



Sean Davis, PhD

LICENSED MARRIAGE AND FAMILY THERAPIST, MFC 45885
COUNSELING FOR INDIVIDUALS, COUPLES AND FAMILIES

1380 Lead Hill Blvd, Suite 160
Roseville, CA 95661

(916) 844-4615
sean@drseandavis.com

Individual/Family Information

Name _____ Date of Birth _____
 Gender: Male Female Education completed _____ Religion _____
 Occupation _____ Employer _____
 Home Address _____
 Home Phone # _____ Work 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 _____
 Occupation _____ Employer _____
 Home Address (if different from above) _____
 Home Phone # _____ Work Phone # _____ Cell Phone # _____
Place an asterisk () next to all numbers at which it is okay for me to leave a message.*

Individual/Family combined annual income (circle one)
 \$0-49,999 \$50-74,999 \$75-99,999 \$100-124,999 \$125-149,999 \$150,000+

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) members of your family are currently taking.

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

Medical Concerns: _____

Physician: _____ Phone: _____

Date of last physical: _____

Past Mental Health Service Providers (therapists, psychiatrists, etc.):

Are you willing to sign a release for me to coordinate care with them?: yes no

Has anyone being seen ever abused drugs? Yes No If yes, who and 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*

Has any member of your family ever participated in counseling or therapy? Yes No

Who? _____

Reason(s)? _____

What led you to end counseling or therapy? _____

Please check any of the following that have been an issue with individuals or relationships in the family:

- Drinking Problem
- Drug Problem
- Depression
- Anxiety
- Eating Disorder
- School Problems
- Sexual Abuse
- Sexual Problems
- Physical Abuse
- Sexual Addiction
- Financial Difficulties
- Suicide attempts
- Legal Problems
- Chronic Stress
- Controlling or verbal abuse
- Parenting Stress
- Acting out Children
- In-Law or extended family problems
- Physical Aggression (pushing, slapping, etc)

What are your goals for therapy?

How did you hear about me? _____

Signature of person filling out form: _____ Date: _____

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 Sean D. Davis, Ph.D. LMFT:

I have a Doctor of Philosophy (Ph.D.) in Marriage and Family Therapy from Virginia Tech in Blacksburg, Virginia. I have been a practicing clinician for over a decade. I currently work full-time as an Associate Professor and Site Director of Marriage and Family Therapy at Alliant International University, Sacramento. I am a California Licensed Marriage and Family Therapist (License # MFC45885). If you have any questions about my background or experience, please ask.

Fees:

The fee for service is: \$150.00 per individual, family, or couple's therapy session \$250.00 per hour for time in court/ testimony. A session is 45-50 minutes. Sessions longer than 50 minutes are billed in 30-minute increments.

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. If for some reason you find that you are unable to continue paying for your therapy, please inform me and I will help you consider any options that may be available to you at that time.

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.

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

