivity. Internet availability may be limited or disrupted by things such as server maintenance, upgrades, or other problems (such as software or hardware malfunction). Any problems with internet availability or connectivity are outside the control of Lisa Kaplan MFT and she makes no guarantee that such services will be available. If something occurs to prevent or disrupt any scheduled appointment due to technical complications and the session cannot be completed via telephone, a new appointment will be scheduled. Please note, however, that if a session is disrupted for technical reasons, Lisa Kaplan MFT at her sole discretion, may resume the session by telephone. All disrupted sessions over 15 minutes, but less than the full session time will be charged at a prorated amount. Please note that Lisa Kaplan MFT has a 48-hour cancellation policy. Should you miss or cancel an appointment within the 48-hour window, you will be charged a \$60.00 fee for the session.

Online and telephone therapy with Lisa Kaplan MFT is not appropriate if you are experiencing a MENTAL HEALTH CRISIS OR ARE HAVING SUICIDAL OR HOMICIDAL THOUGHTS. If a life-threatening event should occur, you agree to immediately contact your medical doctor or psychiatrist, or contact a crisis hot line (800) 273-TALK (8255) or 911, or have someone take you to the closest emergency room.

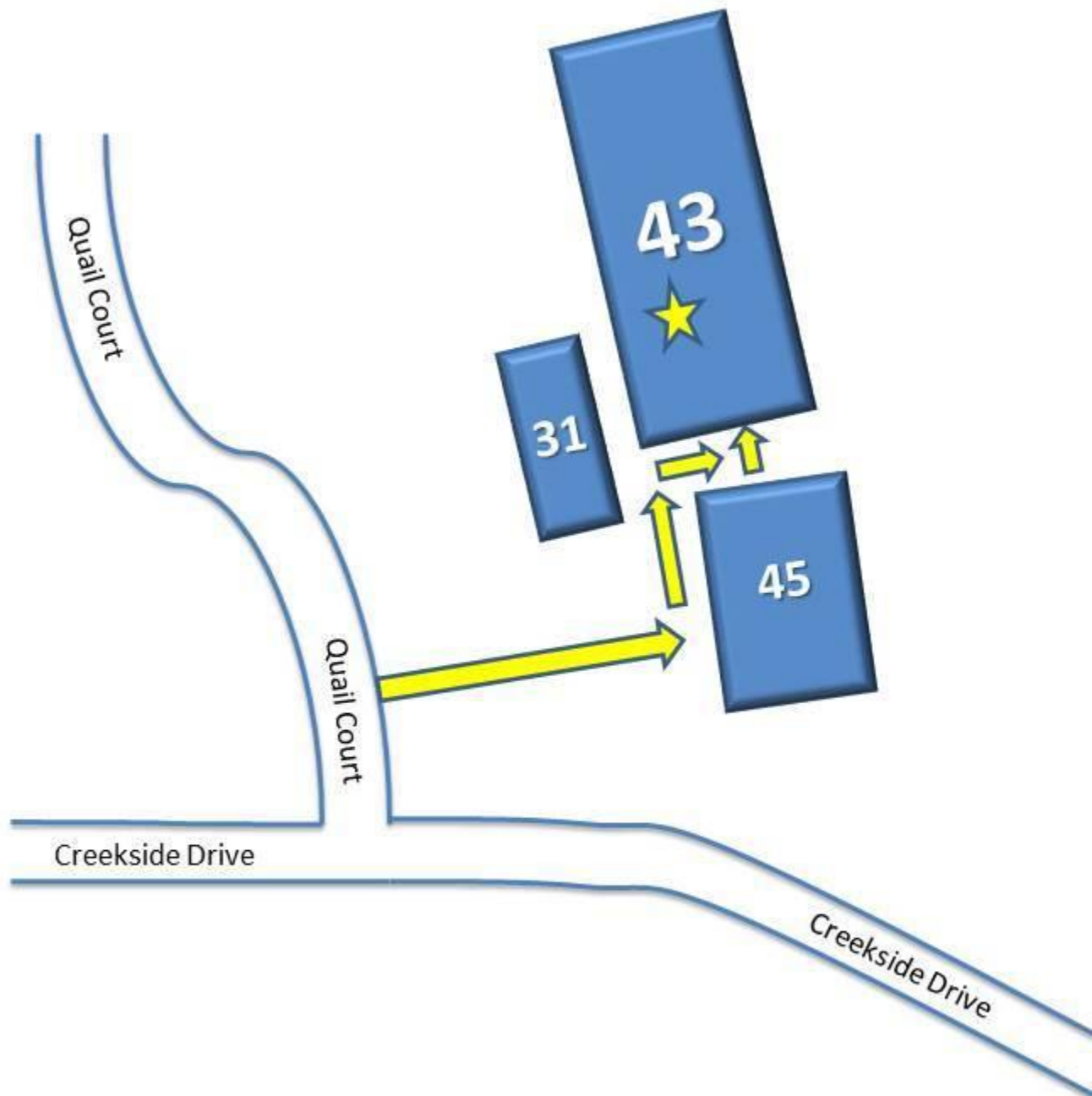
Additionally, although Lisa Kaplan MFT has taken substantial steps to ensure the confidentiality and privacy of therapy provided online, Lisa Kaplan MFT cannot guarantee the security of any internet transmissions or communications. I AGREE TO TAKE FULL RESPONSIBILITY FOR THE SECURITY OF ANY COMMUNICATIONS OR TREATMENT ON MY OWN COMPUTER AND IN MY OWN PHYSICAL LOCATION. I agree to release and indemnify Lisa Kaplan MFT from all suits, claims and other actions originating from any services provided by Lisa Kaplan MFT.

Signature Patient(s)/Client(s)

Date

For Client Sessions at my Walnut Creek, CA Office

Here's where to Park



- Park at Building 43.
- Take the Elevator from the Parking Garage to the 1st Floor.
- Make a Left out of the Elevator.
- Proceed down the hall past the restrooms and into the open area.
- Suite 111 is located on the Left side.